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# Form 990-PF

### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Department of the Treasury Internal Revenue Service For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number THE ANONIMO FOUNDATION 22-3061717 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number PO BOX 663 (207)594 - 5825City or town, state, and ZIP code C If exemption application is pending, check here ROCKLAND, ME 04841 Initial return G Check all that apply Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 2,946,975. (Part I, column (d) must be on cash basis.) **\$** Part | Analysis of Revenue and Expenses (d) Disbursements (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)) for charitable purposes (cash basis only) expenses per books income income 199,013. N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 12. 12. Statement 10,531. 10,531. Statement Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 348,040. 6a Net gain or (loss) from sale of assets not on line 10 SCANNED AUG 2 b Gross sales price for all assets on line 6a 2,615,497. 348,040. 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 557,596 358,583. 12 Total. Add lines 1 through 11 0. 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees Stmt 3 1,020 **b** Accounting fees 0. 1,020. c Other professional fees 17 Interest 12,898 434. Ō. 18 Depreciation and 19 AUG 16 20 Occupancy 21 Travel, conferences, and meetings Printing and gublications GDE 22 16,178. 0 23 Other expenses 16,178. 24 Total operating and administrative 30,096. expenses. Add lines 13 through 23 434 17,198. 25 Contributions, gifts, grants paid 115,700. 115,700. 26 Total expenses and disbursements 145,796 434 Add lines 24 and 25 132,898. 27 Subtract line 26 from line 12 411,800 a Excess of revenue over expenses and disbursements 358,149 b Net investment income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

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

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N/A

123511 12-02-11

Part IV Capital Gains	s and Los	ses for Tax on In	vestment	Income			_		
		d(s) of property sold (e g r common stock, 200 shs			P	How acquired - Purchase - Donation	(c) Da (mo	ate acquired , day, yr )	(d) Date sold (mo , day, yr )
1a									
b See Attache	d Stat	ement			<u> </u>				
<u>c</u>		<del></del>	<del></del>		-			<u> </u>	<u></u>
<u>d</u>	<u>-</u>		<del></del>		-			<u>-</u>	<del> </del>
(e) Gross sales price	, , ,	epreciation allowed (or allowable)	,,,	or other basis epense of sale				i) Gain or (loss plus (f) minus	
a									
<u>b</u>	ļ								
<u>c</u>									
e 2,615,497	<del> </del>			2,267,45	7				348,040
e 2,013,497 Complete only for assets show		olumn (h) and owned by t			7 •		(I) Count	. (Col. (b) con	
Complete only for assets snow		) Adjusted basis		cess of col (I)				s (Col. (h) gain out not less tha	
(i) F M V as of 12/31/69		as of 12/31/69		col (j), if any			Loss	ses (from col (	(h))
a									
<u>b</u>									
<u> </u>									
<u>d</u>				<del></del>			_		240 040
<u> </u>			<u></u> .						348,040
2 Capital gain net income or (net	capital loss)	{ If gain, also enter If (loss), enter -0-	in Part I, line ? - in Part I, line	, 7	$\left.\right\}$	2			348,040
3 Net short-term capital gain or (	loss) as defin	ed in sections 1222(5) an	d (6)		`				
If gain, also enter in Part I, line		•			•			37 / 7	
If (loss), enter -0- in Part I, line Part V Qualification		ection 4940(e) for	Reduced	Tay on Not	Inv	estment ir	come	N/A	<u> </u>
(For optional use by domestic priv								<del></del>	
(FOI OPHONAL use by domestic priv	ate iouiiuatio	ns subject to the section -	1340(a) tax vii	net mvestment n	ICOIII	<del>0</del> )			
If section 4940(d)(2) applies, leave	e this part bla	nk							
Was the foundation liable for the s	ection 4942 t	ax on the distributable am	nount of any ve	ar in the base pe	nod?				Yes X No
If "Yes," the foundation does not qu				•					
1 Enter the appropriate amount	ın each colum	nn for each year, see instri	uctions before	making any entri	les				
(a) Base period years		(b)			(c)			Distri	(d) bution ratio
Calendar year (or tax year begin	ining in)	Adjusted qualifying dis	•	Net value of no		ritable-use asse			vided by col (c))
2010			6,454.		$\frac{2}{3}$	,805,70	7.		.04150
2009			1,768. 7,792.			,330,51 ,875,21			.06083
2008			3,822.			,555,85			.03482
2006			3,101.			,483,34			.037490
		<del></del>	<u> </u>			7 100 7 0 1	-	Т	
2 Total of line 1, column (d)							;	2	.229529
3 Average distribution ratio for th	ne 5-year base	e period - divide the total (	on line 2 by 5,	or by the number	r of ye	ears			
the foundation has been in exis	stence if less t	than 5 years					Li	3	.04590
									2 227 167
4 Enter the net value of noncharr	table-use ass	ets for 2011 from Part X,	line 5				<u> </u>	4	3,327,167
5 Multiply line 4 by line 3							Ι.	_	152,737
3 Millithia mic 4 pa mic 3							H	5	152,757
6 Enter 1% of net investment inc	come (1% of i	Part I. line 27b)						6	3,581
7 Add lines 5 and 6								7	156,318
8 Enter qualifying distributions for			45		_		_ 1	8	132,898
If line 8 is equal to or greater the See the Part VI instructions	nan line 7, che	eck the box in Part VI, line	ib, and comp	iete that part usir	ng a 1	1% tax rate			

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Pa	ert VI Excise Tax Based on Investment Income (Section 494	Ю(a),	494	Ю(b),	4940(e)	, or 4	948	- see i	nstru	ctio	ns)
1 a	Exempt operating foundations described in section 4940(d)(2), check here  and e	enter "N	/A <b>"</b> or	n line 1		)					
	Date of ruling or determination letter (attach copy of letter if ne	cessary	y-see	instruc	ions)				-		
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶ □	and	enter 1	%	<b>)</b>	1			7,1	63.
	of Part I, line 27b									•	
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%	% of Pai	rt I, II	ne 12, c	ol (b)	)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only 0	thers e	nter -	-0-)			2				0.
3	Add lines 1 and 2						3			7,1	63.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	Others e	enter	-0-)			4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-						5			7,1	63.
6	Credits/Payments.	,									
	2011 estimated tax payments and 2010 overpayment credited to 2011	6a			7,2	200.					
	Exempt foreign organizations - tax withheld at source	6b									
	Tax paid with application for extension of time to file (Form 8868)	6c	ļ								
	Backup withholding erroneously withheld	6d									
	Total credits and payments Add lines 6a through 6d						7			<u>7,2</u>	00.
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is atta	ached					8				6.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					▶ ,	_ 9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			_	,	•	10	ļ			31.
	Enter the amount of line 10 to be Credited to 2012 estimated tax			0	• Refund	ed 🕨	11				31.
	rt VII-A Statements Regarding Activities								<del></del>		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation (	or did	l it partio	ipate or in	itervene	ın			Yes	No
	any political campaign?								1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo								1b		X
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities an	nd copi	ies o	f any m	atenals p	oublishe	d or				
	distributed by the foundation in connection with the activities.										
	Did the foundation file Form 1120-POL for this year?								10		X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the					^					
	(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 expend	iture ta:	x imp	osed or	foundation	on					
	managers > \$ 0.										
Z	Has the foundation engaged in any activities that have not previously been reported to the I	RS7							2		X
•	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		nent,	articles (	or incorpo	ration, o	Г				v
Aa	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chang								3_	-	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year if "Yes," has it filed a tax return on Form 990-T for this year?	417					N	r / 'n	4a		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	2					1/	I/A	4b		X
J	If "Yes," attach the statement required by General Instruction T.	•							5		<u> </u>
R	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	thor									
•	By language in the governing instrument, or	161151									
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandator</li> </ul>	n/ direct	tione	that our	iflict with t	tha ctoto	law				
	remain in the governing instrument?	iy unec	110115	tilat coi	IIIICE WILII	ine State	Iaw				v
7	Did the foundation have at least \$5,000 in assets at any time during the year?								<u>6</u> 7	X	<u> X</u>
•	If "Yes," complete Part II, col. (c), and Part XV.								· · · · · · · · · · · · · · · · · · ·		······
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	e (and	•								
74	ME					-					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Morney	/ Gen	eral (or	designate)	<del></del>		<del></del>			
-	of each state as required by General Instruction G? If "No," attach explanation	шотноу	, 4611	VIUI (UI )	Josephale ;	'			8b	X	1
9	is the foundation claiming status as a private operating foundation within the meaning of se	ection 4	942/	1)/3) or 4	1942/11/51	for cale	ndər		- 011		<b></b>
-	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," of				()/(3)	ioi cale	iual		9	:	Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule				nd addresses	×			10		X
		oaurit	- 1.16II	. mines al	00010356	·		For	m <b>990</b>	-PF	
										1	

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Part VII-B Statements Regarding Activities for Which F	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indir	ectly,			
any voter registration drive?		Ye	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	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Yı	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for	1		
the prevention of cruelty to children or animals?		Yı	es 🗶 No 📗		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify unc		ın Regulations	1		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	rom the tax because it mainta	ıned			
expenditure responsibility for the grant?	N	I/A 🔲 Y	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		İ		
a personal benefit contract?		Yo	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.			ĺ		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Yo	es 🗶 No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Trusto Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highl	y		
List all officers, directors, trustees, foundation managers and their					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) acci all	Expense ount, other lowances
See Statement 7		0.	0.		0.
	<del>-</del>			ļ	
			<u> </u>		
2 Compensation of five highest-paid employees (other than those inc	<u></u>	enter "NONE."	(d) Cooper to the cooper	1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acci all	Expense ount, other lowances
NONE					
			!		
Total number of other employees paid over \$50,000				-	

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Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, e	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
` NONE		
	<del></del>	
Total number of others receiving over \$50,000 for professional services	<b>]</b>	<u>▶</u> ] 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant's number of organizations and other beneficiaries served, conferences convened, research papers	statistical information such as the	Expenses
N/A		
B. """ B. B. L.		
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	or on lines 1 and 2	Amount
177.44		
All other program-related investments. See instructions		

Total. Add lines 1 through 3

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	3,248,647. 129,188.
þ	Average of monthly cash balances	1b	129,188
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	3,377,835
8	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	3,377,835
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	50,668
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	3,327,167
6	Minimum Investment return. Enter 5% of line 5	6	166,358
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here   mathred  and do not complete this part )	nd certain	
1	Minimum investment return from Part X, line 6	1	166,358
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	7,163 159,195
3	Distributable amount before adjustments Subtract line 2c from line 1	3	159,195
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	159,195
6	Deduction from distributable amount (see instructions)	6	0
<u>7_</u>	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	159,195
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		100 000
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	132,898
b		1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	132,898
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	132,898
	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

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4940(e) reduction of tax in those years

# Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI.		10013 prior to 2010	2010	2011
line 7				159,195.
2 Undistributed income, if any, as of the end of 2011	7 11-17 17-17	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	135,155.
a Enter amount for 2010 only			127,040.	
b Total for prior years			12//040.	
		0.		
3 Excess distributions carryover, if any, to 2011	thumbu i manakabum basa		aisaa kaasaa ka k	tomor monoconomico de la contractional de la contraction de la con
a From 2006				
<b>b</b> From 2007				
c From 2008				
<b>d</b> From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from		•••••••••••••••••••••••••••••••••••••••		
Part XII, line 4 ►\$ 132,898.				
a Applied to 2010, but not more than line 2a			127,040.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			n n novami i ninghi	· · · · · · · · · · · · · · · · · · ·
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				5,858.
e Remaining amount distributed out of corpus	0.	······		- 70000
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		, , , , , , , , , , , , , , , , , , , ,	0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable	***************************************			
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line			<u> </u>	······
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				153,337.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	0.	······		
10 Analysis of line 9				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010	•			
e Excess from 2011			<u> </u>	

	NIMO FOUNDA			22-30	61/1/ Page 10
Part XIV Private Operating Fo			-A, question 9)	N/A	
1 a if the foundation has received a ruling or					
foundation, and the ruling is effective for		•	▶└─		
b Check box to indicate whether the found		ing foundation described i		4942(j)(3) or 49	(42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2010	Prior 3 years	(4) 2002	(a) Total
income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed		<u> </u>			
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		<del> </del>			
d Amounts included in line 2c not					
used directly for active conduct of			li:	İ	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(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					
Part XV Supplementary Info	rmation (Compl	ete this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t				•	
1 Information Regarding Foundatio	n Managers:				<u> </u>
a List any managers of the foundation wh	o have contributed more	than 2% of the total con	tributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed in			•		ŕ
JOHN DAVID ELLIS					
b List any managers of the foundation wh			(or an equally large porti	ion of the ownership of a p	artnership or
other entity) of which the foundation has	s a 10% or greater inter	est			
None					
2 Information Regarding Contributi	on, Grant, Gift, Loar	n, Scholarship, etc., P	rograms:		
Check here $ ightharpoonup oxed{X}$ if the foundation o	nly makes contributions	to preselected charitable	organizations and does	not accept unsolicited requ	uests for funds If
the foundation makes gifts, grants, etc	(see instructions) to ind	ividuals or organizations i	under other conditions, c	omplete items 2a, b, c, an	d d
a The name, address, and telephone num	ber of the person to who	om applications should be	addressed		
				<u> </u>	
<b>b</b> The form in which applications should b	e submitted and inform	ation and materials they s	hould include		
c Any submission deadlines					
					<del></del>
d Any restrictions or limitations on awards	s, such as by geographi	cai areas, charitable fields	, kinds of institutions, or	other factors	
123601 12-02-11					Form <b>990-PF</b> (2011)

THE ANONIMO FOUNDATION

Unrelated	business income	Excluded :	by section 512, 513, or 514	(e)
(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
_				
l l				
				<u>-                                    </u>
				12.
				12. 10,531.
			·	
			ı	348,040
	(	).	0.	358,583
			13	358,583.
<u>.</u>				
to the Accon	nplishment of	Exempt P	urposes	
			·	
		'I-A contribute	d importantly to the accom	plishment of
an by providing fund	s for such purposes)			
<del> </del>	<del> </del>			
				·
	Business code	Business Amount  Amount  Sto the Accomplishment of	Business code  Amount  Code  Amount  Code   (a) Business Code (b) Ecclusion Code (d) Amount (d) Amo	

123621 12-02-11

Pai	t XVII	Information Re Exempt Organ		sfers To a	and Transactions a	and Relations	hips With No	ncharitable	)	
1	Did the or	<del></del>		of the followin	g with any other organization	on described in sec	tion 501(c) of		Yes	No
					7, relating to political organ					
а	Transfers	from the reporting founda	ation to a noncharita	ble exempt or	ganization of					
	<b>(1)</b> Cash							1a(1)		_X
	<b>(2)</b> Other	assets						1a(2)		X
	Other tran									
		of assets to a nonchantal						1b(1)		<u>X</u>
		nases of assets from a no		organization				1b(2)		X
		al of facilities, equipment,						1b(3)		X
		bursement arrangements s or loan guarantees						1b(4) 1b(5)		X
		rmance of services or me	mhershin or fundrai	sına solicitatio	ns			1b(6)		X
		f facilities, equipment, ma		=				10	$\neg$	X
					dule Column (b) should al	ways show the fair	market value of the o		ets.	
	or service		oundation. If the fou	ndation receive	ed less than fair market valu				,	
(a) Lir		(b) Amount involved			exempt organization	(d) Description	n of transfers, transaction	one and sharing an	mnneme	nte
(-,	-	(2)	(4) 144110 0	N/A	oxompt organization	(w) Description	ii oi tialisieis, tialisactio	ons, and snamly an	angeme	
							<del></del>			
		<del></del>								
	+					-				
		=				<del> </del>				
				<del></del> .		-	<u> </u>	<del></del>		
							<del> </del>			
						-				
	1- 45 - 4				<del> </del>					
		ndation directly or indirect 501(c) of the Code (other			or more tax-exempt organi ion 527?	izations described		Yes	X	No
		omplete the following sch		,,,,					-	
		(a) Name of org	anization		(b) Type of organization		(c) Description of re	elationship		
		N/A								
			·····							
			<del></del>					<del> </del>		
			<del></del>							
	Under	penalties of perjury, I declare	that I have examined the	is return, includin	L ig accompanying schedules and	l statements, and to the	e best of my knowledge	FM - N - IDO		
Sig	n   📐	ellef, it is true, correct, and cor	nplete Declaration of pr	eparer (other tha	n taxpayer) is based on all inform	-/ .		May the IRS of return with the shown below	e prepar (see ins	er
He		rature of officer or trustee	axy M	/	Aug 13, 2012	_ <u> </u>	nan	_ X Yes	L	No
	1 3191	Print/Type preparer's na		Preparer's s	Date C	Title Date	Check X If	PTIN		
		The biobaid 3 lie		- Topalor 3 3		Jate	self- employed	. 1114		
Pai	d	DOUGLAS A	TATHAM	Jank	. Malhan	08/08/12		P00157	979	
	parer	Firm's name ► DOU		THAM C	PA		Firm's EIN ▶ 0			
Us	e Only									
		Firm's address ► 35						_		
		L CL	INTON, ME	04927	<del></del>	<del> </del>	Phone no 2	<u>07-453-</u>		
								Form 990	-PF	2011\

Part XV **Supplementary Information Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor HEARTWOOD THEATER 501 (c) 3 SUPPORT CURRENT DAMARISCOTTA, ME OPERATIONS 25,000. LINCOLN ST CTR FOR THE ARTS 501 (c) 3 SUPPORT CURRENT ROCKLAND ME OPERATIONS 2,000. NY METRO MUSEUM OF ART SUPPORT CURRENT 501 (c) 3 NEW YORK, NY OPERATIONS 4,000. PENOBSCOT SCHOOL 501 (c) 3 SUPPORT CURRENT ROCKLAND, ME OPERATIONS 6,000. 501 (c) 3 ROCKLAND PUBLIC LIBRARY SUPPORT CURRENT OPERATIONS 2,000. ROCKLAND, ME SCHOOL DISTRICTSUPPORT CURRENT RSU 13 OPERATIONS ROCKLAND, ME 36,200. SALTBAY CHAMBERFEST 501 (c) 3 SUPPORT CURRENT DAMARISCOTTA, ME OPERATIONS 6,000. SEACOAST YOUTH ORCHESTRA 501 (c) 3 SUPPORT CURRENT OPERATIONS DAMARISCOTTA, ME 3,000. STATION MAINE 501 (c) 3 SUPPORT CURRENT ROCKLAND, ME OPERATIONS 500. WATERSHED SCHOOL 501 (c) 3 SUPPORT CURRENT ROCKLAND, ME OPERATIONS 8,000. **Total from continuation sheets** 92,700.

#### 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, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

**Employer identification number** 

THE ANONIMO FOUNDATION 22-3061717 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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** X 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, total contributions of more than \$1,000 for use exclusively for religious, charitable, 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 total 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Employer identification number

# THE ANONIMO FOUNDATION

22-3061717

Part I	<b>Contributors</b>	(see instructions). Use duplicate copies of Part I if additional space is needed.
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Part I	Contributors (see instructions). Use duplicate copies of Part I	If additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN D ELLIS  PO BOX 663  ROCKLAND, ME 04841-0663	\$\$\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN D ELLIS  PO BOX 663  ROCKLAND, ME 04841-0663	\$ 23,816.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOHN D ELLIS  PO BOX 663  ROCKLAND, ME 04841-0663	\$\$ 77,815.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHN D ELLIS  PO BOX 663  ROCKLAND, ME 04841-0663	\$\$51,625.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	3-12	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990. 990-FZ, or 990-PF) (2011

Employer identification number

## THE ANONIMO FOUNDATION

22-3061717

art II	Noncash Property (see instructions). Use duplicate copies of F	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	724SH RIMM (SECURITIES)		
1		\$\$	02/07/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	446SH RIMM (SECURITIES)		
		\$\$ \$23,816.	04/15/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	1692SH RIMM (SECURITIES)		
		\$ 77,815.	05/06/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	1750SH RYAAY (SECURITIES)		
		\$\$	04/25/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(2)			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 01-23		\$	30, 990-EZ, or 990-PF) (2

Name of orga	nization		Employer identification number
THE AN	ONIMO FOUNDATION		22-3061717
Part III	Exclusively religious, charitable, etc., individually year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if additional	following line entry. For organization, contributions of \$1,000 or less to	c)(7) (8), or (10) organizations that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of git	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	if
-	Transferee's name, address, an		Relationship of transferor to transferee

Part IV Capital Gains and Los	sses for Tax on Investment Income				
	describe the kind(s) of property sold ick warehouse, or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a JP MORGAN 191-	02102		P	Various	12/31/11
b JP MORGAN 191-	02102		P	Various	12/31/11
c JP 'MORGAN 191-	02147		P	Various	12/31/11
d JP MORGAN 191-	02147		P	Various	12/31/11
e JP MORGAN 191-	02155		P	Various	12/31/11
f JP MORGAN 191-			P	Various	12/31/11
g VANGUARD BROKE			P	Various	12/31/11
h Capital Gains	Dividends				
_i					
<u>k</u>					
	<del></del>				
<u>m</u>					
<u>n</u>					
0	AN Description of the control of the	(-) 0A		<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) plus (f) minus (g)	
a 850,845.		904,254.			-53,409.
b 314,537.		222,141.			92,396.
c 666,385.		723,571.	********		-57,186.
d 640,550.		270,041.	_		370,509.
e 39,972.		42,907.			-2,935.
f 6,860.		6,600.			260.
g 95,282.		97,943.			-2,661.
h 1,066.					1,066.
1					
k				<del> </del>	
1					
m					
<u>n</u>					
Complete only for assets showin	ng gain in column (h) and owned by th	he foundation on 12/31/69	40.1	/6 /6.\	<del></del> -
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (l) over col (j), if any	Gains (excess	sses (from col (h)) of col (h) gain ove iot less than "-0-")	
a					-53,409.
b				<del></del>	92,396.
С					-57,186.
d					370,509.
е				•	-2,935.
f					260.
g					-2,661.
h					1,066.
1					
1	L				
k					
1					
m					
<u>n</u>					
0					
2 Capital gain net income or (net ca	1 11 (1000), 01101 0	, I	2		348,040.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8		d (6)	3	N/A	

Form 990-PF Interest on Savi	ngs ar	nd Tem	porary Ca	ash Ir	vestments	Statement	
Source						Amount	
CAMDEN NATIONAL							12.
Total to Form 990-PF, Part I,	line	3, Co.	lumn A				12.
Form 990-PF Dividend	s and	Inter	est from	Secui	rities	Statement	2
Source		Gross	Amount		ital Gains ividends	Column (A Amount	r)
DODGE & COX INTERNATIONAL STO FUND JP MORGAN CLEARING CORP 02102 JP MORGAN CLEARING CORP 02147 JP MORGAN CLEARING CORP 02155 LONGLEAF PARTNERS FUND VANGUARD BROKERAGE SERVICES VANGUARD PRIME CORE FUND VANGUARD PRIME MONEY FUND			1,008. 2,912. 4,764. 243. 1,269. 721. 657. 23.		0. 0. 0. 0. 1,066. 0. 0.	2,9 4,7 2 2 7	08. 12. 64. 23. 21. 557.
Total to Fm 990-PF, Part I, ln 4			11,597.	1,066.		10,531	
Form 990-PF	Acc	counti	ng Fees	<del></del>		Statement	3
Description	Exper	a) nses Books	(b) Net Inve		(C) Adjusted Net Incom		
DOUGLAS A TATHAM TAX PREPARATION	]	1,020.		0.	-	1,0	20.
To Form 990-PF, Pg 1, ln 16b	1	1,020.	·	0.		1,0	20.

Form 990-PF	Tax	es ——————		Statement		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income				
INCOME TAX FOREIGN TAX	12,464. 434.	434	0. 4.		0.	
To Form 990-PF, Pg 1, ln 18 =	12,898.	43	4.		0.	
Form 990-PF	Other E	xpenses		Statement	5	
Description	(a) Expenses Per Books	(b) Net Invest- ment Income				
EXECUTIVE DIRECTOR COUNCIL OF FOUNDATIONS DUES PUBLICITY FILING FEE	15,468. 500. 175. 35.	(	0. 0. 0.	1	68. 00. 75.	
To Form 990-PF, Pg 1, ln 23	16,178.		0.	16,1	78.	
Form 990-PF	Corporat	e Stock		Statement	6	
Description			Book Value	Fair Marke Value	t	
INVESTMENT ACCOUNTS			3,772,411.	2,801,0	2,801,044.	
Total to Form 990-PF, Part II	r lino 10h		3,772,411.	2,801,0		

Form 990-PF	Part VIII - List Trustees and	of Officers, Foundation Man		State	ement 7
Name and Address		Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
JOHN DAVID ELLIS		CHAIRMAN 0.00	0.	0.	0.
ROCKLAND, ME					
GEOFFREY ROBINSON		ASSISTANT TRE	ASURER 0.	0.	0.
MEDOMAK, ME			•	•	•
GARY KING		DIRECTOR 0.00	0.	0.	0.
WALPOLE, ME		0.00	0.	0.	0.
NED STEINBERGER		DIRECTOR	•	•	
NOBLEBORO, ME		0.00	0.	0.	0.
DIANTHA ROBINSON		DIRECTOR	•	•	
ROCKLAND, ME		0.00	0.	0.	0.
Totals included o	n 990-PF, Page 6,	Part VIII	0.	0.	0.

# Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

■ If you are							
	e'filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			<b>▶</b> X	
If you are	e filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).			
Do not col	<i>mplete Part II unless</i> you have already been granted a	an automa	itic 3-month extension on a previous	sty filed For	m 8868.		
	filing (e-file). You can electronically file Form 8868 if y			•		•	
required to	file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	lle Form 88	68 to reques	t an extension	
of time to fi	ile any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers A	ssociated W	ith Certain	
Personal B	enefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing o	f this form,	
visit www.ii	rs gov/efile and click on e-file for Charities & Nonprofits					<u> </u>	
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corporatı Part I only	on required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		▶ □	
	rporations (including 1120-C filers), partnerships, REM ne tax returns.	IICs, and t	rusts must use Form 7004 to reque	st an exten	sion of time		
Type or print							
	THE ANONIMO FOUNDATION			X	22-306	51717	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s PO BOX 663	ee instruc	tions.	Social se	curity numbe	r (SSN)	
return See	City, town or post office, state, and ZIP code. For a fo						
TISTI UCUOTIS	ROCKLAND, ME 04841		riess, see instructions.				
Enter the R	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Application	n	Return	n Application			Return	
ls For		Code	e Is For				
Form 990		01	Form 990-T (corporation)			07	
Form 990-E	BL	02	Form 1041-A				
Form 990-E	Z	01	Form 4720			09	
Form 990-F	PF	04	Form 5227			10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-7	(trust other than above)	06	Form 8870			12	
	JOHN DAVID ELL	IS					
. 31111 0001			, ME - 04841				
	oks are in the care of PO BOX 663 ROC	KLAND					
• The boo		KLAND	FAX No. ▶		•		
• The boo	one No. ► 207-594-5825		FAX No. ▶			▶ □	
<ul><li>The boo</li><li>Telepho</li><li>If the or</li></ul>	one No. ► 207-594-5825 ganization does not have an office or place of busines	s in the Ur	FAX No. ▶	If this is fo	the whole a	▶ □	
The boo Telepho If the or	one No. ► 207-594-5825  ganization does not have an office or place of busines  for a Group Return, enter the organization's four digit	s in the Ur Group Exe	FAX No.   inted States, check this box emption Number (GEN)			roup, check this	
■ The boo Telepho ■ If the or ■ If this is box ■	one No. ► 207-594-5825  ganization does not have an office or place of business for a Group Return, enter the organization's four digit  If it is for part of the group, check this box ►	s in the Ur Group Exe and atta	FAX No.   inted States, check this box emption Number (GEN) and EINs on the names	f all memb			
The book Telepho If the ord If this is book I I requ	one No. ► 207-594-5825  ganization does not have an office or place of business for a Group Return, enter the organization's four digit  If it is for part of the group, check this box ► usest an automatic 3-month (6 months for a corporation)	s in the Ur Group Exe and atta	FAX No.  inted States, check this box emption Number (GEN)  inch a list with the names and EINs of the file Form 990-T) extension of times.	f all memb until	ers the exten	ision is for.	
The book Telepho If the ord If this is It requires	one No. ► 207-594-5825  ganization does not have an office or place of business for a Group Return, enter the organization's four digit  . If it is for part of the group, check this box ► uest an automatic 3-month (6 months for a corporation August 15, 2012, to file the exemption	s in the Ur Group Exe and atta	FAX No.   inted States, check this box emption Number (GEN) and EINs on the names	f all memb until	ers the exten	ision is for.	
The book Telepho If the ord If this is box I required Is for	ganization does not have an office or place of busines for a Group Return, enter the organization's four digit. If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation August 15, 2012, to file the exempt the organization's return for:	s in the Ur Group Exe and atta	FAX No.  inted States, check this box emption Number (GEN)  inch a list with the names and EINs of the file Form 990-T) extension of times.	f all memb until	ers the exten	ision is for.	
The book Telepho If the ord If this is box I required Is for	ganization does not have an office or place of business for a Group Return, enter the organization's four digit . If it is for part of the group, check this box uest an automatic 3-month (6 months for a corporation August 15, 2012 , to file the exempted the organization's return for:	s in the Ur Group Exe and atta required it organiza	FAX No.   inted States, check this box emption Number (GEN)  inch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization name.	f all memb until	ers the exten	ision is for.	
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