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Form **990-PF**

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

OMB No 1545 0052

2013

Department of the Treasury Internal Revenue Service

SCANNED DEC 0 3 2014

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990-PF and its separate instructions is atwww.irs.gov/form990pf.

For cale	endar year 2013, or tax year beginning	, 2013,	and ending		
	PERICLES FOUNDATION PIERCE ATWOOD LLP			A Employer identification num 20-1364959	
254 (COMMERCIAL STREET LAND, ME 04101			Telephone number (see the (207) 791-110	
	ck all that apply. Initial return	Initial return of a form	er public charity	C If exemption application is	pending, check here
	Final return Address change	Amended return Name change		D 1 Foreign organizations, chec	k here
H C	heck type of organization. X Section 501	(c)(3) exempt private fo	undation	2 Foreign organizations meeti here and attach computatio	
	Section 4947(a)(1) nonexempt charitable tri		rivate foundation	E If private foundation status	
	name Dant II. and I and	ounting method. X Cather (specify)	ash Accrual	under section 507(b)(1)(A) F If the foundation is in a 60-	
► \$	1,526. (Part I,	column (d) must be on	cash basis.)	under section 507(b)(1)(B)	
Part	Analysis of Revenue and Expenses (The total of amounts in	(a) Revenue and	(b) Net investmen		(d) Disbursements
	columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a)	expenses per books	income	income	for charitable purposes (cash
	(see instructions))	10.000			basis only)
	1 Contributions, gifts, grants, etc, received (att sch) 2 Ck lif the foundn is not reg to att Sch B	19,200.			
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities.				
	5 a Gross rents b Net rental income			S. #4 *	
R	or (loss) 6 a Net gain/(loss) from sale of assets not on line 10			1437 (
R E V	b Gross sales price for all assets on line 6a		15 NOV 25	2014	
E N	7 Capital gain net income (from Part IV, line 2). 8 Net short-term capital gain.		1407 234	121	
Ü	9 Income modifications		7,7.23		
_	10 a Gross sales less returns and allowances		* *************************************		
	b Less Cost of goods sold				
	c Gross profit/(loss) (att sch)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	19,200.		0. 0.	
	13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages	0.			
	15 Pension plans, employee benefits				
A	16 a Legal fees (attach schedule) b Accounting fees (attach sch)				
M I N	c Other prof fees (attach sch)				
<u>0</u> i	17 Interest				
PSTRA	18 Taxes (attach schedule)(see instrs) SEE STM 1 19 Depreciation (attach	14.			
A A	sch) and depletion				
N V	20 Occupancy 21 Travel, conferences, and meetings				
A E N X D P	22 Printing and publications				
•	23 Other expenses (attach schedule)				
E N S E S	Total operating and administrative expenses. Add lines 13 through 23	1 4			
Ś	25 Contributions, gifts, grants paid PART XV	23,000.			23,000.
	26 Total expenses and disbursements. Add lines 24 and 25	23,014.		0. 0.	23,000.
	27 Subtract line 26 from line 12:	23,014.		0. 0.	23,000.
	a Excess of revenue over expenses and disbursements	-3,814.			
	b Net investment income (if negative, enter 0)			0.	
RAA I	C Adjusted net income (if negative, enter 0-) For Paperwork Reduction Act Notice, see ins	tructions	<u> </u>	TEEA0504L 10/18/13	Form 990-PF (2013)
I	or reperment reduction bet nonce, see ms			155V03046 10110113	1 01111 330- FF (2013)

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Form 990-PF (2013)

2-story brick warehouse, or common stock 200 shares MI C Company)				(b) How acquired (C) Date acquired (D) Date sold (month, day, year) (month, day, year)				
1a N/A			- Donation		-			
b								
С								
d								
е								
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m				
a		·						
b				<u>-</u>	<u>_</u>			
С								
d								
e Complete of the control of		- 4						
(i) Fair Market Value	ing gain in column (h) and owned by th	(k) Excess of column		(I) Gains (Col gain minus column (k				
as of 12/31/69	(j) Adjusted basis as of 12/31/69	over column (j), if an	y	than -0-) or Losses (fr				
a								
b								
<u>c</u>	 							
<u>d</u>								
e								
2 Capital gain net income or (ne	t capital loss). $ \qquad \qquad = \begin{cases} \text{If gain, also } \epsilon \\ \text{If (loss), enter} \end{cases} $	enter in Part I, line 7 er -0- in Part I, line 7		2				
3 Net short-term capital gain or	(loss) as defined in sections 1222(5) an	nd (6):						
If gain, also enter in Part I lin	e 8, column (c) (see instructions). If (lo	ss) enter :0:						
in Part I, line 8	e o, column (e) (see manachems). Il (lo	53), c//(c/ 0		3				
art V Qualification Und	er Section 4940(e) for Reduced	Tax on Net Investme	ent Incom	е				
Yes,' the foundation does not qua	ction 4942 tax on the distributable amountify under section 4940(e) Do not compute each column for each year; see the	plete this part.		Yes	X No			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use ass		(d) Distributio column (b) divided				
2012	20,200.	1	6,706.		1.20914			
2011	24,245.		1,073.		1.15052			
2010	19,993.		0,539.		1.89704			
2009	13,998.		7,337.		1.90786			
2008	12,993.		6,475.		0.78864			
0.741-41-41-4		•			(05301			
2 Total of line 1, column (d)3 Average distribution ratio for f	he 5-year base period — divide the tota	on line 2 by 5, or by the	-	2	6.95323			
number of years the foundation	on has been in existence if less than 5 y	years	-	3	1.39064			
4 Enter the net value of noncha	ritable-use assets for 2013 from Part X	, line 5	_	4	628			
5 Multiply line 4 by line 3				5	873			
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)			6	·			
7 Add lines 5 and 6				7	873			
8 Enter qualifying distributions	from Part XII, line 4			8	23,000			
					23,000			

Form 990-PF (2013) THE PERICLES FOUNDATION		364959		Pa	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	– see in	structions)		
1 a Exempt operating foundations described in section 4940(d)(2), check here)				
Date of ruling or determination letter (attach copy of letter if necessary — see instrs)					
b Domestic foundations that meet the section 4940(e) requirements in Part V,		1			<u>0.</u>
check here. ► X and enter 1% 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, column (b)	,				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable					_
foundations only. Others enter -0-).	<u> </u>	2 -			<u>0.</u>
3 Add lines 1 and 2		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0) -) -	5			<u>0.</u>
5 Tax based on investment income, Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments.	-	-			0.
6 Credits/Payments. a 2013 estimated tax pmts and 2012 overpayment credited to 2013					
b Exempt foreign organizations — tax withheld at source					
c Tax paid with application for extension of time to file (Form 8868)	+				
d Backup withholding erroneously withheld 6 d					
7 Total credits and payments. Add lines 6a through 6d		7			0.
8 Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	-	8			<u> </u>
	▶	9		_	0.
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		10			<u> </u>
11 Enter the amount of line 10 to be. Credited to 2014 estimated tax	⊢	11			
Part VII-A Statements Regarding Activities		`` -			
				Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?) IT		1 a		Х
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes]
(see the instructions for definition)?			1 b		X
If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materi or distributed by the foundation in connection with the activities.	als publi	shed		`	
c Did the foundation file Form 1120-POL for this year?			1 c		Х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
(1) On the foundation •\$ 0. (2) On foundation managers •\$		0.	_	,	-
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax implementation managers.	osea on				Ī
foundation managers. > 50. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
If 'Yes,' attach a detailed description of the activities.			-		
					1
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the change.	articles ses		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	,		4 a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?			4 b	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	<u> </u>	X
If 'Yes,' attach the statement required by General Instruction T					1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				1	1
By language in the governing instrument, or			-	ŧ	
 By state legislation that effectively amends the governing instrument so that no mandatory directions 	that con	flict		•	1
with the state law remain in the governing instrument?	that coi	met	6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	Х	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions)	•				
ME			į	ŧ	1
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation			86	x	-
	\/ 3 \	04045455	-	1	1
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' or	3) or 4 omplete	1942(J)(5) Part XIV	9	Ť	X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing					
and addresses BAA	-		10	00.55	(2013)
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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.)

4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b If 'Yes,' did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation

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?

Yes X No 3b N/A 4a X

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enterprise at any time during the year?

Form 990-PF (2013) THE PERICLES FOUND			20-13			Page 6
Part VII-B Statements Regarding Activities		4720 May Be Req	uired (continued))		
5a During the year did the foundation pay or incur	•			, [Ī	ŧ
(1) Carry on propaganda, or btherwise attempt	to influence legislation	(section 4945(e))?	∐ Yes ∑	No	1	ł
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registrati	No					
(3) Provide a grant to an individual for travel, s	No	Ī	1			
(4) Provide a grant to an organization other that in section 509(a)(1), (2), or (3), or section 4]No	Ī	## # #			
(5) Provide for any purpose other than religious educational purposes, or for the prevention	s, charitable, scientific, of cruelty to children or	literary, or animals?	Yes X	No		1
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	e transactions fail to qua current notice regardin	alify under the exception ng disaster assistance	ns		5 b	N/A
Organizations relying on a current notice regard	ding disaster assistance	check here	. •] [
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsi	e foundation claim exer bility for the grant?	mption from the	N/A Yes	No	Į	† 1
If 'Yes,' attach the statement required by Regu	lations section 53.4945	5(d).		_	1	ŀ
6 a Did the foundation, during the year, receive any on a personal benefit contract?	-			₹No	ļ	1
b Did the foundation, during the year, pay premit	ims, directly or indirectl	y, on a personal benefit	contract?	-	6 b	X
If 'Yes' to 6b, file Form 8870 7 a At any time during the tax year, was the foundary	ation a party to a probib	uted tay shelter transact	tion? Yes	ζ No	1	
b If 'Yes,' did the foundation receive any proceed				N/A	7Ь	1
Part VIII Information About Officers, Dire						
and Contractors						
1 List all officers, directors, trustees, foundation	managers and their co			_		
(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	ott		account, owances
SEE STATEMENT 2				1		
		0.	0			0.
				İ		
				-		
			l.	ļ		
2 Commenceding of five bimbook and applications	- (-4h 4h 4h in al-	idad an lina 1	twictions) If mono on	tor 'NON	<u> </u>	
2 Compensation of five highest-paid employees	(b) Title, and average	(c) Compensation	(d)Contributions to			account,
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	otl		owances
NONE						
	1					
				İ		
				1		
		ļ ————————————————————————————————————	-			
Total number of other employees paid over \$50,000)		· · · · · · · · · · · · · · · · · · ·	•		
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Part VIII Information About Officers, Directors, Trustees, Foundat and Contractors (continued)		1364959 Page 7 ployees,
3 Five highest-paid independent contractors for professional services (see ins	tructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
		ľ
		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
ust the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	t information such as the number of	
	at intermation such as the number of	Evnences
	information such as the number of	Expenses
nrganizations and other beneficiaries served, conferences convened, research papers produced, etc 1 N/A	an information such as the number of	Expenses
	an information such as the number of	Expenses
1 <u>N/A</u>	an information such as the number of	Expenses
	an information such as the number of	Expenses
1 <u>N/A</u>	an information such as the number of	Expenses
1 <u>N/A</u>	at information such as the number of	Expenses
1 <u>N/A</u>	an information such as the number of	Expenses
1 <u>N/A</u> 2 2 3	an information such as the number of	Expenses
1 <u>N/A</u>	at information such as the number of	Expenses
1 N/A	an information such as the number of	Expenses
1 N/A		Expenses
2 3 Part IX-B Summary of Program-Related Investments (see Instr	uctions)	
2 Part IX-B Summary of Program-Related Investments (see Instr	uctions)	Expenses
2 Part IX-B Summary of Program-Related Investments (see Instr Describe the two largest program-related investments made by the foundation du 1	uctions)	
2 Part IX-B Summary of Program-Related Investments (see Instr	uctions)	
Part IX-B Summary of Program-Related Investments (see Instr Describe the two largest program-related investments made by the foundation du 1	uctions)	
2 Part IX-B Summary of Program-Related Investments (see Instraction Describe the two largest program-related investments made by the foundation du N/A	uctions)	

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Form 990-PF (2013)

Total. Add lines 1 through 3
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- 411/	see instructions.)		Touridations,
1 Fair r a Avera	narket value of assets not used (or held for use) directly in carrying out charitable, etc. purposes ge monthly fair market value of securities	1 a	
b Avera	ge of monthly cash balances .	1 Ь	638.
c Fair r	narket value of all other assets (see instructions) .	1 c	
d Total	(add lines 1a, b, and c)	1 d	638.
e Redu	ction claimed for blockage or other factors reported on lines 1a and 1c		
(attac	th detailed explanation) . 1 e 0.		
2 Acqu	sition indebtedness applicable to line 1 assets .	2	0.
3 Subtr	act line 2 from line 1d	3	638.
	deemed held for charitable activities. Enter 1-1/2% of line 3 reater amount, see instructions)	4	10.
5 Net v	alue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	628.
	num investment return. Enter 5% of line 5	6	31.
Part XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ☐ and do not complete this part.)	ating 1	oundations
1 Minir	num investment return from Part X, line 6	1	31.
2a Tax	on investment income for 2013 from Part VI, line 5 . 2a		
b Incor	ne tax for 2013. (This does not include the tax from Part VI.).]	
c Add	ines 2a and 2b	2 c	
3 Distr	butable amount before adjustments. Subtract line 2c from line 1	3	31.
4 Reco	veries of amounts treated as qualifying distributions	4	
5 Add	ines 3 and 4	5	31.
6 Dedu	ction from distributable amount (see instructions)	6	
_7 Dist	ibutable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	31.
Part XII	Qualifying Distributions (see instructions)	· · · · · · · · · · · · · · · · · · ·	
1 Amo a Expe	unts paid (including administrative expenses) to accomplish charitable, etc, purposes. inses, contributions, gifts, etc — total from Part I, column (d), line 26.	1 a	23,000.
_	ram-related investments — total from Part IX-B	1 Ь	· *********
2 Amo	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amo a Suita	unts set aside for specific charitable projects that satisfy the: ability test (prior IRS approval required)	3 a	
b Casi	distribution test (attach the required schedule)	3 Ь	
4 Qua	ifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	23,000.
5 Four Ente	ndations that qualify under section 4940(e) for the reduced rate of tax on net investment income. r 1% of Part I, line 27b (see instructions)	5	
6 Adju	sted qualifying distributions. Subtract line 5 from line 4	6	23,000.
Note	The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years	the fou	ndation

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Form **990-PF** (2013)

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				31.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years. 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2013.				
a From 2008 12, 183				
b From 2009 13, 635				
c From 2010 19, 480				
d From 2011 23, 241				
e From 2012 19, 381	87,920.			
f Total of lines 3a through e4 Qualifying distributions for 2013 from Part	67,920.			
XII, line 4 ► \$ 23,000.				
a Applied to 2012, but not more than line 2a			0.	
 b Applied to undistributed income of prior yea (Election required — see instructions) 	rs	0.		
c Treated as distributions out of corpus				
(Election required – see instructions)	0.			
d Applied to 2013 distributable amount				31.
e Remaining amount distributed out of corpus				_
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a))			
6 Enter the net total of each column as indicated below:		•		
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	110,889.			
	110,005.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut	-			
ed income for which a notice of deficiency has been issued, or on which the section				
4942(a) tax has been previously assessed		0.	,	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012 Subtract line 4a from				
line 2a Taxable amount — see instructions			0	•
f Undistributed income for 2013 Subtract line	es			
4d and 5 from line 1. This amount must be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0	•		
8 Excess distributions carryover from 2008 n	ot			
applied on line 5 or line 7 (see instructions				
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	98,706			
10 Analysis of line 9.				
a Excess from 2009 13, 63	5.	‡		
b Excess from 2010 19, 48		1		
c Excess from 2011 23, 24		‡		
d Excess from 2012 19, 38		1		l l
e Excess from 2013 22, 96	59.			Form 990 PF (2012

Form 990-PF (2013) THE PERICLES FOUR Part XIV Private Operating Foundate		ations and Day	t VII A guartia	20-136495				
Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling								
is effective for 2013, enter the date of the r	uling			_ ^				
b Check box to indicate whether the foundation		rating foundation de		4942(j)(3) or	4942(j)(5)			
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 2012	Prior 3 years	(-D 2010	(a) Takal			
investment return from Part X for each year listed	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total			
b 85% of line 2a .								
c Qualifying distributions from Part XII, line 4 for each year listed								
d Amounts included in line 2c not used directly for active conduct of exempt activities								
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 								
3 Complete 3a, b, or c for the alternative test relied upon:								
a 'Assets' alternative test - enter:								
(1) Value of all assets								
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed								
c 'Support' alternative test - enter								
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)								
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).				,				
(3) Largest amount of support from an exempt organization								
(4) Gross investment income .								
Part XV Supplementary Information	(Complete th	is part only if th	e foundation h	ad \$5,000 or mo	re in			
assets at any time during t	<u> </u>	instructions.)						
Information Regarding Foundation Managers a List any managers of the foundation who close of any tax year (but only if they have PETER H. JACOBS	have contributed m	nore than 2% of the than \$5,000) (See	total contributions r section 507(d)(2).)	eceived by the found	ation before the			
b List any managers of the foundation who	own 10% or more	of the stock of a cor	poration (or an equ	ally large portion of t	he ownership of			
a partnership or other entity) of which the NONE	foundation has a	10% or greater inter	est.					
2 Information Regarding Contribution, Gran Check here ☐ if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d.	makes contribution es gifts, grants, etc	s to preselected cha (see instructions) to	arıtable organızatıor o ındıvıduals or orga	anizations under othe				
a The name, address, and telephone numb	ei or e-mail or the	регоон то мпот ар	pacadons snould be	auuresseu.				
SEE STATEMENT 3			 					
b The form in which applications should be	submitted and info	ormation and materia	als they should incli	ude.				
SEE STATEMENT FOR LINE 2A			···					
c Any submission deadlines								
SEE STATEMENT FOR LINE 2A								
d Any restrictions or limitations on awards,	such as by geogra	iphical areas, charit	able fields, kinds of	institutions, or other	factors.			
SEE STATEMENT FOR LINE 2A	·	· · · · · · · · · · · · · · · · · · ·						
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3 Grants and Contributions Paid During the Ye	ar or Approved for Futu	re Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
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b Approved for future payment				
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Total		·-		D

nter gross amounts unless otherwise indicated.	<u> </u>	d business income		by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exemp function income (See instructions.)
1 Program service revenue			code		
ab					
			_		
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· · · · · · · · · · · · · · · · · · ·	, ,			· · · · · · · · · · · · · · · · · · ·	
f	_	·			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
Interest on savings and temporary cash investments					
4 Dividends and interest from securities .					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property.					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory		· · · · · · · · · · · · · · · · · · ·			
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a			<u> </u>		
b	- 				-
cd	_				
e					
e 12 Subtotal Add columns (b), (d), and (e)					
e 12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)				13	
Subtotal Add columns (b), (d), and (e)Total. Add line 12, columns (b), (d), and (e)	ons.)			13	
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) iee worksheet in line 13 instructions to verify calculations		ishment of Exen	npt Purp		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Eee worksheet in line 13 instructions to verify calculations to the second s	he Accomp	rted in column (e) of	Part XVI-A	oses	to the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activities to the Secomplishment of the foundation's exemption.	he Accomp	rted in column (e) of	Part XVI-A	oses	to the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activities to the columns of	he Accomp	rted in column (e) of	Part XVI-A	oses	to the
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activities to the Secomplishment of the foundation's exemption.	he Accomp	rted in column (e) of	Part XVI-A	oses	to the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activities to the Substitution of Activities to the Substitution of Activity for which accomplishment of the foundation's exemption.	he Accomp	rted in column (e) of	Part XVI-A	oses	to the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activities to the Substitution of Activities to the Substitution of Activity for which accomplishment of the foundation's exemption.	he Accomp	rted in column (e) of	Part XVI-A	oses	to the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activities to the Substitution of Activities to the Substitution of Activity for which accomplishment of the foundation's exemption.	he Accomp	rted in column (e) of	Part XVI-A	oses	to the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activities to the Secomplishment of the foundation's exemption.	he Accomp	rted in column (e) of	Part XVI-A	oses	to the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activities to the Secomplishment of the foundation's exemption.	he Accomp	rted in column (e) of	Part XVI-A	oses	to the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activities to the Second	he Accomp	rted in column (e) of	Part XVI-A	oses	to the
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activities to the Second	he Accomp	rted in column (e) of	Part XVI-A	oses	to the
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculate Part XVI-B Relationship of Activities to the Secomplishment of the foundation's exemption.	he Accomp	rted in column (e) of	Part XVI-A	oses	to the

(207) 774-0882

Form **990-PF** (2013)

Phone no

BAA

PORTLAND, ME 04101

orm 990	- PF (20	13) THE PE	RICLES FOU	NDATIO	ON			_					20-1364		Pa	ige 13
Part XV	II Inf	ormation Reg cempt Organi	arding Transf zations	ers To	and Tra	ansac	tions a	nd Rel	atio	onship	os W	ith N	Noncharitab	le		
															Yes	No
des	cribed i	anization directly n section 501(c) political organiza	of the Code (oth	gage in a er than s	ny of the ection 50	e follow 01(c)(3	ing with) organiz	any oth ations)	or II	organiza n sectio	ation on 527	7,				
a Tra	nsfers f	rom the reporting	foundation to a	nonchar	ıtable ex	cempt c	organizati	on of.								ŧ
	Cash	, ,				,	•							1 a (1)		X
• •	Other a	accatc												1 a (2)		X
٠,,																
_	_	sactions.												16/1	ŧ	Ť v
• • •		of assets to a noi				_								1 b (1)	-	X
(2)	Purcha	ises of assets fro	om a noncharitab	ole exemp	ot organi	ization		•						1 b (2)	-	X
(3)	Rental	of facilities, equi	pment, or other	assets										1 b (3)	ļ	X
(4)	Reimb	ursement arrang	ements										•	1 b (4)	ļ	X
(5)	Loans	or loan guarante	es											1 b (5)		X
(6)	Perfori	mance of service	s or membership	or fund	raising s	olicitati	ions							1 b (6)		X
c Sha	aring of	facilities, equipm	nent, mailing lists	s, other a	assets, o	or paid	employee	es						1 c	1	X
	•															
d if ti the any	he answ goods, transa	ver to any of the other assets, or ction or sharing a	above is 'Yes,' c services given b arrangement, sh	complete by the rep low in col	the follo porting fo lumn (d)	wing so oundati the va	chedule. ion. If the lue of the	Column founda goods	n (b) atior s, otl	should receiv her ass	l alwa /ed le: ets, o	ys sl ss th r ser	how the fair man fair market vices received	arket valu value in l.	e of	
(a) Line n	10 (1	Amount involved	(c) Name of	f noncharita	able exemp	ot organiz	zation	(d) De	scription	of tran	sfers,	transactions, and	sharing arra	ngemen	ts
N/A	 		-													
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		1.71-20						<u> </u>								
de	scribed	ndation directly of in section 501(c) omplete the follo) of the Code (ot	ated with ther than	, or relat section	ted to, 501(c)(one or m (3)) or in	ore tax section	-exe 527	empt or 7?	ganızı	ation	s	Y6	es [>	()No
	(a)	Name of organiza	ation		(b) Type	of org	anızatıor				(6	c) De	escription of re	lationship		
N/A			_													
	Under per	naities of penury, I decla	are that I have examine	d this return	, including a	accompan	yıng schedul	es and sta	teme	nts, and to	the be	st of m	y knowledge and be	elief, it is true,		
<u>.</u>	correct, a	and complete Declara	tion of preparer (other	r than taxpa	ayer) is bas	seo on all	iniormation	I OI WITCH	prep	Jaiei nas	any Mi	-wisd(ie.	May th	e IRS di	scuss
Sign	11	M/X/	MAINI			111	12	1						this ref	urn with er showi	the
Here			1 1 VVVV			111.	-15-1	4	_	REASU	KER			(see ıp	struction	
	Signati	ure of officer or truste	<u> </u>			Date	—		Title				, , -	DTIN	X Yes	No
		Print/Type preparer's	name		Preparer's	signature	()			Date	1	./	Checkif			
Paid		DAVID NICK	LAS, CPA		V)M	W	V		l	10/	6 1	X	self employed	P000	1739	4
Prepa	rer	Firm's name	HONECK O'	TOOLE	, CPA	'S						Firi	m's EIN > 01-	039817	4	
Use C		Firm's address	511 CONGR				00									
USE C	, 111 y	l 	20201	\ <u></u>	4101							٦	/20	77 774	000	2

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

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is atwww.irs.gov/form990.

OMB No 1545 0047

2013

Name of the organization THE PERICLES	FOUNDATION	Employer identification number
C/O PIERCE A	TWOOD LLP	20-1364959
Organization type (check one).		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organ	ization
	4947(a)(1) nonexempt charitable trust	t not treated as a private foundation
	527 political organization	·
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trus	t 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 Gen	eral Rule and a Special Rule. See instructions.
, , , , , , , , , , , , , , , , , , , ,		
General Rule X For an organization filing Form 990 contributor. (Complete Parts I and I	. 990-EZ, or 990-PF that received, during the year, l.)	, \$5,000 or more (in money or property) from any one
Special Rules		
509(a)(1) and $170(b)(1)(A)(v)$ and r	n filing Form 990 or 990-EZ that met the 33-1/3% si eceived from any one contributor, during the year, 90, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 C	a contribution of the greater of (1) \$5,000 or
total contributions of more than \$1,	organization filing Form 990 or 990-EZ that receive 000 for use <i>exclusively</i> for religious, charitable, scion animals. Complete Parts I, II, and III.	ed from any one contributor, during the year, ientific, literary, or educational purposes, or
contributions for use exclusively for If this box is checked, enter here the purpose. Do not complete any of the	organization filing Form 990 or 990-EZ that receive religious, charitable, etc., purposes, but these content total contributions that were received during the parts unless the General Rule applies to this organization.	ntributions did not total to more than \$1,000. year for an <i>exclusively</i> religious, charitable, etc, ganization because it received nonexclusively
religious, charitable, etc., contribution	ons of \$5,000 or more during the year	. > \$
990-PF) but it must answer 'No' on Pai	vered by the General Rule and/or the Special Rule t IV, line 2, of its Form 990, or check the box on li meet the filing requirements of Schedule B (Form	ine H of its Form 990-EZ or on its Form 990-PF,
BAA For Paperwork Reduction Act No or 990-PF.	otice, see the Instructions for Form 990, 990EZ,	Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of org		· · ·	er identification number 364959
	CONTRIBUTOR (See restrictions) the desired and the second floring of Port I of additional and		304737
(a) Number	Contributors (see instructions). Use duplicate copies of Part I if additional sp (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER H. JACOBS C/O P.ATWOOD 254 COMMERCIAL ST PORTLAND, ME 04101	\$17,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
BAA	TEEA0702L 12/27/13	Schedule B (Form	990, 990-EZ, or 990-PF) (2013)

1 of

1 of Part 1

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

1 to

of Part II

Name of organization

THE PERICLES FOUNDATION

Employer identification number

20-1364959

(a) No. from Part I N/A	(d) Date received
(a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)	
(a) No. from Part I Description of noncash property given FMV (or estimate) (see instructions)	
s	
(a) No. from Part I Description of noncash property given (c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I Description of noncash property given Part I (c) FMV (or estimate) (see instructions)	
	(d) Date received
(a) No. from Description of noncash property given FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I Description of noncash property given (see instructions)	(d) Date received
(a) No. from Description of noncash property given FMV (or estimate) (see instructions)	(d) Date received
BAA Schedule B (Form 990, 990-	

1 to

of Part III

Name of organization
THE PERICLES FOUNDATION

Employer identification number 20-1364959

	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 total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
	contributions of \$1,000 or less for the year. (If Use duplicate copies of Part III if additional s	. * N/A					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	N/A						
	Transferee's name, addres	(e) Transfer of gift Transferee's name, address, and ZIP + 4					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
			·				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				

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FEDERAL STATEMENTS

THE PERICLES FOUNDATION C/O PIERCE ATWOOD LLP

PAGE 1

20-1364959

STATEMENT 1 FORM 990-PF, PART I, LINE 18 TAXES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
2012 FORM 990-PF TAX DUE	TOTAL \$ 14.	\$ 0.	<u>\$</u> 0.	\$ 0.

STATEMENT 2 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED		CONTRI- BUTION TO EBP & DC	ACCOUNT/
ANNE SWIFT-KAYATTA C/O P.ATWOOD 254 COMMERCIAL ST PORTLAND, ME 04101	PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
JACKSON F. MORRILL C/O P.ATWOOD 254 COMMERCIAL ST PORTLAND, ME 04101	VICE PRESIDENT 0	0.	0.	0.
MICHAEL R. CURRIE C/O P.ATWOOD 254 COMMERCIAL ST PORTLAND, ME 04101	TREASURER 0	0.	0.	0.
MARGARET K. MINISTER C/O P.ATWOOD 254 COMMERCIAL ST PORTLAND, ME 04101	SECRETARY 0	0.	0.	0.
PETER H. JACOBS C/O P.ATWOOD 254 COMMERCIAL ST PORTLAND, ME 04101	DIRECTOR 0	0.	0.	0.
DR. KIYAH DUFFEY C/O P.ATWOOD 254 COMMERCIAL ST PORTLAND, ME 04101	DIRECTOR 0	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 3 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME: CARE OF:

MIKE CURRIE PIERCE ATWOOD

STREET ADDRESS:

254 COMMERCIAL STREET

CITY, STATE, ZIP CODE: TELEPHONE:

PORTLAND, ME 04101 207-791-1100

E-MAIL ADDRESS: FORM AND CONTENT:

THERE ARE NO FORMAL APPLICATION GUIDELINES.

2013

FEDERAL STATEMENTS

THE PERICLES FOUNDATION C/O PIERCE ATWOOD LLP

PAGE 2

20-1364959

STATEMENT 3 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

NONE. GRANT DECISIONS MADE AT TWO ANNUAL MEETINGS. THE ORGANIZATION PROVIDES GRANTS TO ESTABLISHED 501(C) 3 ORGANIZATIONS WHICH PROVIDE AID TO THE NEEDY. DIRECT CONTRIBUTIONS TO INDIVIDUALS ARE PROHIBITED. THE ORGANIZATION IS REQUIRED TO PROVIDE THE MAJORITY OF ITS FUNDS TO PORTLAND, MAINE AREA ORGANIZATIONS BUT SOME AWARDS MUST BE IN DEVELOPING COUNTRIES.

STATEMENT 4 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
FRIENDS OF KAKAMEGA 51 HUNTER ROAD FREEPORT, ME 04032	N/A	501 (C) 3	TO FURTHER THE ORGANIZATION'S TAX EXEMPT PURPOSE	\$ 1,000.
KONBIT SANTE CAP-HAITIEN HEALTH PART. P.O. BOX 11281 PORTLAND, ME 04104	N/A	501 (C) 3	TO FURTHER THE ORGANIZATION'S TAX EXEMPT PURPOSE	1,000.
LEAVITT'S MILL FREE HEALTH CTR. 63 MAIN STREET, P.O. BOX 47 BAR MILLS, ME 04004	N/A	501 (C) 3	TO FURTHER THE ORGANIZATION'S TAX EXEMPT PURPOSE	2,000
PARTNERS FOR WORLD HEALTH 7 GLASGOW ROAD SCARBOROUGH, ME 04074	N/A	501 (C) 3	TO FURTHER THE ORGANIZATION'S TAX EXEMPT PURPOSE	2,000
SAFE PASSAGE 81 BRIDGE STREET, SUITE 104 YARMOUTH, ME 04096	N/A	501 (C) 3	TO FURTHER THE ORGANIZATION'S TAX EXEMPT PURPOSE	3,000
SOUTH PORTLAND FOOD CUPBOARD 611 MAIN STREET SOUTH PORTLAND, ME 04106	N/A	501 (C) 3	TO FURTHER THE ORGANIZATION'S TAX EXEMPT PURPOSE	7,000
PORTLAND COMMUNITY FREE CLINIC 103 INDIA STREET PORTLAND, ME 04101	N/A	501 (C) 3	TO FURTHER THE ORGANIZATION'S TAX EXEMPT PURPOSE	5,000

2013

FEDERAL STATEMENTS

THE PERICLES FOUNDATION C/O PIERCE ATWOOD LLP

PAGE 3

20-1364959

STATEMENT 4 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
PREBLE STREET RESOURCE CENTER P.O. BOX 1459 PORTLAND, ME 04104	N/A	501 (C) 3	TO FURTHER THE ORGANIZATION'S TAX EXEMPT PURPOSE	\$ 2,000.
			TOTAL	\$ 23,000.

Form **8868**

(Rev January 2014)

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.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545 1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unlessyou have already been granted an automatic 3-month extention on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or THE PERICLES FOUNDATION print C/O PIERCE ATWOOD LLP 20-1364959 Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) File by the due date for 254 COMMERCIAL STREET filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See instructions PORTLAND, ME 04101 04 Enter the Return code for the return that this application is for (file a separate application for each return). Application Is For Application is For Return Return Code Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 05 Form 6069 11 Form 990-T (section 401(a) or 408(a) trust) Form 8870 12 Form 990-T (trust other than above) The books are in the care of ► MARGARET K. MINISTER Telephone No ► 207 772-3761_ Fax No ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, ► | . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 8/15 , 20 14 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. X calendar year 20 13 or tax year beginning ____, 20 ___, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

tax payments made. Include any prior year overpayment allowed as a credit

nonrefundable credits. See instructions

3 a | \$

3Ы\$

3 c |\$

orm 8868	3 (Rev 1-2014)					Page 2	
If you a	are filing for an Additional (Not Automatic) 3-Month I	Extension, o	complete only Part II and check this b	ох		► [X]	
Note. Only	complete Part II if you have already been granted a	an automatic	3-month extension on a previously	filed Form 8	868.		
If you a	are filing for an Automatic 3-Month Extension, comp	lete only Pa	rt I (on page 1).				
Part II	Additional (Not Automatic) 3-Month Exte	nsion of 1	Time. Only file the original (no	copies no	eded).		
<u></u>						e instructions	
	Name of exempt organization or other filer, see instructions		Į E	mployer identi	ication num	iber (EIN) or	
THE PERICLES FOUNDATION							
Type or print	C/O PIERCE ATWOOD LLP		la	20-13649	-1364959		
Number, street, and room or suite number. If a P O box, see instructions						7)	
File by the extended due date for filing your 511 CONGRESS ST SUITE 900							
return See instructions	City, town or post office, state, and ZIP code For a foreign addre	ss, see instruct	ions				
	PORTLAND, ME 04101						
	TORTHUM, THE OTTOI			······································			
Enter the	Return code for the return that this application is for	(file a sepa	rate application for each return)			04	
Application	on	Return Code	Application Is For			Return Code	
Form 990	or Form 990-EZ	01					
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227			10	
Form 990	-T (section 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above)	06	Form 8870			12	
Telep If the If this whole gro	whooks are in care of ► MARGARET K. MINIST: whone No. ► 207 772-3761 organization does not have an office or place of bus is is for a Group Return, enter the organization's four bup, check this box Lift it is for part of the is the extension is for.	Fax No. ► siness in the digit Group		n the name:		this is for the	
	quest an additional 3-month extension of time until	11/15	, 20 <u>14</u>				
	calendar year 2013 , or other tax year beginning				, 2	.0	
	ne tax year entered in line 5 is for less than 12 mont Change in accounting period			Final re			
7 Sta	ite in detail why you need the extension TAXI	PAYER NE	EDS ADDITIONAL TIME TO	COLLEC'	r comp	LETE	
ĪĪ	NFORMATION TO FILE AN ACCURATE RI			. -			
	his application is for Forms 990-BL, 990-PF, 990-T, 4	1720, or 606	9, enter the tentative tax, less any	8 a	\$	0.	
tax	his application is for Forms 990-PF, 990-T, 4720, or payments made. Include any prior year overpayme evicusly with Form 8868			8 b	\$	0	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions				0			
	Signature and Verifica	ation mus	t be completed for Part II only.	4-			
Under penal correct, and	ties of perjury, I declare that I have examined this form, including accomp d complete, and that I am authorized to prepare this form	panying schedule	s and statements, and to the best of my knowledge	and belief, it is t	ue,		
Signature	► ((~ (∩) ⊃) \/fitle ▶	- TREASU	JRER	D	ate ►		
BAA		FIFZ0502	L 12/31/13		Form 886	68 (Rev 1-2014)	