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

Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0052

Department of the Treasury

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf Open to Public Inspection

F		endar year 2013 or tax year beginning		, 2013, and	ending		, 20
	Name	of foundation				A Employer identifi	cation number
_		GARET W SOULE CHARITABLE TRU					6168256
_	Numb	er and street (or P O. box number if mail is not delivered	d to street address)	Roo	om/suite	B Telephone numbe	r (see instructions)
POSTMAKN	_						
₹.		BOX 31				20	<u>7-772-3761</u>
A ·	City or	town, state or province, country, and ZIP or foreign po	stal code				
-						C If exemption applicat pending, check here	ion is
		TLAND, ME 04112-0031					
' _{G	Che	ck all that apply: Initial return		of a former public	charity	D 1. Foreign organizati	ons, check here . >
MAY		Final return	Amended ret	-		2. Foreign organizati 85% test, check he	
_		Address change	Name change			computation •	
~H		ck type of organization: X Section 501				E If private foundation	status was terminated
<u></u>		ection 4947(a)(1) nonexempt charitable trust	Other taxable pri			under section 507(b))(1)(A), check here . D
		I —	unting method: X Ca	sh Accrual			n a 60-month termination
4		· · · · · · · · · · · · · · · · · · ·	ther (specify) column (d) must be or			under section 507(b))(1)(8), check here . >
		► \$ 1,892,539. (Part I, Analysis of Revenue and Expenses (The		Casii Dasis./	1	<u> </u>	(d) Disbursements
	art.	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investme	ent ((c) Adjusted net	for charitable
		may not necessarily equal the amounts in column (a) (see instructions).)	books	income		income	purposes (cash basis only)
-	4		31,224.		_		/casii nasis (iniy)
	2	Contributions, gifts, grants, etc., received (attach schedule) . Check if the foundation is not required to attach Sch. B.	J1,441.	·			1
^-	3	Interest on savings and temporary cash investments					
آث د ع	4	Dividends and interest from securities	40,630.	40,6	34		STMT 1
ζ,	`	Gross rents	10,030.	10,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>
L.)		Net rental income or (loss)					,
દ 1 . વ ા	6.	Net gain or (loss) from sale of assets not on line 10	110,620.				
	Ď						
Revenue	7	Capital gain net income (from Part IV, line 2) .		110,6	20.		
· Œ	8	Net short-term capital gain		-			
•	9	Income modifications · · · · · · · · · · · · · · · · · · ·					
٠.	10 a	Gross sales less returns and allowances • • • • •					
	ь	Less: Cost of goods sold .					
	C	Gross profit or (loss) (attach schedule)					
الله ريم	11	Other income (attach schedule)					<u> </u>
_	12	Total. Add lines 1 through 11		151,2			
	13	Compensation of officers, directors, trustees, etc.	13,434.	6,7	717.		6,717
<u>g</u>	14	Other employee salaries and wages					
250	15	Pension plans, employee penetic EIVED Legal fees (attach schedule) ECEIVED					
Exnenses	16a		10) (50)	-	25	1701	305
		Accounting fees (attach schedule) STMT 2	ිටි 650.		325.	NONE	325
Administrative	- C	Other professional fees (attach) schedue 2014.	38				
tra.	17	Interest	6,340.		523.		
ָב <u>י</u>	18	Taxes (attach schedule) (see instructions) STMT - 3 Depreciation (attach schedule) land depletion.	0,340.				
Ē	19	(4)					
		Occupancy					
ָבָּבָּילָ בַּיּבָ	22	Printing and publications			 -		
		Other expenses (attach schedule) STMT. 4.	10.		10.		
Onerating	24	Total operating and administrative expenses.					
٥	4	Add lines 13 through 23	20,434.	7,6	575.	NONE	7,042
C	25	Contributions, gifts, grants paid	87,000.	· · · · · · · · · · · · · · · · · · ·			87,000
	26	Total expenses and disbursements Add lines 24 and 25	107,434.	7.6	575.	NONE	
_	27	Subtract line 26 from line 12:					
	1	Excess of revenue over expenses and disbursements	75,040.				
		Net investment Income (if negative, enter -0-)		143,5	579.		
_		Adjusted net Income (if negative, enter -0-)					
ISA F	or Par	perwork Reduction Act Notice, see instructions).				Form 990-PF (2013)

D.	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	f year
<u>.</u>		amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
T	1	Cash - non-interest-bearing			
		Savings and temporary cash investments	8,251.	172,076.	172,076
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
-		Pledges receivable			
		Less: allowance for doubtful accounts ▶			
		Grants receivable			_ _
		Receivables due from officers, directors, trustees, and other			
-		disqualified persons (attach schedule) (see instructions)			
ı		Other notes and loans receivable (attach schedule)			
-		Less: allowance for doubtful accounts ▶			
"		Inventories for sale or use		-	<u> </u>
ssets	9	Prepaid expenses and deferred charges			
æ		Investments - U.S. and state government obligations (attach schedule)			
-		Investments - corporate stock (attach schedule) STMT .5	1,398,993.	1,365,018.	1,590,371
-		Investments - corporate bonds (attach schedule)	=14441444		=1
	11	Investments - land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
ı	13 14	Investments - other (attach schedule)		117,966.	130,092
		Leard, buildings, and equipment: basis Less' accumulated depreciation		-	*
		(attach schedule)			
		Other assets (describe			
ı		Total assets (to be completed by all filers - see the			
4		instructions. Also, see page 1, item I)	1,580,570.	1,655,060.	1,892,539
- 1		Accounts payable and accrued expenses			1
	18	Grants payable			
8		Deferred revenue			1
븳	20	Loans from officers, directors, trustees, and other disqualified persons .			
롈	21	Mortgages and other notes payable (attach schedule)			ı
-	22	Other liabilities (describe			
1					t
4		Total liabilities (add lines 17 through 22)		NONE	
		Foundations that follow SFAS 117, check here . ▶ and complete lines 24 through 26 and lines 30 and 31.			
ŝ					ı
틟	24	Unrestricted			
B	25	Temporarily restricted			l
힏	26	Permanently restricted			ţ
리		Foundations that do not follow SFAS 117, ▶ X check here and complete lines 27 through 31.			t (
히	24 25 26 27 28 29 30	- · · · · · · · · · · · · · · · · · · ·	1,580,570.	1,655,060.	
হ	20	Capital stock, trust principal, or current funds	1,300,370.	1,033,000.	ı
SS	20	Retained earnings, accumulated income, endowment, or other funds			
7	20	Total net assets or fund balances (see instructions)	1,580,570.	1,655,060.	
ž	31	Total liabilities and net assets/fund balances (see	1,300,370.	1,033,000.	
ı	3.	instructions)	1,580,570.	1,655,060.	
P	art III	Analysis of Changes in Net Assets or Fund		1,000,000,	
		Il net assets or fund balances at beginning of year - Part		must agree with	
•		of-year figure reported on prior year's return)			1,580,570.
2					75,040.
3	Oth	er amount from Part I, line 27aer increases not included in line 2 (itemize) ►ROUNDING			75,040.
					1,655,613.
5	Dec	lines 1, 2, and 3	TO TOSS	5	553.
		al net assets or fund balances at end of year (line 4 minus l			1,655,060.
	. 016	in the december of fathe equations at one of year time 4 fillings	5, . 5	,, 00 0	2/000/000

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
	describe the kind(s) of property sold (crick warehouse; or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED	SECURITIES		B Bollation		
<u>b</u>					
<u>c</u>					
<u>d</u>					
<u>e</u>	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	L
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) minu	
a 1,203,450.		1,092,830.			110,620.
<u>b</u>					
C					<u> </u>
d e					
	howing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col. (h) ga	in minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)		(k), but not less t	han -0-) or
(1)	as of 12/31/69	over col. (j), if any		Losses (from co	
<u>a</u>			 		110,620.
b c	<u> </u>		 		
d				 	
е					
2 Capital gain net income or	(net capital loss)	gain, also enter in Part I, line 7			110 600
· -	or (loss) as defined in sections 12:	(loss), enter -0- in Part I, line 7	2		110,620.
	t I, line 8, column (c) (see inst	_			
_ · ·		· · · · · · · · · · · · · · · · · · ·	3		
	· · · · · · · · · · · · · · · · · · ·	uced Tax on Net Investment Investment In section 4940(a) tax on net investment			
	•	outable amount of any year in the b	ase period	t7	Yes X No
		see the instructions before making	any entri	es.	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col. (b) divided by	itio col. (c))
2012	100,000.	1,558,927.		<u>-</u>	0.064147
2011					
2010 2009			ļ <u> </u>		
2009					
			<u> </u>		
2 Total of line 1, column (d)			2	· 	0.064147
_	for the 5-year base period - divide	• • •			
number of years the found	dation has been in existence if less	than 5 years	3		0.064147
4 Enter the net value of non	charitable-use assets for 2013 from	m Part X, line 5	4	1,	730,430.
5 Multiply line 4 by line 3			5		111,002.
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		1,436.
7 Add lines 5 and 6			7		112,438.
8 Enter qualifying distribution If line 8 is equal to or grant VI instructions.	ons from Part XII, line 4 eater than line 7, check the box i	in Part VI, line 1b, and complete t	8 hat part	using a 1% tax	94,042. c rate. See the

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instrı	ıction	s)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			_ <u></u>
	Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)			
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2,8	872.
	here and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J			
	Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			070
3	Add lines 1 and 2			872.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		۷, ۱	<u>872.</u>
6	Credits/Payments: 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 3, 268.			
a	17017			
	Tax paid with application for extension of time to file (Form 8868) 6c NONE Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		3.5	268.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		<u> </u>	<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			396.
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax ► 396. Refunded ► 11			
Pari	VII-A Statements Regarding Activities			
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1a		Х
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the			
	definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	ŀ		
	(1) On the foundation. > \$ (2) On foundation managers > \$			
θ	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	}		
_	foundation managers. > \$	١.		١.,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4.	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
4a b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	<u> </u>	
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	1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict			
	with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7_	X	L
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	MEME	1		
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9	 	<u> X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			
	addresses	10	X	1

b If "Yes," did it have excess business holdings in 2013 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 2013.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2013?

Form 990-PF (2013)

orm	, 990-PF (201	ia)		01-61	.68256		Page 6
Par	t VII-B	Statements Regarding Activities for	Which Form 47	20 May Be Requ	ired (continued)		
5a	During th	e year did the foundation pay or incur any amou	nt to:			_	
	(1) Carry	on propaganda, or otherwise attempt to influence	ce legislation (section	4945(e))?	. Yes X No	o	
	(2) Influe	nce the outcome of any specific public ele	ction (see section 4	1955); or to carry o	n,		
	direct	ly or indirectly, any voter registration drive?			. Yes X No	o	
	(3) Provi	de a grant to an individual for travel, study, or otl	ner similar purposes?		. Yes X No	o	
	(4) Provi	de a grant to an organization other than a	charitable, etc., org	anization described	in	[
	section	on 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	ee instructions)		. Yes X No	.	
	(5) Provi	de for any purpose other than religious, ch	aritable, scientific,	literary, or education	al		
	purpo	oses, or for the prevention of cruelty to children of	or animals?		. Yes X No	o	
b	If any a	nswer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described in	n	
	Regulatio	ns section 53.4945 or in a current notice regard	ing disaster assistand	e (see instructions)?		5b	
	Organizat	ions relying on a current notice regarding disast	er assistance check h	ere			
C	If the ar	nswer is "Yes" to question 5a(4), does the	foundation claim ex	emption from the ta	x		
	because i	t maintained expenditure responsibility for the g	rant?		Yes No	•	
	If "Yes," a	ttach the statement required by Regulations sect	ion 53.4945-5(d).				
6a	Did the	foundation, during the year, receive any fund	ds, directly or indire	ctly, to pay premium	ns		
	on a pers	onal benefit contract?			. Yes X No	•	
b	Did the fo	oundation, during the year, pay premiums, direct	y or indirectly, on a p	ersonal benefit contra	nt?	. 6ь	X
	If "Yes" to	6b, file Form 8870.					
7a	At any tir	ne during the tax year, was the foundation a part	ty to a prohibited tax	shelter transaction? .	. Yes X No	o	
b		id the foundation receive any proceeds or have				. 7b	
Par		Information About Officers, Directors and Contractors	, Trustees, Foun	dation Managers,	, Highly Paid Empl	oyees,	
1_	liet all o						
	LIST GII C	fficers, directors, trustees, foundation ma					
	LISC dir C	fficers, directors, trustees, foundation ma (a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens	
M D		(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to	(e) Expens	
	AYSON & C	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		
0	AYSON & C	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		
O ERR	AYSON & C BOX 31, P ILL DANA	(a) Name and address O ORTLAND, ME 04112	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation -0-		
O ERR	AYSON & C BOX 31, P ILL DANA	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		
O ERR	AYSON & C BOX 31, P ILL DANA	(a) Name and address O ORTLAND, ME 04112	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation -0-		
O ERR	AYSON & C BOX 31, P ILL DANA	(a) Name and address O ORTLAND, ME 04112	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation -0-		
P O VERR	AYSON & C BOX 31, P ILL DANA	(a) Name and address O ORTLAND, ME 04112	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation -0-		
P O VERR	AYSON & COBOX 31, PILL DANA BOX 586,	(a) Name and address O ORTLAND, ME 04112 PORTLAND, ME 04112 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1	(c) Compensation (if not paid, enter -0-) 9,965.	(d) Contributions to employee benefit plans and deferred compensation - 0 -	other alle	-0- -0-
P O	AYSON & C BOX 31, P ILL DANA BOX 586,	(a) Name and address O ORTLAND, ME 04112 PORTLAND, ME 04112 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-) 9,965.	(d) Contributions to employee benefit plans and deferred compensation -0- -0-	other alle	-0- -0-
2 O	AYSON & COBOX 31, PILL DANA BOX 586,	(a) Name and address O ORTLAND, ME 04112 PORTLAND, ME 04112 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-) 9,965. 3,469.	(d) Contributions to employee benefit plans and deferred compensation -0- -0- (d) Contributions to employee benefit	ons). If no	-00one, enter
2 O	AYSON & COBOX 31, PILL DANA BOX 586, Compen	(a) Name and address O ORTLAND, ME 04112 PORTLAND, ME 04112 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-) 9,965.	(d) Contributions to employee benefit plans and deferred compensation -0- -0- 1 - see instruction	other alle	-00one, enter
P O VERR P O	AYSON & COBOX 31, PILL DANA BOX 586, Compen	(a) Name and address O ORTLAND, ME 04112 PORTLAND, ME 04112 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-) 9,965. 3,469.	(d) Contributions to employee benefit plans and deferred compensation -0- -0- (d) Contributions to employee benefit plans and deferred	ons). If no	-00one, enter
2 O	AYSON & COBOX 31, PILL DANA BOX 586, Compen "NONE."	(a) Name and address O ORTLAND, ME 04112 PORTLAND, ME 04112 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-) 9,965. 3,469.	(d) Contributions to employee benefit plans and deferred compensation -0- -0- (d) Contributions to employee benefit plans and deferred	ons). If no (e) Expens other allo	-00one, enter
2 (a	AYSON & COBOX 31, PILL DANA BOX 586, Compen "NONE."	(a) Name and address O ORTLAND, ME 04112 PORTLAND, ME 04112 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-) 9,965. 3,469. e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	-00ne, enter
2 (a	AYSON & COBOX 31, PILL DANA BOX 586, Compen "NONE."	(a) Name and address O ORTLAND, ME 04112 PORTLAND, ME 04112 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-) 9,965. 3,469. e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	-00ne, enter
2 (a	AYSON & COBOX 31, PILL DANA BOX 586, Compen "NONE."	(a) Name and address O ORTLAND, ME 04112 PORTLAND, ME 04112 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-) 9,965. 3,469. e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	-00ne, enter
2 (a	AYSON & COBOX 31, PILL DANA BOX 586, Compen "NONE."	(a) Name and address O ORTLAND, ME 04112 PORTLAND, ME 04112 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-) 9,965. 3,469. e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	-00ne, enter
2 (a	AYSON & COBOX 31, PILL DANA BOX 586, Compen "NONE."	(a) Name and address O ORTLAND, ME 04112 PORTLAND, ME 04112 sation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 TRUSTEE 1 (other than thos	(c) Compensation (if not paid, enter -0-) 9,965. 3,469. e included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	-00ne, enter

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

and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	NONE
	
	<u> </u>
Total number of others receiving over \$50,000 for professional services	NONE
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
1NONE	<u> </u>
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1NONE	
2	
All other program-related investments. See instructions.	†
3NONE	
Total. Add lines 1 through 3	·

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	n foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	1,679,019.
b	Average of monthly cash balances	1b	77,763.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	1,756,782.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3		3	1,756,782.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
		4	26,352.
5	instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,730,430.
6	Minimum investment return. Enter 5% of line 5	6	86,522.
Part		lations	
1	Minimum investment return from Part X, line 6	1	86,522.
2a	Tax on investment income for 2013 from Part VI, line 5 2a 2,872.		
Ь	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	2,872.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	83,650.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	83,650.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	83,650.
D. 4			
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	94,042.
Ь	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.,		<u>-</u>
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
Ь	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	94,042.
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 N	I/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	94,042.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when conqualifies for the section 4940(e) reduction of tax in those years.	lculating whethe	

Form **990-PF** (2013)

Page 9

	rt XIII Undistributed Income (see instructi	ions)			Page 9
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
•	line 7		-		83,650.
2	Undistributed income, if any, as of the end of 2013:				03,030.
_	Enter amount for 2012 only			NONE	
	Total for prior years 20 11 ,20 ,20		NONE		
3	Excess distributions carryover, if any, to 2013:				
а	From 2008 NONE				,
ь	From 2009 NONE				,
c	From 2010 NONE				
d	From 2011 NONE				
e	From 2012				
f	Total of lines 3a through e	45,858.			
	Qualifying distributions for 2013 from Part XII,				
	line 4: ▶ \$94,042.				
а	Applied to 2012, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years				
•	(Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election				
•	required - see instructions)	NONE			
d	Applied to 2013 distributable amount				83,650.
в	Remaining amount distributed out of corpus	10,392.			
5	Excess distributions carryover applied to 2013	NONB			NONE
6	(If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	56,250.			
ь	Prior years' undistributed income. Subtract				
_	line 4b from line 2b		NONE		
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which section 4942(a)		NONE		
_	tax has been previously assessed	,	1102112		
d	Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
0	Undistributed income for 2012. Subtract line				· ····· · · · · · · · · · · · · · · ·
	4a from line 2a. Taxable amount - see instructions			NONE	
_			 		
f	Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2014				NONE
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE			
8	Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	NONE			· · · · · · · · · · · · · · · · · · ·
9	Excess distributions carryover to 2014.				
	Subtract lines 7 and 8 from line 6a	56,250.			
10	Analysis of line 9:				
а	Excess from 2009 NONE				
b	Excess from 2010 NONE				
C	Excess from 2011 NONE				
d	Excess from 2012 45,858 .				
e	Excess from 2013 10,392.	<u>-</u>			Form 990-PF (2013)

Pai	t XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABL
1 a	If the foundation has	received a ruling or d	etermination letter tha	it it is a private oper	ating	
	foundation, and the ruling	j is effective for 2013, en	ter the date of the ruling	·	▶	
Ь	Check box to indicate wh				49420	j)(3) or 4942(j)(5)
		Tax year		Prior 3 years	<u> </u>	
2a	Enter the lesser of the ad-	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	justed net income from Part I or the minimum investment		(0) 2012	(6) 2011	(4) 2010	
	return from Part X for each					
	year listed					-
Ь	85% of line 2a					
c	Qualifying distributions from Part					
	XII, line 4 for each year listed .	<u> </u>				
d	Amounts included in line 2c not					
	used directly for active conduct					
	of exempt activities	 .		 		
•	directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c			<u> </u>		
3	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
Ь	"Endowment" alternative test-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed "Support" alternative test - enter:					
·	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties)				. 	
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplemer	ntary Information (Complete this par	t only if the found	lation had \$5,000	or more in assets
		e during the year - s			70,000	
1	Information Regarding					
	List any managers of	-		re than 2% of the tot	al contributions recei	ved by the foundation
	before the close of any	tax year (but only if the	ney have contributed	more than \$5,000). (S	see section 507(d)(2).)	l
		, , ,	•		, ,, ,,	
	N/A List any managers of	41-6	100/	f Al A I		l
0	LIST any managers of ownership of a partner					ly large portion of the
	ownership of a partition	ising or other entity) o	which the foundation	ii nas a 10% oi greatei	milerest.	
	N/A					
2	Information Regarding	g Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► X if	the foundation only	makes contributions	to preselected char	itable organizations	and does not accept
	unsolicited requests f	or funds. If the found	ation makes gifts, gr	ants, etc. (see instruc	tions) to individuals	or organizations under
	other conditions, comp	plete items 2a, b, c, an	d d.			
	The name, address, ar	nd telephone number o	or e-mail address of th	e person to whom app	olications should be a	ddressed:
		F		· • · · · · · · · · · · · · · · · · · ·	-	
_	The form in which app	lications should be su	hmitted and informati	on and materials they	should include:	
	io in willon app	garono snouta do su	au una miorinati	on and materials triby		
_	Any gubanianian deedle	İngel				
C	Any submission deadl	me2:				
	, ,					
C	Any restrictions or I	imitations on awards	, such as by geogr	aphical areas, charita	ble fields, kinds of	institutions, or other
	factors:					

Part XV Supplementary Information (
3 Grants and Contributions Paid Durin	g the Year or Appr		uture Payment	
Recipient	if recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	5011110211011	
a Paid during the year				
WILL BEAUCH LEVILLE OR OPERED DOUBLING				
NIMAL REFUGE LEAGUE OF GREATER PORTLAND				11 000
O BOX 336 WESTBROOK ME 04038	NONE	PC	GENERAL PURPOSE	11,000
CANCER COMMUNITY CENTER				
778 MAIN STREET SOUTH POTLAND ME 04106	NONE	PC	GENERAL PURPOSE	11,000
70 MAIN BIREEI SOUTH FOILIAND ME 04100	NORE	FC	GERERAL FORFOSE	11,000
MAINE COAST HERITAGE TRUST				
BOWDOIN MILL ISLAND, SUTE 201 TOPSHAM ME 0	NONE	PC	GENERAL PURPOSE	11,000
				, ***
MAINE PRESERVATION				
33 W MAIN ST YARMOUTH ME 04096	NONE	PC	GENERAL PURPOSE	6,000
				.,
MIDDLEBURY COLLEGE				
COURT ST MIDDLEBURY VT 05753	NONE	PC	GENERAL PURPOSE	5,000
OPPORTUNITY FARM FOR BOYS				
O BOX 65 NEW GLOUCESTER ME 04260	NONE	PC	GENERAL PURPOSE	11,000
PREBLE STREET			1	
P O BOX 1459 PORTLAND ME 04104	NONE	PC	GENERAL PURPOSE	11,000
			}	
RIDING TO THE TOP	VA.VIII	20	de la composition della compos	
P O BOX 1928 WINDHAM ME 04062	NONE	PC	GENERAL PURPOSE	6,000
SMITH COLLEGE				
P O BOX 340029 BOSTON MA 02241	NONE	PC	GENERAL PURPOSE	5,000
O DOL STOVES DODION ME VEETE	1012		Children 1 Okt Op 2	3,000
NAYNFLETE SCHOOL				
360 SPRING ST PORTLAND ME 04102	NONE	PC	GENERAL PURPOSE	10,000
Total	 			87,000
b Approved for future payment				
			}	
			r.	
		1	1	

art XVI-A Analysis of Income-Produ	cina Activ	vities			Page 1
nter gross amounts unless otherwise indicated.		ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
a					
b					
C					
d			 	-	
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	40,630.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					- " <u>-</u>
Net rental income or (loss) from personal property Other investment income					
Gain or (loss) from sales of assets other than inventory			18	110,620.	
Net income or (loss) from special events				,	
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b					· · · · · · · · · · · · · · · · · · ·
c			1.		
d			1		
e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)				151,250. 13	151,250
e 2 Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of Exhibit income is reported	k empt Purp	oses of Part XVI-A contribu	ted importantly to th
Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of Exhibit income is reported	k empt Purp	oses of Part XVI-A contribu	ted importantly to the
Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of En	k empt Purp	oses of Part XVI-A contribu	ted importantly to the
Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of En	k empt Purp	oses of Part XVI-A contribu	ted importantly to the
Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of En	k empt Purp	oses of Part XVI-A contribu	ted importantly to tl
Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of En	in column (e by providing	oses of Part XVI-A contribu	ted importantly to the
Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of Exhibit income is reported at purposes (other than	in column (e by providing	oses of Part XVI-A contribu	ted importantly to the
Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of Exhibit income is reported at purposes (other than	in column (e by providing	oses of Part XVI-A contribu	ted importantly to the
Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of Exhibit income is reported at purposes (other than	in column (e by providing	oses of Part XVI-A contribu	ted importantly to the
2 Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of Exhibit income is reported at purposes (other than	in column (e by providing	oses of Part XVI-A contribu	ted importantly to the
Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of Exhibit income is reported at purposes (other than	in column (e by providing	oses of Part XVI-A contribu	ted importantly to the
Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of Exhibit income is reported at purposes (other than	in column (e by providing	oses of Part XVI-A contribu	ted importantly to th
Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of Exhibit income is reported at purposes (other than	in column (e by providing	oses of Part XVI-A contribu	ted importantly to the
2 Subtotal. Add columns (b), (d), and (e)	ulations.) to the Act ty for which	complishment of Exhibit income is reported at purposes (other than	in column (e by providing	oses of Part XVI-A contribu	ted importantly to th

01-6168256

Part	XVII	Information R Exempt Organ		ansfers To and	d Transact	ions an	d Relationships With Non	chari	table)
		organization direct	ly or indirectly			_	y other organization described		Yes	No
			de (other than	section 501(c)(3)	organization	ns) or in s	ection 527, relating to political			
	organiza		a farradation to			ination of				
		rs from the reporting						1a(1)		Х
								1a(2)		X
		ransactions:			• • • • • • •		• • • • • • • • • • • • • • • • • • • •	,		
_		-	charitable exem	npt organization				16(1)		Х
								1b(2)		X
	(3) Ren	tal of facilities, equip	pment, or other	assets				1b(3)		X
								1b(4)		X
	(5) Loa	ns or loan guarantee	es					1b(5)		X
								1b(6)		X
							0.1	1c	•	X
		•		•	_		Column (b) should always show If the foundation received less			
							of the goods, other assets, or s			
(a) Lir		(b) Amount involved	T	oncharitable exempt o		-	cription of transfers, transactions, and share			
	-					,.,,				
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-										
		•	•				re tax-exempt organizations	 1	г.	a
		ed in section 501(c)		ther than section	501(c)(3)) or	' in sectio	n 527?	Y	es 🔼	₹] No
<u> </u>	If "Yes,	complete the follow (a) Name of organization		/h) Type c	of organization		(c) Description of relation	chin		
		(a) Name of organizatio	<u> </u>	(0) 1900	or Grigaritzation		(c) Description of relation	SIIIP		
	_									
										
	Under	penalties of perjury, I decl	are that have exam	ined this return, including	ng accompanying a	chedules and	statements, and to the best of my knowled any knowledge	ge and I	belief, it	ls true
Sign		10 11	///				May the IR			return
Here	1/4	THE VILLE	vece	04/24/	2014		with the p	reparer	shown	
	Sign	ature of officer or trustee		Date		Title	(see Instructio	ns)? <u>X</u>	Yes	No
	<u> </u>	M PAYSON & CO Print/Type preparer's na		Preparer's signal	ture	•	Date Check if	PTIN		
Paid		1				A	C		274	1 0
Pren	arer	MICHELE L DC	NST & YOU	IG U.S. ILLP	ell of	Jul		P006 6565		T U
_	Only			COURT, SUIT	TE 110		rimsein > 34	0000	000	
	1			/A		236	Phone no. 804-7	27-3	150	
						-		rm 99		(2013

Schedule B (Form 990, 990-EZ,

Name of the organization

or 990-PF) Department of the Treasury Internal Revenue Service ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

Schedule of Contributors

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

OMB No 1545-0047

2013

MARCARET W SOUTH CHARTTARLE TRICT

Employer Identification number

MARGARET W SOULE O	HARITABLE TRUST	01-6168256		
Organization type (check o	ne):			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not tre	eated as a private foundation		
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation	区 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated	d as a private foundation		
	501(c)(3) taxable private foundation			
	on filing Form 990, 990-EZ, or 990-PF that received, durin y one contributor. Complete Parts I and II.	ng the year, \$5,000 or more (in money or		
Special Rules				
under sections 5	(c)(3) organization filing Form 990 or 990-EZ that met th 09(a)(1) and 170(b)(1)(A)(vi) and received from any one or \$5,000 or (2) 2% of the amount on (i) Form 990, Part VII and II.	ontributor, during the year, a contribution of		
during the year, t	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ otal contributions of more than \$1,000 for use exclusively process, or the prevention of cruelty to children or animals	yfor religious, charitable, scientific, literary,		
during the year, on not total to more year for an exclusion.	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ contributions for use exclusively for religious, charitable, et than \$1,000. If this box is checked, enter here the total c sively religious, charitable, etc., purpose. Do not complete ganization because it received nonexclusively religious, charitable, etc., purpose.	tc., purposes, but these contributions did contributions that were received during the any of the parts unless the General Rule caritable, etc., contributions of \$5,000 or		
Caution. An organization th	nat 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization MARGARET W SOULE CHARITABLE TRUST Employer identification number 01-6168256

Part I C	ontributors	(see instructions).	Use duplicate	copies of Part I	l if additional si	pace is needed.
----------	-------------	---------------------	---------------	------------------	--------------------	-----------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	MARGARET W SOULE ESTATE C/O VERRILL & DANA LLP PORTLAND, ME 04112-0586	\$ <u>31,224.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

5915847939

SECURITIES	
FROM	
INTEREST FROM	
AND	
DIVIDENDS AND	
ı	
PART I	
RM 990PF,	
FORM	

NET INVESTMENT INCOME	40,634.
REVENUE AND EXPENSES PER BOOKS	40,630.
	TOTAL
DESCRIPTION	DIVIDENDS AND INTEREST

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	325.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	325.
REVENUE AND EXPENSES PER BOOKS	650.
	TOTALS
DESCRIPTION	ACCOUNTING FEES

5915847939

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STATEMENT

TAXES	
1	11
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NET INVESTMENT INCOME		623.
REVENUE AND EXPENSES PER BOOKS	218. 2,449. 3,268. 270.	6,340.
DESCRIPTION	FOREIGN TAXES FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	TOTALS

5915847939

STATEMENT

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FORM 990PF, PART I - OTHER EXPENSES	

	NET	INVESTMENT	INCOME	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1
			DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

10	10
10.	10.
OTHER NON-ALLOCABLE EXPENSE -	TOTALS

	ENDING	ENDING
DESCRIPTION	BOOK VALUE	FMV
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		!

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
HASBRO INC MCDONALDS CORP WILEY JOHN & SONS INC MOLSON COORS BREWING CO	55,870.	58,218.
PEPSICO INC PROCTER & GAMBLE CO	49,462.	51,288.
	48,844.	59,158. 55,814.
EAACH MOBIL CONF PEABODY ENERGY CORP WILLIAMS COMPANIES INC	7	
AFLAC INC	5,92	3,75
AMERICAN INTERNATIONAL GROUP BANK OF AMERICA CORP	37,276. 29,157.	59,677. 49,513.
BERKSHIRE HATHAWAY INC	7,254	3,945
ABBOTT LABORATORIES JOHNSON AND JOHNSON	4,39 8,74	1,62 0.10
TEVA PHARMACEUTICAL INDUSTRIES CSX CORP	90'9	5,49
CUMMINS INC	90 C	801
GENERAL DINAMICS CORP IRON MOUNTAIN INC	42,362.	. PO T / 70
JOY GLOBAL INC PARKER HANNIFIN CORP	60,425.	60,245.
	84,053.	89,202.
HARKIS CORP INTEL CORP	59,015.	61,877.

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STOCK	
CORPORATE	
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PART	
990PF,	
FORM	

DESCRIPTION		ENDING BOOK VALUE	ENDING FMV
MICROSOFT CORP XEROX CORP VODAFONE GROUP PLC		53,601.	65,468.
BAXTER INTERNATIONAL INC	`	46,513.	45,208.
CISCO SYSTEMS INC.		40,433.	5,16
DEVON ENERGY CORP		0,67	1,04
DIRECTV CLASS A		2,98	6,97
INTERNATIONAL BUSINESS MACHINE		0,37	8,14
MARATHON PETE CORP		7,89	6,78
MASTERCARD INC CLASS A		4,32	4,27
MERCK & CO INC		77,6	6,04
ORACLE CORP		1,99	6,10
PFIZER INC		7,18	1,50
VISA INC CLASS A		4,25	90'0
WAL-MART STORES INC		1,54	9,65
	TOTALS	1,365,018.	1,590,371.

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PAKI II - OTHEK INVEST	ments ===== COST/ FMV	ENDING
DESCRIPTION 	C OR F	BOOK VALUE
PAYSON TOTAL RETURN FD VANGUARD DEV EX NORTH AMERICA VANGUARD EMERGING MARKETS	ບບບ	56,45 61,51
	TOTALS	117,966.

130,092.

70,439. 59,653.

ENDING FMV

5915847939

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

MARGARET W SOULE ESTATE C/O VERRILL & DANA LLP PORTLAND, ME 04112-0586

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041

OMB No. 1545-0092

Name of estate or trust **Employer identification number** MARGARET W SOULE CHARITABLE TRUST 01-6168256 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Adjustments Subtract column (e) the lines below. (d) (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents Form(s) 8949, Part I, combine the result with (sales price) (or other basis) line 2, column (g) column (a) to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 883,661. 792,073. 553 92,141 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2012 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on 92,141 Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) (h) Gain or (loss) Adjustments Subtract column (e) the lines below. Proceeds (sales price) to gain or loss from from column (d) and Cost Form(s) 8949, Part II, combine the result with This form may be easier to complete if you round off cents (or other basis) column (g) line 2, column (g) to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 325,378. 306,907. 18,471 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 12 13 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2012 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on 16

Sched	ule D (Form 1041) 2013				Page 2
Part	Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	
	Caution: Read the instructions before completing this particle.	art.	(see instr.)	or trust's	(3) Total
17	Net short-term gain or (loss)	17			92,141.
18	Net long-term gain or (loss):				
а	Total for year	18a			18,479.
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b			
C	28% rate gain	18c			
	Total net gain or (loss). Combine lines 17 and 18a	19			110,620.
Vote	: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4	(or Fo	rm 990-T, Part I, line 4	la). If lines 18a and 1	9, column (2), are ne
	, go to Part V, and do not complete Part IV. If line 19, column (3), is a resary.	net loss	, complete Part IV and	d the Capital Loss Ca	urryover Worksheet, a
Part			<u></u>	 ·	·
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F	art I, lii	ne 4c, if a trust), the sm	naller of:	<u></u>
а	The loss on line 19, column (3) or b \$3,000			20 ()
Vote	: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover.	page	1, line 22 (or Form 99)	C-T, line 34), is a loss	i, complete the Capita
Pari			· · · · · · · · · · · · · · · · · · ·		
	1041 filers. Complete this part only if both lines 18a and 19 in col		2) are gains or an ar	mount is entered in	Part I or Part II and
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo	-	•	mount is entered in	Tall Of Fall II all
	ion: Skip this part and complete the Schedule D Tax Worksheet in the				
• Eit	ther line 18b, col. (2) or line 18c, col. (2) is more than zero, or				
Bo	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.				
	990-T trusts. Complete this part only if both lines 18a and 19 a				
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part	and c	omplete the Schedul	e D Tax Worksheet	t in the instructions
T OITI	her line 18b, col. (2) or line 18c, col. (2) is more than zero.		· · · · · · · · · · · · · · · · · · ·		
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	34)	. 21		
22	Enter the smaller of line 18a or 19 in column (2)				
	but not less than zero		_		
23	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 23				
24	Add lines 22 and 23				
25	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0 ▶ 25				
26	Subtract line 25 from line 24. If zero or less, enter -0	• • •	. 26		
27	Subtract line 26 from line 21. If zero or less, enter -0	• • •	. 27		
28	Enter the smaller of the amount on line 21 or \$2,450	• • •	. 28		
29	Enter the smaller of the amount on line 27 or line 28		. [29]		
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is		1 1	▶ 30	
31	Enter the smaller of line 21 or line 26				
32 22	Subtract line 30 from line 26				
33	Enter the smaller of line 21 or \$11,950				
34 25	Add lines 27 and 30				
35 36	Enter the smaller of line 32 or line 35				
30 37	Multiply line 36 by 15%			37	
3 <i>1</i> 38	Enter the amount from line 31		1 1	· · · · • • • • • • • • • • • • • • • •	
39	Add lines 30 and 36		,	 	
40	Subtract line 39 from line 38. If zero or less, enter -0-				
41	Multiply line 40 by 20%			▶ 41	
42	Figure the tax on the amount on line 27. Use the 2013 Tax Rate Schedule for				
-	and Trusts (see the Schedule G instructions in the instructions for Form 1041)		A =		
43	Add lines 37, 41, and 42		• ——		
44	Figure the tax on the amount on line 21. Use the 2013 Tax Rate Schedule for				
•	and Trusts (see the Schedule G instructions in the instructions for Form 1041)		1 1		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44		· ————	Schedule	
	G, line 1a (or Form 990-T, line 36)		•		

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.lrs.gov/form8949.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

12A

MARGARET W SOULE CHARITABLE TRUST

Social security number or taxpayer identification number

01-6168256

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the	If you enter an a enter a coo	any, to gain or loss. mount in column (g), de in column (f). trate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed (Mo , day, yr.)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
450. CUMMINS INC	07/10/2012	01/08/2013	49,897.00	41,091.00			0.000.00
600. ABBVIE INC COM	05/10/2012		20,320.00	19,442.00			8,806.00 878.00
6250. XEROX CORP	07/23/2012		46,857.00	. 47,242.00		,	-385.00
1975. CSX CORP	07/06/2012	01/31/2013	43,146.00	43,246.00			-100.00
145. PARKER HANNIFIN CORPO	09/13/2012		13,486.00	12,162.00			1,324.00
325. PARKER HANNIFIN CORPO	09/13/2012		30,189.00	26,616.00			3,573.00
339.912 PAYSON TOTAL RETUR	12/13/2012		4,650.00	4,500.00			150.00
675. PEPSICO INC	07/06/2012		53,185.00	45,966.00			7,219.00
1225. HASBRO INC	07/06/2012		53,558.00	42,951.00			10,607.00
900. MOLSON COORS BREWING	07/06/2012			36,272.00			10,018.00
200. PFIZER INC	02/15/2013		6,016.00	5,489.00			527.00
1145. VODAFONE GROUP PLC S	11/27/2012		33,786.00	28,799.00			4,987.00
4035. ALPHA NATURAL RESOUR	10/11/2012		23,197.00	31,502.00			-8,305.00
40. COACH INC	03/06/2013		2,364.00	2,000.00			364.00
2 Totals. Add the amounts in coluact negative amounts). Enter e your Schedule D, line 1b (if Box Box B above is checked), or line	imns (d), (e), (g), a ach total here an A above is check 3 (if Box C above	nd (h) (subtr- d include on ed), line 2 (if e is checked) ▶					

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. 3X2615 2 000

Form 8949 (2013)

Form 8949

Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶Information about Form 8949 and its separate Instructions is at www.irs.gov/form8949.

OMB No 1545-0074

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No 124

Name(s) shown on return

MARGARET W SOULE CHARITABLE TRUST

Social security number or taxpayer identification number

01-6168256

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the	If you enter an a enter a cod	any, to gain or loss. mount in column (g), le in column (f). rate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh XYZ Co)	(Mo., day, yr)	disposed (Mo , day, yr.)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
475. UNITED TECHNOLOGIES C	08/09/2012	07/25/2013	49,734.00	36,621.00			13,113.00
1115. PPL CORPORATION	10/18/2012	08/02/2013	35,571.00	33,650.00			1,921.00
30. INTERNATIONAL BUSINESS	06/17/2013	08/15/2013	5,597.00	6,150.00	W	553.00	
65. PARKER HANNIFIN CORPOR	04/29/2013		6,728.00	5,838.00			890.00
70. ACCENTURE PLC A (ISIN 4 SEDO	06/28/2013		5,008.00	4,902.00			106.00
150. IRON MOUNTAIN INC	05/24/2013	08/26/2013	4,053.00	5,323.00			-1,270.00
60. PARKER HANNIFIN CORPOR	04/29/2013	08/26/2013	6,184.00	5,389.00			795.00
240. WILLIAMS COMPANIES IN	07/12/2013	08/26/2013	8,701.00	8,122.00			579.00
400. SPIRIT AEROSYSTEMS HL	03/28/2013	08/29/2013	9,176.00	7,534.00			1,642.00
410. ACCENTURE PLC A (ISIN 34 SEDO	06/28/2013	08/29/2013	29,803.00	28,709.00			1,094.00
135. VANGUARD FTSE DEVELOP AMERICA	10/01/2012	09/06/2013	5,130.00	4,510.00			620.00
383. IRON MOUNTAIN INC	06/11/2013	10/14/2013	9,709.00	11,146.00			-1,437.00
55. PARKER HANNIFIN CORPOR	04/29/2013	10/14/2013	5,894.00	4,940.00			954.00
2235. SPIRIT AEROSYSTEMS H	03/28/2013	10/14/2013	54,550.00	42,099.00			12,451.00
2 Totals. Add the amounts in column act negative amounts). Enter each your Schedule D, line 1b (if Box A Box B above is checked), or line 3	total here and above is check	d include on ed), line 2 (if					

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return Instructions. 3X2615 2 000

Form 8949 (2013)

DXX385 976V

Sales and Other Dispositions of Capital Assets

Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No.

MARGARET W SOULE CHARITABLE TRUST

X (C) Short-term transactions not reported to you on Form 1099-B

Social security number or taxpayer identification number

01-6168256

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the	If you enter an a enter a cod	any, to gain or loss. mount in column (g), le in column (f). rate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co)	(Mo., day, yr.)	disposed (Mo., day, yr.)	(sales price) (see instructions)	Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
90. WILEY JOHN & SONS INC	12/20/2012	10/14/2013	4,449.00	3,367.00			1,082.00
860. KOHLS CORP		10/17/2013	46,021.00	39,660.00			6,361.00
80. WILLIAMS COMPANIES INC	1	10/23/2013	2,914.00	2,707.00			207.00
330. PARKER HANNIFIN CORPO		10/29/2013	38,379.00	29,640.00			8,739.00
360. WILEY JOHN & SONS INC		11/06/2013	17,692.00	13,469.00			4,223.00
645. WILEY JOHN & SONS INC		11/07/2013	31,536.00	24,132.00			7,404.00
755. COACH INC		11/26/2013	42,962.00	37,747.00			5,215.00
1145. WEIGHT WATCHERS INTL		11/26/2013	36,929.00	49,140.00			-12,211.00
	0.725, 252			30/230,00			
							
						-	-
					-		
2 Totals. Add the amounts in colum act negative amounts). Enter eacy our Schedule D, line 1b (if Box A Box B above is checked), or line 3	h total here an above is check	d include on ed), line 2 (if	883,661.	792,073.		553.	92,141.

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return Instructions. 3X2615 2 000

Form 8949 (2013)

Attachment Sequence No 12A

Page 2

Name(s) shown on return. (Name and SSN or taxpayer Identification no not required if shown on other side)

Social security number or taxpayer identification number

MARGARET W SOULE CHARITABLE TRUST

01-6168256

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term Part II transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and			Gain or (loss). Subtract column (e) from column (d) and
(Example: 100 sn. XYZ Co.)	(Mo , day, γr.)	(Mo., day, yr.)	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
678. PROCTER & GAMBLE CO	11/15/2010	02/04/2013	51,275.00	43,748.00			7,527.00
3382.095 PAYSON TOTAL RETU	12/13/2011	03/07/2013	46,267.00	46,349.00			-82.00
1000. VODAFONE GROUP PLC S	05/10/2012		29,507.00	27,817.00			1,690.00
390. AMERICAN INTERNATIONA	05/10/2012		18,083.00	12,596.00			5,487.00
900. HARRIS CORPORATION	07/06/2012		47,275.00	37,514.00			9,761.00
220. BERKSHIRE HATHAWAY IN	07/06/2012		25,269.00	18,095.00			7,174.00
50. GENERAL DYNAMICS CORP		08/26/2013	4,233.00	3,338.00			895.00
1050. IRON MOUNTAIN INC		10/14/2013	26,617.00	32,862.00			
1895. PEABODY ENERGY CORP		10/14/2013					-6,245.00
1200. WILLIAMS COMPANIES I		10/14/2013	33,145.00 43,707.00	47,951.00 36,637.00			-14,806.00
	07/08/2012	10/23/2013	43,707.00	30,037.00			7,070.00
2 Totals. Add the amounts in co (subtract negative amounts). I include on your Schedule D, I checked), line 9 (if Box E above	Enter each total ine 8b (if Box D	here and above is					
(if Box F above is checked) ►			325,378.				18,471.

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2013)

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