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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

Department of the Treasury Internal Revenue Service

OND NO 1343-0032	
2012	
Open to public Inspection	r

·π	HE ANONIMO FOUNDATION			22-306171	7
	The and street (or PO box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	O BOX 663	(207)594-	5825		
	or town, state, and ZIP code			C If exemption application is	
•	OCKLAND, ME 04841				
G C	heck all that apply Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	ns, check here
	Final return	Amended return		2 Foreign omenizations n	neeting the 85% test
	Address change	Name change	,	2 Foreign organizations in check here and attach of	computation
H C	theck type of organization X Section 501(c)(3) ex			E If private foundation st	_
<u></u>		Other taxable private founda		under section 507(b)(
	ur market value of all assets at end of year J Accounting	ng method (A) Cash her (specify)	Accrual	F If the foundation is in a under section 507(b)(
(<i>III</i>	1 11 - 1 - 1 - 1	mn (d) must be on cash b	pasis)	under section 507(b)(1)(B), Check here
	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursement for chantable purp (cash basis onli
	necessarily equal the amounts in column (a)	307,284.		N/A	(Cash Dasis Only
	1 Contributions, gifts, grants, etc., received 2 Check if the foundation is not required to attach Sch. B	33,,201.	······································	7.7.2	
	3 Interest on savings and temporary cash investments	6.	6	•	Statement
	4 Dividends and interest from securities	22,315.	22,315	•	Statement
	5a Gross rents				
	D Net rental income or (loss)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· • • • • • • • • • • • • • • • • • • •
<u>a</u>	6a Net gain or (loss) from sale of assets not on line 10	238,373.	······		
Revenue	b Gross sales price for all 2,134,022.	11 11 11 11	238,373		
Ř	7 Capital gain net income (from Part IV, line 2)		230,3/3	•	
_	8 Net short-term capital gain		""" "" "" "" "" "" "" ""		
	9 Income modifications 102 Gross sales less returns		•••••		
	10a and allowances b Less Cost of goods sold	·			
	c Gross profit or (loss)				
	11 Other income				
	12 Total Add lines 1 through 11	567,978.	260,694	•	
	13 Compensation of officers, directors, trustees, etc	0.	0	· FOEN IF D	1
	14 Other employee salaries and wages			RECEIVED_	
ç	15 Pension plans, employee benefits		10		ပ္က
Expenses	16a Legal fees Stmt 3	1,020.	0 0 642	AUG 1 5 2013	y 1,0
xpe	b Accounting fees Stmt 3 c Other professional fees Stmt 4	250.	<u> </u>		4 - '2
ē	17 Interest		1 1	CDENI III	
'ati	18 Taxes Stmt 5	10,931.	162-	ULLIVE L	
nist	19 Depreciation and depletion				757 17
Administrative	20 Occupancy				
μĄ	21 Travel, conferences, and meetings				
and	22 Printing and publications	20 420	0		20
Operating	23 Other expenses Stmt 6	30,428.	<u> </u>	•	30,4
eral	24 Total operating and administrative	42,629.	162	_	31.6
Ö	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	126,733.	202	-	31,6 126,
	26 Total expenses and disbursements.				
	Add lines 24 and 25	169,362.	162	•	158,4
	27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see	398,616.			
	b Net investment income (if negative, enter -0-)		260,532		
0000	C Adjusted net Income (if negative, enter -0-)			N/A	
12-0	01 5-12 LHA For Paperwork Reduction Act Notice, see	instructions.	1		Form 990-Pf
		2012.03010	1		THE17

	16	Total assets (to be completed by all filers)		3,918,342.	3,026,323.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue	<u></u>		
	20	Loans from officers, directors, trustees, and other disqualified persons	, <u>L</u>	-1	
ap	21	Mortgages and other notes payable	_		
_	22	Other liabilities (describe)		
	23	Total liabilities (add lines 17 through 22)		0.	0.
		Foundations that follow SFAS 117, check here	D		
		and complete lines 24 through 26 and lines 30 and 31			
ces	24	Unrestricted			
ğ	25	Temporarily restricted			
ă	26	Permanently restricted			
פ		Foundations that do not follow SFAS 117, check here	► X		
Ī		and complete lines 27 through 31.			

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	3,918,342.
2	Enter amount from Part I, line 27a			2	398,616.
3	Other increases not included in line 2 (itemize)			3	0.
	Add lines 1, 2, and 3			4	4,316,958.
5	Decreases not included in line 2 (itemize)	ee	Statement 7	5	1,290,635.
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30			6	 3,026,323
×	Total first additional first and all first				

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3,348,471.

3,918,342.

3,918,342.

3,918,342.

3,026,323

3,026,323

3,026,323

14 Land, buildings, and equipment basis

27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

30 Total net assets or fund balances

28 Paid-in or capital surplus, or land, bldg, and equipment fund

29 Retained earnings, accumulated income, endowment, or other funds

Less accumulated depreciation

15 Other assets (describe

(a) List and desc	ribe the kir	sses for Tax on In nd(s) of property sold (e g or common stock, 200 shs	, real estate,	t Income	P	How ac - Purci - Dona	nase	(c) Date a		(d) Date sold (mo , day, yr)
1a .							IIIUII	•		
b See Attached	Stat	ement					, .			
C										- "
d										
е	-							·		
(e) Gross sales price	(f) Depreciation allowed (m) Cost or other basis								in or (loss (f) minus	
a										
<u>b</u>										
C										
e 2,134,022.				1,895,64	9.					238,373.
Complete only for assets showing	i	column (h) and owned by t					(1)	Gains (C	ol (h) gain	· · · · · · · · · · · · · · · · · · ·
(i) F M V as of 12/31/69		j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (i) col (j), if any			còl	(k), but n	ot less tha (from col	n -0-) or
a										
b										
C										
<u>d</u>				·						
8										238,373.
2 Capital gain net income or (net ca	ipital loss)	{ If gain, also enter If (loss), enter -0-	in Part I, line - in Part I, line	7 7	}	2				238,373.
3 Net short-term capital gain or (los	ss) as defir	ned in sections 1222(5) an	d (6)		`					
If gain, also enter in Part I, line 8,									37 / 3	
If (loss), enter -0- in Part I, line 8 Part V Qualification U		ection 4940(e) for	Dadwaad	I Tay on Nat		3	and Inc		N/A	<u> </u>
If section 4940(d)(2) applies, leave t Was the foundation liable for the sec <u>If "Yes," the foundation does not qua</u>	tion 4942 lify under s	tax on the distributable am section 4940(e) Do not co	mplete this pa	nrt						Yes X No
Enter the appropriate amount in	each colur	nn for each year, see the ir	istructions be	fore making any e	entries	S				73\
(a) Base period years Calendar year (or tax year beginni	ng in)	(b) Adjusted qualifying dist		Net value of no		ritable-				oution ratio
2011	-		2,898.				$\frac{7,167}{5,701}$.039943
2010	-		6,454.			•	5,701 0,510			.041506
2009			1,768. 7,792.	·······			$\frac{0,310}{5,215}$.054880
2008			$\frac{7,732.}{3,822.}$				5,850			.034822
2007		12	J J OLL !		Ť	755	37030	1		
2 Total of line 1, column (d)								2		.231982
3 Average distribution ratio for the the foundation has been in existe	-		on line 2 by 5,	or by the number	r of ye	ears		3		.046396
4 Enter the net value of noncharitat		·	line 5					4		3,200,265
5 Multiply line 4 by line 3								5		148,479
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)						6		2,605
7 Add lines 5 and 6								7		151,084
8 Enter qualifying distributions from	n Part XII,	line 4						8		158,431
If line 8 is equal to or greater that See the Part VI instructions	n line 7, ch	eck the box in Part VI, line	1b, and comp	olete that part usin	ng a 1	% tax ı	rate			000 DF 10010

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	or 49	48 - 9	see instru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,6	05.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) $-\mathcal{J}$					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	L	2			<u>0.</u>
3	Add lines 1 and 2		3		2,6	05.
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		2,6	05.
6	Credits/Payments					
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 10,8	00.				
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	\vdash	7	1	0,8	00.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	<u> </u>	8			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ ∟	9			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	ļ	10			95.
	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ 0 . Refund	ed 🕨	11		8,1	95.
	rt VII-A Statements Regarding Activities			· · · · · · · · · · · · · · · · · · ·		T
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	ervene in	1		Yes	No
	any political campaign?			1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p	ublished	or			
	distributed by the foundation in connection with the activities					
	Did the foundation file Form 1120-POL for this year?			10		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	•				
	(1) On the foundation ▶ \$ O . (2) On foundation managers ▶ \$	0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	n				
	managers > \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpor	ation, or				.,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		/	_ 4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?		N/			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with t	ne state la	aw			
	remain in the governing instrument?			6		<u> X</u>
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	ME					
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				τ,	
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$	for calend	dar			1
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresse	3		10		X
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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 2012?

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Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e		
(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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant s number of organizations and other beneficiaries served, conferences convened, research papers 1 N/A	statistical information such as the produced, etc	Expenses
2	4444	-
3		
4		-
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year	ar on lines 1 and 2	Amount
1 N/A		
2		-
All other program-related investments. See instructions		

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations	must complete this	part Foreign four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charital	ble, etc , purposes			
а	Average monthly fair market value of securities			1a	3,137,352. 111,648.
b	Average of monthly cash balances			1b	111,648.
C	Fair market value of all other assets			10	
d	Total (add lines 1a, b, and c)			1d	3,249,000.
8	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	3,249,000.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amour	it, see instructions)		4	48,735.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and of	on Part V, line 4		5	3,200,265.
6_	Minimum Investment return Enter 5% of line 5			6	160,013.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) art XI foreign organizations check here		ating foundations ar	id certain	
1	Minimum investment return from Part X, line 6			1	160,013.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	2,605.		
þ	Income tax for 2012 (This does not include the tax from Part VI)	2b			
C	Add lines 2a and 2b			2c	2,605. 157,408.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	157,408.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	157,408.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Pa	rt XIII, line 1		7	157,408.
P	art XII Qualifying Distributions (see instructions)			r1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes			150 /21
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26			1a	158,431.
b	Program-related investments - total from Part IX-B			1b	<u>U•</u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charits	able, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the				
	Suitability test (prior IRS approval required)			3a	· _ ·· · · · · · · · · · · · · · · · · ·
b	Cash distribution test (attach the required schedule)			3b	150 421
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8,			4	158,431.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv	restment			2 (05
	income Enter 1% of Part I, line 27b			5	2,605. 155,826.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years 4940(e) reduction of tax in those years	when calculating whel	her the foundation (qualifies for	the section

THE ANONIMO FOUNDATION

		(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012	from Part XI,	The state of the s			
line 7					157,408.
2 Undistributed income, if any, as of th	ne end of 2012	, , , , , , , , , , , , , , , , , , , ,			
a Enter amount for 2011 only				153,337.	
b Total for prior years			0.		
3 Excess distributions carryover,	if any, to 2012		V•	· · · · · · · · · · · · · · · · · · ·	
a From 2007					
b From 2008					
c From 2009					
d From 2010					
e From 2011					
f Total of lines 3a through e		0.			
4 Qualifying distributions for 201	2 from				
Part XII, line 4 ►\$1					
a Applied to 2011, but not more				153,337.	
b Applied to undistributed incom		Annual Control of the self-re-			
years (Election required - see ii	· •		0.		
c Treated as distributions out of			<u> </u>	 	**************************************
(Election required - see instruc	·	0 .		4	
d Applied to 2012 distributable a				v-111-2	5,094.
e Remaining amount distributed	[0 .	,		
5 Excess distributions carryover applie (If an amount appears in column (d),	ed to 2012	0 .			0.
6 Enter the net total of each columnidicated below.	umn as				
3 Corpus Add lines 3f, 4c, and 4e Su	btract line 5	0 .	,		
b Prior years' undistributed incoi	F				······
line 4b from line 2b			0.		
c Enter the amount of prior years undistributed income for which deficiency has been issued, or the section 4942(a) tax has been assessed	n a notice of on which		0.		
d Subtract line 6c from line 6b T	axable				
amount - see instructions			0.		
e Undistributed income for 2011	Subtract line				
4a from line 2a Taxable amour	nt - see instr			0.	
f Undistributed income for 2012	Subtract				
lines 4d and 5 from line 1. This	amount must				
be distributed in 2013				h	152,314.
7 Amounts treated as distribution	ns out of				
corpus to satisfy requirements	imposed by				
section 170(b)(1)(F) or 4942(g)(3) 	0 .	,		
8 Excess distributions carryover	from 2007				
not applied on line 5 or line 7		0 .	,		
9 Excess distributions carryove	r to 2013.				
Subtract lines 7 and 8 from line	e 6a	0 .			
Analysis of line 9					
a Excess from 2008					
b Excess from 2009					
c Excess from 2010					
d Excess from 2011					

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b The form in which applications should be submitted and information and materials they should include

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

c Any submission deadlines

223611 12-05-12

Total

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Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code		code		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a N/A					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					6.
4 Dividends and interest from securities	-			-	22,315.
			 	· · · · · · · · · · · · · · · · · · ·	22/313.
5 Net rental income or (loss) from real estate			 	<u> </u>	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
, , ,					
property					
7 Other investment income			-		
8 Gain or (loss) from sales of assets other					
than inventory					238,373.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
	 				
11 Other revenue	ł				
a			 		
b					
C					
d					
0					
40 Cubtatal Add columns (b) (d) and (s)		0.	1	0.	260,694.
12 Subtotal Add columns (b), (d), and (e)	L	· · · · · · · · · · · · · · · · · · ·	1	'	260,694.
13 Total. Add line 12, columns (b), (d), and (e)				13 _	200,034.
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which incor the foundation's exempt purposes (other than to	ne is reported	in column (e) of Part XVI-A	contri	buted importantly to the acco	mplishment of
	by providing to	ilius ioi sucii purposes)			· · · · · · · · · · · · · · · · · · ·
N/A					
				•	

1 41 ()		empt Organi		31613 10 6	ind Transactions	and Relations	inps with wortena	IIIabit	,	
1 Did				of the followin	g with any other organizat	ion described in sect	on 501(c) of		Yes	No
					7, relating to political orga		` '			
	•	٠,	ition to a noncharita							
	Cash			' '	,			1a(1)		Х
	Other assets							1a(2)		Х
٠,	er transactions									
			ole exempt organizat	tion				16(1)	•	Х
			ncharitable exempt o					1b(2)		X
, ,		assets from a from ities, equipment, o		ngamzation				1b(3)		X
			Ji other assets					1b(4)		X
		nt arrangements						1b(5)		X
٠,	Loans or loan	-	mbership or fundrais	cina colicitatio	nc			1b(6)		X
			•	-				1c		X
	-		iling lists, other asse "Yes " complete the f			lwave chow the fair n	narket value of the goods,		e ate	
		-							0013,	
	•	•	other assets, or serv		o icoo man ian ilidiket Val	ioo iii ariy trafisactioii	or sharing arrangement,	MOW III		
	TT	unt involved			exempt organization	(d) Descriptor	of transfers, transactions, and	shanna cr	rangema	
a) Line no	(u) Millo	unt illvolveu	(c) Name of	N/A	oxompt organization	(w) Description	or dansiers, dansactions, and	ananny ar	anyent	
	- 			IN/ A						
	- 									
				*						
							 			
			ļ <u>.</u>	· ·						
							•			
ın s	ection 501(c) (•	r than section 501(c edule		or more tax-exempt organion 527? (b) Type of organization		(c) Description of relations	Yes	X	□ No
		,								
						1				
						 				
Sign Here	and belief, it is t		nplete Declaration of pr		ng accompanying schedules an nataxpayer) is based on all infor Date	mation of which prepare	r has any knowledge ret	y the IRS um with the own below X Yes	e prepar (see ins	rer
	——————————————————————————————————————	ype preparer's na		Preparer's s	ignature	Date	Check X If PTIN			
		51 - E. aleman a 110	-	1			self- employed			
Paid	וסמ	JGLAS A	татнам	Louis	Acollina	07/30/13	· ′	0157	979	
Prepa		name ► DOU		THAM C	DA	01/30/13	Firm's EIN ► 01-0			
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	riiii \$		INTON, ME		OAD		Phone no 207-	152	212	5
	<u> </u>	CT	THION, ME	0472/		<u> </u>		rm 990		
							Fr	IIIII MML	,-rr	ノロエント

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

or 990-PF

Schedule of Contributors

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

OMB No 1545-0047

2012

Employer identification number

THE ANONIMO FOUNDATION 22-3061717 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ___ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

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

Name of organization

Employer identification number

THE ANONIMO FOUNDATION

22-3061717

Part I `	Contributors	(see instructions	Use duplicate copies of Part I if additional space is needed.
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Part I	Contributors (see instructions) Use duplicate copies of Part I	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN D ELLIS PO BOX 663 ROCKLAND, ME 04841-0663	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN D ELLIS PO BOX 663 ROCKLAND, ME 04841-0663	\$39,151.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOHN D ELLIS PO BOX 663 ROCKLAND, ME 04841-0663	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHN D ELLIS PO BOX 663 ROCKLAND, ME 04841-0663	<u> </u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JOHN D ELLIS PO BOX 663 ROCKLAND, ME 04841-0663	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JOHN D ELLIS PO BOX 663 ROCKLAND, ME 04841-0663	\$\$.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
223452 12-2	11-12	Schedule B (Form	990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

THE ANONIMO FOUNDATION

22-3061717

Part I	Contributors (see instructions) Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JOHN D ELLIS PO BOX 663 ROCKLAND, ME 04841-0663	\$\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 :		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

HE AN	NONÌMO FOUNDATION			22-3061717
art II '	Noncash Property (see instructions). Use duplicate copies of Part II if	additic	onal space is needed.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
1	1138SH WHOLE FOOD MARKET (SECURITIES)			
		\$_	106,983.	08/15/12
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
2	716SH SIX FLAGS ENT CORP (SECURITIES)			
		\$_	39,151.	08/30/12
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
3	82SH PHARMACYCLIES INC (SECURITIES)			
		\$_	5,426	08/30/12
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
4	4000SH TRIANGLE CAPITAL CORP (SECURITIES)			
		\$_	103,160	09/06/12
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
5	386SH EBAY INC (SECURITIES)			
		\$_	18,100	08/30/12
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (see instructions)	(d) Date received
	338SH FUSION-IO INC (SECURITIES)	 		

6

9,582.

08/30/12

Employer identification number

THE ANONIMO FOUNDATION

22-3061717

Dort II	Noncash Property	(see instructions)	Use duplicate copies	of Part II if additional space is needed.
raith	MUNICASII FIUDBILY	(300 113(100(10)13)	Oge dublicate cobles	or rait is additional space is neceed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7 254SH	H MEDIATION INC (SECURITIES)		
		\$\$	08/30/12
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Name of organization Employer identification number THE ANONIMO FOUNDATION 22-3061717 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Part XV Supplementary Information				T
3 Grants and Contributions Paid During the	If recipient is an individual,	7		
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTINUENT	
HEARTWOOD THEATER		501 (c) 3	SUPPORT CURRENT	
DAMARISCOTTA, ME			OPERATIONS	31,000.
FIGURES OF SPEECH THEATRE		501 (c) 3	SUPPORT CURRENT	
FREEPORT, ME			OPERATIONS	5,000.
NY METRO MUSEUM OF ART		501 (c) 3	SUPPORT CURRENT	
NEW YORK, NY			OPERATIONS	4,000.
PENOBSCOT SCHOOL		501 (c) 3	SUPPORT CURRENT	
ROCKLAND, ME			OPERATIONS	8,000.
ROCKLAND PUBLIC LIBRARY ROCKLAND, ME		501 (c) 3	SUPPORT CURRENT OPERATIONS	2,000.
RSU 13		school distri	CTSUPPORT CURRENT	
ROCKLAND, ME			OPERATIONS	33,233.
SALTBAY CHAMBERFEST DAMARISCOTTA, ME		501 (c) 3	SUPPORT CURRENT OPERATIONS	6,000.
SEACOAST YOUTH ORCHESTRA DAMARISCOTTA, ME		501 (c) 3	SUPPORT CURRENT OPERATIONS	3,000.
STATION MAINE ROCKLAND, ME		501 (c) 3	SUPPORT CURRENT OPERATIONS	500.
WATERSHED SCHOOL ROCKLAND, ME		501 (c) 3	SUPPORT CURRENT OPERATIONS	8,000.
Total from continuation sheets				100,733.

Part IV Capital Gains and Los	ses for Tax on Investment Income				
(a) List and 2-story bri	describe the kind(s) of property solo ck warehouse, or common stock, 20	i, e g , real estate, 00 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a JP MORGAN 02102	2		P	Various	12/31/12
b JP MORGAN 02102			P	Various	12/31/12
c JP MORGAN 02147	7		P	Various	12/31/12
d JP MORGAN 02147	7		P	Various	12/31/12
e JP MORGAN 02155	5		P	Various	12/31/12
f JP MORGAN 02155	<u> </u>		P	Various	12/31/12
g VANGUARD BROKE	RAGE			Various	12/31/12
h VANGUARD BROKE			P	Various	12/31/12
Capital Gains I	Dividends				
k		······			
<u>m</u>		, , , , , , , , , , , , , , , , , , ,			
<u>n</u>					
0			<u> </u>		l
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a 244,755.		315,167.			-70,412.
b 546,547.		390,283.			156,264.
c 700,172.		731,657.			-31,485.
d 428,332.		328,418.			99,914.
e 44,871.		39,694.		-	5,177.
14,213.		10,360.			3,853.
g 43,253.		49,830.			<u>-6,577.</u>
h 104,038.		30,240.			73,798.
7,841.					7,841.
1					
k					
1					
m					
n	-14-17-1				
0		1000100			
	g gain in column (h) and owned by t			ses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	but n	of col. (h) gain ove ot less than "-0-")	
a					-70,412.
b					156,264.
С					-31,485.
d					99,914.
θ					5,177.
f		·····			3,853.
9					-6,577.
h					73,798.
1					7,841.
1					
k					
1					
m					
0					
2 Capital gain net income or (net cap	pital loss) { If gain, also enter "-0	in Part I, line 7	2		238,373.
3 Net short-term capital gain or (los	(1000), 0				
If gain, also enter in Part I, line 8,	o) ao ucimeu in SectionS 1222(3) an Column (c)	\ \			
If (loss), enter "-0-" in Part I, line 8		<i>J</i>	3	N/A	

Form 990-PF Interest on Savi	ngs and Tem	porary Ca	ash Ir	nvestments	Statement	1
Source					Amount	
CAMDEN NATIONAL						6.
Total to Form 990-PF, Part I,	line 3, Co	lumn A				6.
Form 990-PF Dividence	ds and Inter	est from	Secui	rities	Statement	2
Source	Gross	Amount		ital Gains ividends	Column (A Amount	.)
DODGE & COX INTERNATIONAL STOFUND JP MORGAN CLEARING CORP 02102 JP MORGAN CLEARING CORP 02147 JP MORGAN CLEARING CORP 02155 LONGLEAF PARTNERS FUND VANGUARD BROKERAGE SERVICES VANGUARD PRIMECAP CORE FUND	2	1,115. 7,840. 6,791. 254. 7,253. 4,755. 2,148.		0. 0. 0. 0. 6,753. 0. 1,088.	7,8 6,7 2 5 4,7	15. 40. 91. 54. 00. 55.
Total to Fm 990-PF, Part I,	ln 4	30,156.		7,841.	22,3	15.
Form 990-PF	Accounti	ng Fees			Statement	3
Description	(a) Expenses Per Books	(b) Net Inve ment Inc		(c) Adjusted Net Incom		
DOUGLAS A TATHAM TAX PREPARATION	1,020.		0.		1,0	20.
To Form 990-PF, Pg 1, ln 16b	1,020.	-	0.		1,0	20.

Form 990-PF C	ther Profes	sional Fees	S:	tatement	4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitab Purpose	
PAM WALLACE ADMIN SERVICES	250.	0.		25	50.
To Form 990-PF, Pg 1, ln 16c	250.	0.		25	50.
Form 990-PF	Тах	es	S	tatement	5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitab Purpose	
INCOME TAX FOREIGN TAX	10,769. 162.	0. 162.			0.
To Form 990-PF, Pg 1, ln 18	10,931.	162.			0.
Form 990-PF	Other E	xpenses	S	tatement	6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitak Purpose	
EXECUTIVE DIRECTOR COUNCIL OF FOUNDATIONS DUES FILING FEE	29,392. 1,000. 36.	0. 0. 0.		29,39	
To Form 990-PF, Pg 1, ln 23	30,428.	0.		30,42	28.
Form 990-PF Other Decrease	es in Net As	sets or Fund B	Balances S	tatement	7
Description				Amount	
TAX BASIS ADJUSTMENT ON SECU				197,16	
PRIOR PERIODS TAX BASIS ADJUS	STMENT ON SE	CURITIES CONTE	RIBUTED	1,093,46	5/.

Form 990-PF	Corporate Stock		State	ement	8
Description		Book Value		Market alue	
INVESTMENT ACCOUNTS		2,948,95	58. 3,	,271,100	6.
Total to Form 990-PF, Part	II, line 10b	2,948,9	38.	,271,106	6.
	- List of Officers, Des and Foundation Mana		State	ement	9
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib		
JOHN DAVID ELLIS ROCKLAND, ME	CHAIRMAN 0.00	0.	0.	(0.
GEOFFREY ROBINSON MEDOMAK, ME	ASSISTANT TREA	ASURER 0.	0.	•	Ο.
GARY KING WALPOLE, ME	DIRECTOR 0.00	0.	0.	(0.
NED STEINBERGER NOBLEBORO, ME	DIRECTOR 0.00	0.	0.	(0.
DIANTHA ROBINSON ROCKLAND, ME	DIRECTOR 0.00	0.	0.	(Ο.
ELLEN GOLDEN DOBBS FERRY, ME	DIRECTOR 0.00	0.	0.	,	ο.
Totals included on 990-PF,	Page 6, Part VIII	0.	0.		0.

Form 8868

(Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you a	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			ightharpoonup
	are filing for an Additional (Not Automatic) 3-Month Ext			this form).		
	omplete Part II unless you have already been granted a				rm 8868.	
	ic filing (e-file). You can electronically file Form 8868 if y					r a corporation
	to file Form 990-T), or an additional (not automatic) 3-mor					
	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap					
	rrs gov/efile and click on e-file for Charities & Nonprofits					,
Part I	Automatic 3-Month Extension of Time		ubmit original (no copies nee	eded).		
	ation required to file Form 990.T and requesting an auton					
Part I only	•		THE SALUTION OF SHOOK WIND DON GIVE	JOHN D. 1010		
All other o	y corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	,
Гуре ог	Name of exempt organization or other filer, see instru-	ctions		Employe	ıdentıfıcatı	on number (EIN) or
orint					22 26	061717
le by the	THE ANONIMO FOUNDATION					061717
lue date for iling your	Number, street, and room or suite no. If a P.O box, so PO BOX 663	ee Instruc	tions	Social se	curity numb	oer (SSN)
etum See nstructions	City, town or post office, state, and ZIP code For a for ROCKLAND, ME 04841	oreign add	ress, see instructions.			
		-				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applicati	on	Return	Application			Return
s For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
	20 (Individual)	03	Form 4720			09
Form 990		04	Form 5227			10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
		06	Form 8870			12
LOIIII aac	O-T (trust other than above) JOHN DAVID ELL		1 0111 0070			
. The be	ooks are in the care of ▶ PO BOX 663 ROCI		, ME - 04841			
	none No. ► 207-594-5825	(LIIII)	FAX No. >			
		Ab - 1 l-				▶ □
	organization does not have an office or place of business			f 4h.aa. fa		araua ahaak thia
. 1	is for a Group Return, enter the organization's four digit	1				
oox 🕨					ers the exte	ansion is for.
1 i re	quest an automatic 3-month (6 months for a corporation					
		t organiza	tion return for the organization name	ed above.	The extens	ion
_	or the organization's return for:					
►l	\overline{X} calendar year 2012 or					
>	tax year beginning	, an	d ending		_ ·	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Fınal retur	n	
	Change in accounting period					
_						
3a If th	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	nrefundable credits. See instructions			3a_	\$	0.
b If th	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	imated tax payments made. Include any prior year overp			3ь	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa					
	using EFTPS (Electronic Federal Tax Payment System)			3с	\$	0.
	If you are going to make an electronic fund withdrawal			orm 8879-	EO for payr	ment instructions.
	or Privacy Act and Paperwork Reduction Act Notice,					8868 (Rev. 1-2013)

223841 01-21-13