



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0052

2011

Department of the Treasury  
Internal Revenue Service

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

For calendar year 2011 or tax year beginning

02-01, 2011, and ending

01-31, 2012

|                                                                                                       |                                                                                                                                                 |                                                                                                                  |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Name of foundation<br><b>WALPOLE VILLAGE DIST NURSING ASSN</b>                                        |                                                                                                                                                 | A Employer identification number<br><b>02-0262942</b>                                                            |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>PO BOX 74</b> |                                                                                                                                                 | B Telephone number (see instructions)<br><b>(603) 756-4458</b>                                                   |
| City or town, state, and ZIP code<br><b>WALPOLE, NH 03608</b>                                         |                                                                                                                                                 | C If exemption application is pending, check here <input type="checkbox"/>                                       |
| G Check all that apply                                                                                | Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/>                           | D 1 Foreign organizations, check here <input type="checkbox"/>                                                   |
|                                                                                                       | Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change <input type="checkbox"/> | 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>         |
| H Check type of organization                                                                          | <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation                                                                 | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>    |
|                                                                                                       | <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <b>145,746</b> | J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____    |                                                                                                                  |
| (Part I, column (d) must be on cash basis)                                                            |                                                                                                                                                 |                                                                                                                  |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) |                                                                                              | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| 1                                                                                                                                                                  | Contributions, gifts, grants, etc., received (attach schedule)                               |                                    |                           |                         |                                                             |
| 2                                                                                                                                                                  | Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B |                                    |                           |                         |                                                             |
| 3                                                                                                                                                                  | Interest on savings and temporary cash investments                                           | 3                                  | 3                         |                         |                                                             |
| 4                                                                                                                                                                  | Dividends and interest from securities                                                       | 3,537                              | 3,537                     |                         |                                                             |
| 5a                                                                                                                                                                 | Gross rents                                                                                  |                                    |                           |                         |                                                             |
| b                                                                                                                                                                  | Net rental income or (loss)                                                                  |                                    |                           |                         |                                                             |
| 6a                                                                                                                                                                 | Net gain or (loss) from sale of assets not on line 10                                        | 3,693                              |                           |                         |                                                             |
| b                                                                                                                                                                  | Gross sales price for all assets on line 6a                                                  | 12,561                             |                           |                         |                                                             |
| 7                                                                                                                                                                  | Capital gain net income (from Part IV, line 2)                                               |                                    | 3,693                     |                         |                                                             |
| 8                                                                                                                                                                  | Net short-term capital gain                                                                  |                                    |                           |                         |                                                             |
| 9                                                                                                                                                                  | Income modifications                                                                         |                                    |                           |                         |                                                             |
| 10a                                                                                                                                                                | Gross sales less returns and allowances                                                      |                                    |                           |                         |                                                             |
| b                                                                                                                                                                  | Less: Cost of goods sold                                                                     |                                    |                           |                         |                                                             |
| c                                                                                                                                                                  | Gross profit or (loss) (attach schedule)                                                     |                                    |                           |                         |                                                             |
| 11                                                                                                                                                                 | Other income (attach schedule)                                                               |                                    |                           |                         |                                                             |
| 12                                                                                                                                                                 | Total. Add lines 1 through 11                                                                | 7,233                              | 7,233                     |                         |                                                             |
| 13                                                                                                                                                                 | Compensation of officers, directors, trustees, etc.                                          |                                    |                           |                         |                                                             |
| 14                                                                                                                                                                 | Other employee salaries and wages                                                            |                                    |                           |                         |                                                             |
| 15                                                                                                                                                                 | Pension plans, employee benefits                                                             |                                    |                           |                         |                                                             |
| 16a                                                                                                                                                                | Legal fees (attach schedule)                                                                 | 725                                |                           |                         |                                                             |
| b                                                                                                                                                                  | Accounting fees (attach schedule)                                                            |                                    |                           |                         |                                                             |
| c                                                                                                                                                                  | Other professional fees (attach schedule)                                                    |                                    |                           |                         |                                                             |
| 17                                                                                                                                                                 | Interest                                                                                     | 143                                |                           |                         |                                                             |
| 18                                                                                                                                                                 | Taxes (attach schedule) (see instructions)                                                   |                                    |                           |                         |                                                             |
| 19                                                                                                                                                                 | Depreciation (attach schedule) and depletion                                                 |                                    |                           |                         |                                                             |
| 20                                                                                                                                                                 | Occupancy                                                                                    |                                    |                           |                         |                                                             |
| 21                                                                                                                                                                 | Travel, conferences, and meetings                                                            |                                    |                           |                         |                                                             |
| 22                                                                                                                                                                 | Printing and publications                                                                    |                                    |                           |                         |                                                             |
| 23                                                                                                                                                                 | Other expenses (attach schedule)                                                             | 2,031                              | 1,849                     |                         | 182                                                         |
| 24                                                                                                                                                                 | Total operating and administrative expenses. Add lines 13 through 23                         | 2,899                              | 1,849                     |                         | 182                                                         |
| 25                                                                                                                                                                 | Contributions, gifts, grants paid                                                            | 7,400                              |                           |                         | 7,400                                                       |
| 26                                                                                                                                                                 | Total expenses and disbursements. Add lines 24 and 25                                        | 10,299                             | 1,849                     |                         | 7,582                                                       |
| 27                                                                                                                                                                 | Subtract line 26 from line 12                                                                |                                    |                           |                         |                                                             |
| a                                                                                                                                                                  | Excess of revenue over expenses and disbursements                                            | (3,066)                            |                           |                         |                                                             |
| b                                                                                                                                                                  | Net investment income (if negative, enter -0-)                                               |                                    | 5,384                     |                         |                                                             |
| c                                                                                                                                                                  | Adjusted net income (if negative, enter -0-)                                                 |                                    |                           |                         |                                                             |

RECEIVED JUN 13 2012 OGDEN, UT IRS-OSC

| Part II Balance Sheets      |                                                                                               | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)      |                | Beginning of year     | End of year |         |
|-----------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|-------------|---------|
|                             |                                                                                               | (a) Book Value                                                                                                          | (b) Book Value | (c) Fair Market Value |             |         |
| Assets                      | 1                                                                                             | Cash - non-interest-bearing                                                                                             |                |                       |             |         |
|                             | 2                                                                                             | Savings and temporary cash investments                                                                                  |                | 1,461                 | 712         | 712     |
|                             | 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 (attach schedule) (see instructions) |                |                       |             |         |
|                             | 7                                                                                             | Other notes and loans receivable (attach schedule)                                                                      |                |                       |             |         |
|                             |                                                                                               | 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 (attach schedule)                                                    |                |                       |             |         |
|                             | b                                                                                             | Investments - corporate stock (attach schedule)                                                                         | STM137         | 126,519               | 124,202     | 145,034 |
|                             | c                                                                                             | Investments - corporate bonds (attach schedule)                                                                         |                |                       |             |         |
|                             | 11                                                                                            | Investments - land, buildings, and equipment basis                                                                      |                |                       |             |         |
|                             | Less: accumulated depreciation (attach schedule)                                              |                                                                                                                         |                |                       |             |         |
| 12                          | Investments - mortgage loans                                                                  |                                                                                                                         |                |                       |             |         |
| 13                          | Investments - other (attach schedule)                                                         |                                                                                                                         |                |                       |             |         |
| 14                          | Land, buildings, and equipment basis                                                          |                                                                                                                         |                |                       |             |         |
|                             | Less: accumulated depreciation (attach schedule)                                              |                                                                                                                         |                |                       |             |         |
| 15                          | Other assets (describe)                                                                       |                                                                                                                         |                |                       |             |         |
| 16                          | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) |                                                                                                                         | 127,980        | 124,914               | 145,746     |         |
| Liabilities                 | 17                                                                                            | Accounts payable and accrued expenses                                                                                   |                |                       |             |         |
|                             | 18                                                                                            | Grants payable                                                                                                          |                |                       |             |         |
|                             | 19                                                                                            | Deferred revenue                                                                                                        |                |                       |             |         |
|                             | 20                                                                                            | Loans from officers, directors, trustees, and other disqualified persons                                                |                |                       |             |         |
|                             | 21                                                                                            | Mortgages and other notes payable (attach schedule)                                                                     |                |                       |             |         |
|                             | 22                                                                                            | Other liabilities (describe)                                                                                            |                |                       |             |         |
|                             | 23                                                                                            | Total liabilities (add lines 17 through 22)                                                                             |                | 0                     | 0           |         |
| Net Assets or Fund Balances |                                                                                               | Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.                      |                |                       |             |         |
|                             | 24                                                                                            | Unrestricted                                                                                                            |                |                       |             |         |
|                             | 25                                                                                            | Temporarily restricted                                                                                                  |                |                       |             |         |
|                             | 26                                                                                            | Permanently restricted                                                                                                  |                |                       |             |         |
|                             |                                                                                               | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.                                   |                |                       |             |         |
|                             | 27                                                                                            | Capital stock, trust principal, or current funds                                                                        |                | 130,524               | 124,914     |         |
|                             | 28                                                                                            | Paid-in or capital surplus, or land, bldg, and equipment fund                                                           |                |                       |             |         |
|                             | 29                                                                                            | Retained earnings, accumulated income, endowment, or other funds                                                        |                | (2,544)               |             |         |
|                             | 30                                                                                            | Total net assets or fund balances (see instructions)                                                                    |                | 127,980               | 124,914     |         |
|                             | 31                                                                                            | Total liabilities and net assets/fund balances (see instructions)                                                       |                | 127,980               | 124,914     |         |

## 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 (must agree with end-of-year figure reported on prior year's return) | 1 | 127,980 |
| 2 | Enter amount from Part I, line 27a.                                                                                                                        | 2 | (3,066) |
| 3 | Other increases not included in line 2 (itemize)                                                                                                           | 3 |         |
| 4 | Add lines 1, 2, and 3                                                                                                                                      | 4 | 124,914 |
| 5 | Decreases not included in line 2 (itemize)                                                                                                                 | 5 |         |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30                                                      | 6 | 124,914 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.) | (b) How acquired<br>P-Purchase<br>D-Donation | (c) Date acquired<br>(yr, mo, day) | (d) Date sold<br>(yr, mo, day) |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------|--------------------------------|
| <b>1a</b> MUTUAL FUNDS                                                                                                            | P                                            | VARIOUS                            | 2011-06-10                     |
| <b>b</b> VANGUARD GNMA FUND                                                                                                       | P                                            | VARIOUS                            | 2011-11-02                     |
| <b>c</b> MUTUAL FUND                                                                                                              | P                                            | VARIOUS                            | 2011-12-15                     |
| <b>d</b>                                                                                                                          |                                              |                                    |                                |
| <b>e</b>                                                                                                                          |                                              |                                    |                                |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| <b>a</b> 8,554        |                                            | 7,759                                           | 795                                          |
| <b>b</b> 4,007        |                                            | 3,854                                           | 153                                          |
| <b>c</b> 2,745        |                                            |                                                 | 2,745                                        |
| <b>d</b>              |                                            |                                                 |                                              |
| <b>e</b>              |                                            |                                                 |                                              |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                                 | (i) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i) FMV as of 12/31/69                                                                      | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any |                                                                                                 |
| <b>a</b>                                                                                    |                                      |                                                 | 795                                                                                             |
| <b>b</b>                                                                                    |                                      |                                                 | 153                                                                                             |
| <b>c</b>                                                                                    |                                      |                                                 | 2,745                                                                                           |
| <b>d</b>                                                                                    |                                      |                                                 |                                                                                                 |
| <b>e</b>                                                                                    |                                      |                                                 |                                                                                                 |

|                                                                                                                                                                                                                     |          |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|
| <b>2</b> Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 }                                                                          | <b>2</b> | 3,693 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in<br>Part I, line 8 . . . . . } | <b>3</b> |       |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year, see the instructions before making any entries

| (a)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| 2010                                                                 | 5,021                                    | 139,024                                      | 0.036116                                                    |
| 2009                                                                 | 6,108                                    | 128,421                                      | 0.047562                                                    |
| 2008                                                                 | 7,581                                    | 137,770                                      | 0.055026                                                    |
| 2007                                                                 | 8,949                                    | 154,637                                      | 0.057871                                                    |
| 2006                                                                 | 5,938                                    | 155,065                                      | 0.038294                                                    |

|                                                                                                                                                                                                    |          |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>2</b> Total of line 1, column (d). . . . .                                                                                                                                                      | <b>2</b> | 0.23487  |
| <b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the<br>number of years the foundation has been in existence if less than 5 years . . . . . | <b>3</b> | 0.046974 |
| <b>4</b> Enter the net value of noncharitable-use assets for 2011 from Part X, line 5 . . . . .                                                                                                    | <b>4</b> | 145,379  |
| <b>5</b> Multiply line 4 by line 3 . . . . .                                                                                                                                                       | <b>5</b> | 6,829    |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b). . . . .                                                                                                                       | <b>6</b> | 54       |
| <b>7</b> Add lines 5 and 6. . . . .                                                                                                                                                                | <b>7</b> | 6,883    |
| <b>8</b> Enter qualifying distributions from Part XII, line 4 . . . . .                                                                                                                            | <b>8</b> | 7,582    |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

**Part VI** Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

|                                                                                                                                                                                                                                      |    |   |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|----|
| 1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                               |    | 1 | 54 |
| 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 | 54 |
| 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 | 54 |
| 6 Credits/Payments                                                                                                                                                                                                                   |    |   |    |
| a 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 |   |    |
| 7 Total credits and payments Add lines 6a through 6d . . . . .                                                                                                                                                                       | 7  |   |    |
| 8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> 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 . . . . .                                                                                                                                            | 9  |   | 54 |
| 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 <input type="checkbox"/> Refunded <input type="checkbox"/>                                                                                                       | 11 |   |    |

**Part VII-A** Statements Regarding Activities

|                                                                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                                 |     | X  |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . .<br>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities |     | X  |
| c Did the foundation file Form 1120-POL for this year? . . . . .                                                                                                                                                                                                                                                                                                  |     | X  |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____                                                                                                                                                                                     |     |    |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____                                                                                                                                                                                                                 |     |    |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br>If "Yes," attach a detailed description of the activities                                                                                                                                                                                          |     | X  |
| 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 . . . . .                                                                                                                            |     | X  |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                          |     | X  |
| b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .                                                                                                                                                                                                                                                                                      |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br>If "Yes," attach the statement required by General Instruction T                                                                                                                                                                                    |     | X  |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• 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? . . . . .                     | X   |    |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .                                                                                                                                                                                                                      | X   |    |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶<br>NH                                                                                                                                                                                                                                                     |     |    |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation . . . . .                                                                                                                                           | X   |    |
| 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 year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .                                                                                                  |     | X  |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .                                                                                                                                                                                                                   |     | X  |

**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 section 512(b)(13)? If "Yes," attach schedule (see instructions)                                                                                                                                     | 11 |     | X       |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)                                                                                                                                    | 12 |     | X       |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>                                                                                                                                                                              | 13 | X   |         |
| 14 | The books are in care of <b>KAREN GUGGISBERG</b> Telephone no <b>603-756-4458</b><br>Located at <b>PO BOX 74 WALPOLE, NH</b> ZIP+4 <b>03608</b>                                                                                                                                                                             |    |     |         |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                           | 15 |     |         |
| 16 | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country | 16 | Yes | No<br>X |

**Part 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----|
| 1a During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |    |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (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)?                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)                                                                                                                                                                                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| 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)? Organizations relying on a current notice regarding disaster assistance check here                                                                                                                                                                                        | 1b                                                                  |    |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?                                                                                                                                                                                                                                                                                                        | 1c                                                                  | X  |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                  |                                                                     |    |
| 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 before 2011? If "Yes," list the years                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| 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 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 during the year?                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |    |
| b 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                                                                  |    |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                               | 4a                                                                  | X  |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?                                                                                                                                                                                                                                                              | 4b                                                                  | X  |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

- 5a** During the year did the foundation pay or incur any amount to
- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No
- b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No  
Organizations relying on a current notice regarding disaster assistance check here. ☐
- c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No  
If "Yes," attach the statement required by Regulations section 53.4945-5(d)
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No  
If "Yes" to 6b, file Form 8870
- 7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No
- b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

| (a) Name and address<br>See 990 OFOV             | (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) Expense account, other allowances |
|--------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| KAREN GUGGISBERG<br>PO BOX 74 WALPOLE, NH 03608  | TREASURER<br>1                                            | 0                                         | 0                                                                     | 0                                     |
| MARY BEER<br>PO BOX 327 WALPOLE, NH 03608        | DIRECTOR<br>1                                             | 0                                         | 0                                                                     | 0                                     |
| PAMELA BROWN<br>59 CHURCH ST N WALPOLE, NH 03609 | SECRETARY<br>1                                            | 0                                         | 0                                                                     | 0                                     |
| ESTELLE BURR<br>PO BOX 479 WALPOLE, NH 03608     | PRESIDENT<br>1                                            | 0                                         | 0                                                                     | 0                                     |

**2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."**

| (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 | (e) Expense account, other allowances |
|---------------------------------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------|---------------------------------------|
| NONE                                                          |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |
|                                                               |                                                           |                  |                                                                       |                                       |

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

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

| (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

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1                                                                                                                                                                                                                                                      |          |
| 2                                                                                                                                                                                                                                                      |          |
| 3                                                                                                                                                                                                                                                      |          |
| 4                                                                                                                                                                                                                                                      |          |

**Part IX-B** Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| 1                                                                                                                |        |
| 2                                                                                                                |        |
| All other program-related investments. See instructions.                                                         |        |
| 3                                                                                                                |        |
| Total. Add lines 1 through 3 . . . . .                                                                           |        |

EEA

Form 990-PF (2011)

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|   |                                                                                                             |    |         |
|---|-------------------------------------------------------------------------------------------------------------|----|---------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes  |    |         |
| a | Average monthly fair market value of securities                                                             | 1a | 144,460 |
| b | Average of monthly cash balances                                                                            | 1b | 3,133   |
| c | Fair market value of all other assets (see instructions)                                                    | 1c | 0       |
| d | <b>Total</b> (add lines 1a, b, and c)                                                                       | 1d | 147,593 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | 1e |         |
| 2 | Acquisition indebtedness applicable to line 1 assets                                                        | 2  | 0       |
| 3 | Subtract line 2 from line 1d                                                                                | 3  | 147,593 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)   | 4  | 2,214   |
| 5 | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5  | 145,379 |
| 6 | <b>Minimum investment return.</b> Enter 5% of line 5                                                        | 6  | 7,269   |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|    |                                                                                                           |    |       |
|----|-----------------------------------------------------------------------------------------------------------|----|-------|
| 1  | Minimum investment return from Part X, line 6                                                             | 1  | 7,269 |
| 2a | Tax on investment income for 2011 from Part VI, line 5                                                    | 2a | 54    |
| b  | Income tax for 2011 (This does not include the tax from Part VI)                                          | 2b |       |
| c  | Add lines 2a and 2b                                                                                       | 2c | 54    |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | 3  | 7,215 |
| 4  | Recoveries of amounts treated as qualifying distributions                                                 | 4  |       |
| 5  | Add lines 3 and 4                                                                                         | 5  | 7,215 |
| 6  | Deduction from distributable amount (see instructions)                                                    | 6  |       |
| 7  | <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7  | 7,215 |

**Part XII Qualifying Distributions** (see instructions)

|   |                                                                                                                                                      |    |       |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                            |    |       |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26                                                                        | 1a | 7,582 |
| b | Program-related investments - total from Part IX-B                                                                                                   | 1b |       |
| 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                                                                                  |    |       |
| a | Suitability test (prior IRS approval required)                                                                                                       | 3a |       |
| b | Cash distribution test (attach the required schedule)                                                                                                | 3b |       |
| 4 | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                   | 4  | 7,582 |
| 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 (see instructions) | 5  | 54    |
| 6 | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4                                                                                | 6  | 7,528 |

**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 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

|                                                                                                                                                                                      | (a)<br>Corpus | (b)<br>Years prior to 2010 | (c)<br>2010 | (d)<br>2011 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2011 from Part XI, line 7 . . . . .                                                                                                                       |               |                            |             | 7,215       |
| 2 Undistributed income, if any, as of the end of 2011                                                                                                                                |               |                            |             |             |
| a Enter amount for 2010 only . . . . .                                                                                                                                               |               |                            |             |             |
| b Total for prior years . . . . .                                                                                                                                                    |               |                            |             |             |
| 3 Excess distributions carryover, if any, to 2011                                                                                                                                    |               |                            |             |             |
| a From 2006 . . . . .                                                                                                                                                                |               |                            |             |             |
| b From 2007 . . . . .                                                                                                                                                                |               |                            |             |             |
| c From 2008 . . . . .                                                                                                                                                                | 48            |                            |             |             |
| d From 2009 . . . . .                                                                                                                                                                |               |                            |             |             |
| e From 2010 . . . . .                                                                                                                                                                |               |                            |             |             |
| f Total of lines 3a through e . . . . .                                                                                                                                              | 48            |                            |             |             |
| 4 Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ 7,582                                                                                                                 |               |                            |             |             |
| a Applied to 2010, but not more than line 2a . . . . .                                                                                                                               |               |                            |             |             |
| b Applied to undistributed income of prior years (Election required - see instructions) . . . . .                                                                                    |               |                            |             |             |
| c Treated as distributions out of corpus (Election required - see instructions) . . . . .                                                                                            |               |                            |             |             |
| d Applied to 2011 distributable amount . . . . .                                                                                                                                     |               |                            |             | 7,215       |
| e Remaining amount distributed out of corpus . . . . .                                                                                                                               | 367           |                            |             |             |
| 5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a) )                                                  |               |                            |             |             |
| 6 Enter the net total of each column as indicated below:                                                                                                                             |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 . . . . .                                                                                                                          | 415           |                            |             |             |
| b Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                          |               |                            |             |             |
| 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 . . . . . |               |                            |             |             |
| d Subtract line 6c from line 6b Taxable amount - see instructions . . . . .                                                                                                          |               |                            |             |             |
| e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions . . . . .                                                                            |               |                            |             |             |
| f Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012 . . . . .                                                                |               |                            |             | 0           |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . . . .                                  |               |                            |             |             |
| 8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) . . . . .                                                                              |               |                            |             |             |
| 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a . . . . .                                                                                              | 415           |                            |             |             |
| 10 Analysis of line 9                                                                                                                                                                |               |                            |             |             |
| a Excess from 2007 . . . . .                                                                                                                                                         |               |                            |             |             |
| b Excess from 2008 . . . . .                                                                                                                                                         | 48            |                            |             |             |
| c Excess from 2009 . . . . .                                                                                                                                                         |               |                            |             |             |
| d Excess from 2010 . . . . .                                                                                                                                                         |               |                            |             |             |
| e Excess from 2011 . . . . .                                                                                                                                                         | 367           |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

|                                                                                                                                                                                            |          |               |          |          |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| 1a 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)                                                             |          |               |          |          |           |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                                                     | Tax year | Prior 3 years |          |          | (e) Total |
|                                                                                                                                                                                            | (a) 2011 | (b) 2010      | (c) 2009 | (d) 2008 |           |
| b 85% of line 2a . . . . .                                                                                                                                                                 |          |               |          |          |           |
| c Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                                                            |          |               |          |          |           |
| d Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                                                          |          |               |          |          |           |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                                                  |          |               |          |          |           |
| 3 Complete 3a, b, or c for the alternative test relied upon                                                                                                                                |          |               |          |          |           |
| a "Assets" alternative test - enter                                                                                                                                                        |          |               |          |          |           |
| (1) Value of all assets . . . . .                                                                                                                                                          |          |               |          |          |           |
| (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 Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**

|                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 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) ) |
|                                                                                                                                                                                                                                                                                                                                 | NONE ,                                                                                                                                                                                                                                      |
| 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                 |
|                                                                                                                                                                                                                                                                                                                                 | NONE ,                                                                                                                                                                                                                                      |
| 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             |
| Check here <input type="checkbox"/> 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                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                 | 990APP                                                                                                                                                                                                                                      |
| 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                                                                                                        |

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                           |    |       | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|-------------------------------------|----|-------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|--------|
| Name and address (home or business) |    |       |                                                                                                           |                                |                                  |        |
| a Paid during the year              |    |       |                                                                                                           |                                |                                  |        |
| CARLY BEAM                          |    |       |                                                                                                           |                                | SCHOLARSHIP FOR NURSING STUDIES  |        |
| 20 EATON ROAD                       |    |       |                                                                                                           |                                |                                  |        |
| WALPOLE                             | NH | 03608 | NONE                                                                                                      | NONE                           |                                  | 925    |
|                                     |    |       |                                                                                                           |                                |                                  |        |
| JENNIFER ROENTSCH                   |    |       |                                                                                                           |                                | SCHOLARSHIP FOR NURSING STUDIES  |        |
| 117 THOMPSON ROAD                   |    |       |                                                                                                           |                                |                                  |        |
| WALPOLE                             | NH | 03608 | NONE                                                                                                      | NONE                           |                                  | 925    |
|                                     |    |       |                                                                                                           |                                |                                  |        |
| ABIGAIL BROWN                       |    |       |                                                                                                           |                                | SCHOLARSHIP FOR NURSING STUDIES  |        |
| 59 CHURCH ST                        |    |       |                                                                                                           |                                |                                  |        |
| NORTH WALPOLE                       | NH | 03609 | DAUGHTER                                                                                                  | NONE                           |                                  | 925    |
|                                     |    |       |                                                                                                           |                                |                                  |        |
| LAURA SICHLING                      |    |       |                                                                                                           |                                | SCHOLARSHIP FOR NURSING STUDIES  |        |
| 1074 MAIN ST                        |    |       |                                                                                                           |                                |                                  |        |
| NORTH WALPOLE                       | NH | 03609 | NONE                                                                                                      | NONE                           |                                  | 925    |
|                                     |    |       |                                                                                                           |                                |                                  |        |
| TANIS FICO                          |    |       |                                                                                                           |                                | SCHOLARSHIP FOR NURSING STUDIES  |        |
| 36 NORTH RIVER ROAD                 |    |       |                                                                                                           |                                |                                  |        |
| WALPOLE                             | NH | 03608 | NONE                                                                                                      | NONE                           |                                  | 925    |
|                                     |    |       |                                                                                                           |                                |                                  |        |
| JESSICA LARSON                      |    |       |                                                                                                           |                                | SCHOLARSHIP FOR NURSING STUDIES  |        |
| 142 BLACK JACK CROSSING             |    |       |                                                                                                           |                                |                                  |        |
| WALPOLE                             | NH | 03608 | DAUGHTER                                                                                                  | NONE                           |                                  | 925    |
|                                     |    |       |                                                                                                           |                                |                                  |        |
| KELSEY KELLER                       |    |       |                                                                                                           |                                | SCHOLARSHIP FOR NURSING STUDIES  |        |
| PO BOX 563                          |    |       |                                                                                                           |                                |                                  |        |
| DREWSVILLE                          | NH | 03604 | NONE                                                                                                      | NONE                           |                                  | 925    |
|                                     |    |       |                                                                                                           |                                |                                  |        |
| LAUREN TIDD                         |    |       |                                                                                                           |                                | SCHOLARSHIP FOR NURSING STUDIES  |        |
| 307 COLD RIVER ROAD                 |    |       |                                                                                                           |                                |                                  |        |
| WALPOLE                             | NH | 03608 | NONE                                                                                                      | NONE                           |                                  | 925    |
|                                     |    |       |                                                                                                           |                                |                                  |        |
| Total . . . . .                     |    |       |                                                                                                           |                                | 3a                               | 7,400  |
| b Approved for future payment       |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |
|                                     |    |       |                                                                                                           |                                |                                  |        |

## Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations )

|                 |                                                                                                                                                                                                                                                  |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Line No.</b> | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions ) |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Form 990-PF (2011)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| <p><b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?</p> <p><b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of</p> <p>(1) Cash . . . . .</p> <p>(2) Other assets . . . . .</p> <p><b>b</b> Other transactions</p> <p>(1) Sales of assets to a noncharitable exempt organization . . . . .</p> <p>(2) Purchases of assets from a noncharitable exempt organization . . . . .</p> <p>(3) Rental of facilities, equipment, or other assets . . . . .</p> <p>(4) Reimbursement arrangements . . . . .</p> <p>(5) Loans or loan guarantees . . . . .</p> <p>(6) Performance of services or membership or fundraising solicitations . . . . .</p> <p><b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .</p> <p><b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received</p> |  | Yes | No |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |     |    |
| <b>1a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |     | X  |
| <b>1a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |     | X  |
| <b>1b(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |     | X  |
| <b>1b(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |     | X  |
| <b>1b(3)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |     | X  |
| <b>1b(4)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |     | X  |
| <b>1b(5)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |     | X  |
| <b>1b(6)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |     | X  |
| <b>1c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |     | X  |

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

**b** If "Yes," complete the following schedule

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

**Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules & statements, & to the best of my knowledge & belief, it is true, correct, & complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date \_\_\_\_\_

Title

May the IRS discuss this return with the preparer shown below (see inst )? ☒ Yes ☐ No

**Paid  
Preparer  
Use Only**

Print/Type preparer's name

Rachel C Elkins CPA

Preparer's signature \_\_\_\_\_

Date \_\_\_\_\_

|                                           |    |
|-------------------------------------------|----|
| Check <input checked="" type="checkbox"/> | if |
| self-employed                             |    |

|      |
|------|
| PTIN |
|------|

P01222496

Firm's name ▶ Rachel C Elkins CPA

Firm's EIN 

Firm's address ► 310 Marlboro St PO Box 1742

|          |  |
|----------|--|
| Phone no |  |
|----------|--|

Keene NH 03431

603-352-0022

### **Current Officers, Directors, Trustees, and Key Employees**

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

[illegible]

**Federal Supporting Statements**

**2011 PG 01**

Name(s) as shown on return

FEIN

WALPOLE VILLAGE DIST NURSING ASSN

02-0262942

**FORM 990PF, PART II, LINE 10(B)  
INVESTMENTS: CORPORATE STOCK SCHEDULE**

STATEMENT #137

| <u>CATEGORY</u> | <u>BOY</u>            | <u>BOOK VALUE</u>     | <u>EOY FMV</u>        |
|-----------------|-----------------------|-----------------------|-----------------------|
| MUTUAL FUNDS    | <u>126,519</u>        | <u>124,202</u>        | <u>145,034</u>        |
| TOTALS          | <u><u>126,519</u></u> | <u><u>124,202</u></u> | <u><u>145,034</u></u> |

# Federal Supporting Statements

2011 PG 01

Your Social Security Number

02-0262942

Name(s) as shown on return

WALPOLE VILLAGE DIST NURSING ASSN

## FORM 990PF, PART I, LINE 23 - OTHER EXPENSES SCHEDULE

STATEMENT #103

| DESCRIPTION                 | REVENUE<br>AND EXPENSES | NET<br>INVESTMENT | ADJUSTED<br>NET INCOME | CHARITABLE<br>PURPOSE |
|-----------------------------|-------------------------|-------------------|------------------------|-----------------------|
| PO BOX RENTAL               | 40                      | 0                 | 0                      | 40                    |
| POSTAGE                     | 18                      | 0                 | 0                      | 18                    |
| INSURANCE                   | 124                     | 0                 | 0                      | 124                   |
| INVESTMENT MAINTENANCE FEES | 1,849                   | 1,849             | 0                      | 0                     |
| TOTALS                      | 2,031                   | 1,849             | 0                      | 182                   |

PG 01

STATEMENT #108

## FORM 990PF, PART I, LINE 16(B) - ACCOUNTING FEES SCHEDULE

| DESCRIPTION     | REVENUE<br>AND EXPENSES | NET<br>INVESTMENT | ADJUSTED<br>NET INCOME | CHARITABLE<br>PURPOSE |
|-----------------|-------------------------|-------------------|------------------------|-----------------------|
| ACCOUNTING FEES | 725                     | 0                 | 0                      | 0                     |
| TOTALS          | 725                     | 0                 | 0                      | 0                     |

# Federal Supporting Statements

2011 PG 01

Your Social Security Number

02-0262942

Name(s) as shown on return

WALPOLE VILLAGE DIST NURSING ASSN

STATEMENT #110

FORM 990PF, PART I, LINE 18 - TAXES SCHEDULE

| DESCRIPTION               | REVENUE<br>AND EXPENSES | NET<br>INVESTMENT | ADJUSTED<br>NET INCOME | CHARITABLE<br>PURPOSE |
|---------------------------|-------------------------|-------------------|------------------------|-----------------------|
| STATE OF NH               | 75                      | 0                 | 0                      | 0                     |
| FEDERAL TAX ON INVEST INC | 68                      | 0                 | 0                      | 0                     |
| TOTALS                    | 143                     | 0                 | 0                      | 0                     |

PG 01

SUBSIDIARY STATEMENT

FORM 990PF, PART I, LINE 25 - SUBSIDIARY SCHEDULE

| DESCRIPTION | REVENUE<br>AND EXPENSES | NET<br>INVESTMENT | ADJUSTED<br>NET INCOME | CHARITABLE<br>PURPOSE |
|-------------|-------------------------|-------------------|------------------------|-----------------------|
| GRANTS      | 7,400                   | 0                 | 0                      | 7,400                 |
| TOTALS      | 7,400                   | 0                 | 0                      | 7,400                 |

**Federal Supporting Statements****2011 PG 01**

Name(s) as shown on return

Your Social Security Number

WALPOLE VILLAGE DIST NURSING ASSN

02-0262942

**FORM 990PF, PART XV, LINE 2  
APPLICATION SUBMISSION INFORMATION**

990APP

**GRANT PROGRAM**  
SCHOLARSHIPS**APPLICANT NAME**  
ESTELLE BURR, PRES**ADDRESS**  
PO BOX 479

WALPOLE

NH 03608

**TELEPHONE**  
603-756-9265**FORM & CONTENT**  
GRADUATION APPLICATION**SUBMISSION DEADLINE**  
NONE**RESTRICTIONS ON AWARD**  
NONE