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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Trust Treated as Private Foundation

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▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning

, 2014, and ending

, 20

Name of foundation J.W. Robinson Welfare Trust		A Employer identification number 01-6009329
Number and street (or P O box number if mail is not delivered to street address) P.O. Box 101	Room/suite	B Telephone number (see instructions) 207-582-2136
City or town, state or province, country, and ZIP or foreign postal code Gardiner, Maine 04345		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 1,663,035	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)				
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	1	1		
4 Dividends and interest from securities	52,138	52,138		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		91,002		
8 Net short-term capital gain			3,301	
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	52,139	143,141	3,301	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	6,800	1,020		5,780
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule)	2,250	338		1,912
c Other professional fees (attach schedule)				
17 Interest				
18 Taxes (attach schedule) (see instructions)				
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)	13,131	1,970		11,161
24 Total operating and administrative expenses. Add lines 13 through 23	22,181	3,328		18,853
25 Contributions, gifts, grants paid	67,700			67,700
26 Total expenses and disbursements. Add lines 24 and 25	89,881	3,328		86,553
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	(37,742)			
b Net investment income (if negative, enter -0-)		139,813		
c Adjusted net income (if negative, enter -0-)			3,301	

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	356	17,008	53,318
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	1,300,841	1,335,554	1,609,717
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
Liabilities	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	1,301,197	1,352,562	1,663,035
	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
Net Assets or Fund Balances	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)			
	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	1,404,690	1,470,907	
Net Assets or Fund Balances	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	(103,493)	(118,345)	
	30 Total net assets or fund balances (see instructions)	1,301,197	1,352,562	
	31 Total liabilities and net assets/fund balances (see instructions)	1,301,197	1,352,562	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,301,197
2 Enter amount from Part I, line 27a	2	(37,742)
3 Other increases not included in line 2 (itemize) ▶	3	91,002
4 Add lines 1, 2, and 3	4	1,354,457
5 Decreases not included in line 2 (itemize) ▶	5	1,895
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,352,562

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	See Schedule Attached			
b	See Schedule Attached			
c	See Schedule Attached			
d	Capital Gains Distribution			
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 119,471		116,170	3,301
b 381,328		316,819	64,509
c 54,676		31,814	22,862
d 330			330
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			3,301
b			64,509
c			22,862
d			330
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	91,002
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	3,301

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	74,351	1,498,451	.04962
2012	61,842	1,328,150	.04656
2011	84,340	1,294,782	.06514
2010	50,651	1,286,772	.03936
2009	48,398	1,102,244	.04391

2 Total of line 1, column (d)	2	.24459
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.048918
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	1,496,459
5 Multiply line 4 by line 3	5	73,204
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,398
7 Add lines 5 and 6	7	74,602
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	8	86,553

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1		1,398
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2		
3	Add lines 1 and 2	3		1,398
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		1,398
6	Credits/Payments:			
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	207	
b	Exempt foreign organizations—tax withheld at source	6b	1,500	
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d	7		1,707
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		309
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax 309 Refunded	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		✓
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>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.</i>		✓
c Did the foundation file Form 1120-POL for this year?		✓
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		✓
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? <i>If "Yes," attach a conformed copy of the changes.</i>		✓
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		✓
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	✓	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	✓	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶		
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? <i>If "No," attach explanation</i>	✓	
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		✓
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		✓

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
Website address ▶				
14	The books are in care of ▶ Peter B. Flynn, C.P.A.	Telephone no. ▶ 207-443-4400		
	Located at ▶ 898 Middle Street, Bath, Maine	ZIP+4 ▶ 04530-2451		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here. ▶ <input type="checkbox"/>			
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ▶			✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	
	Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c	✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	✓
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2014 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
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 2014?	4b	✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☒ Yes ☐ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?**5b**

✓

Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☐ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☐ No**6b**

✓

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☐ No**7b****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Robert L. Johnston Gardiner, Maine 04345	Trustee As Required	3,400		
Patricia Hart Gardiner, Maine 04345	Trustee As Required	3,400		

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
.....		
.....		
.....		
.....		
.....		
.....		
.....		
Total number of others receiving over \$50,000 for professional services		▶

Part IX-A Summary of Direct Charitable Activities

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,645,389
b	Average of monthly cash balances	1b	8,682
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	1,654,071
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,654,071
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	24,811
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,629,260
6	Minimum investment return. Enter 5% of line 5	6	81,463

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

1	Minimum investment return from Part X, line 6	1	81,463
2a	Tax on investment income for 2014 from Part VI, line 5	2a	1,398
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	1,398
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	80,065
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	80,065
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	80,065

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	86,553
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	86,553
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	1,398
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	85,155

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				80,065
2 Undistributed income, if any, as of the end of 2014:				
a Enter amount for 2013 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				13,963
d From 2012				
e From 2013				286
f Total of lines 3a through e	14,249			
4 Qualifying distributions for 2014 from Part XII, line 4: ► \$ _____				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2014 distributable amount				85,155
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	14,249			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	14,249			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				13,963
c Excess from 2012				
d Excess from 2013				286
e Excess from 2014				5,090

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter ² / ₃ of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

See Attached

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

See Attached

c Any submission deadlines:

April 30th

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

See Attached

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Attached Schedule				67,700
Total			3a	67,700
b <i>Approved for future payment</i>				
Total			3b	

Enter gross amounts unless otherwise indicated.

(See worksheet in line 13 instructions to verify calculations.)

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

[illegible]

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

[illegible]

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

b If "Yes," complete the following schedule.

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

**Sign
Here**

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

Signature of officer or trustee

8-5-15
Date

Tree tree
Title


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

**Paid
Preparer
Use Only**

Print/Type preparer's name

Peter B. Flynn, C.P.A.

Preparer's signature


 Maine 04530

Date

7/7/15

Check ☐ if self-employed

PTIN

P00499128

Firm's name ▶ **Peter B. Flynn, C.P.A.**

Firm's EIN ▶ 01-0434724

Firm's address ► 898 Middle Street, Bath, Maine 04530

Phone no 207-443-4400

J. W. ROBINSON WELFARE TRUST

FID# 01-6009329

2014

FORM 990-PF

PART XV - SUPPLEMENTARY INFORMATION -

Grants and Contributions Paid During the Year or Approved for Future Payment

Amount paid out and charges as follows

Date	Name	For what paid	Amount
01/30/14	University of Maine	Scholarship	1,400.00
01/30/14	University of Maine	Scholarship	1,400.00
01/30/14	Thomas College	Scholarship	1,400.00
01/30/14	Brigham Young University	Scholarship	1,400.00
01/30/14	Thomas College	Scholarship	1,400.00
01/30/14	University of Southern Maine	Scholarship	1,400.00
01/30/14	Thomas College	Scholarship	1,400.00
01/30/14	University of New England	Scholarship	1,400.00
01/30/14	University of Maine	Scholarship	1,400.00
05/12/14	Johnson Hall Inc.	Project	2,500.00
05/12/14	Gardiner Main Street	Project	2,000.00
06/17/14	City of Gardiner	Project	6,400.00
12/08/14	First Baptist Church	Project	750.00
12/08/14	So. Gardiner Baptist Church	Project	750.00
12/08/14	Winter Street Baptist	Project	750.00
12/08/14	Gardiner Free Methodist Church	Project	750.00
12/08/14	Highland Avenue Methodist Church	Project	750.00
12/08/14	Christ Church	Project	750.00
12/08/14	St. Joseph's Church	Project	750.00
12/08/14	Faith Christian Church	Project	750.00
12/08/14	Chrysalis Place	Project	4,000.00
12/08/14	Gardiner Main Street	Project	3,500.00
12/08/14	Johnson Hall, Inc.	Project	5,000.00
12/08/14	Gardiner Public Library	Project	12,000.00
12/08/14	Boys & Girls Club of Greater Gardiner	Project	3,000.00
12/08/14	MSAD 11/ Gardiner middle School	Project	1,000.00
12/08/14	MSAD 11/ Adult Education	Project	1,200.00
12/08/14	Food for Thought	Project	1,000.00
12/08/14	Gardiner Food Co-op	Project	<u>7,500.00</u>

\$67,700.00

=====

The J. W. ROBINSON WELFARE TRUST was established in 1923 by a gift from John Walter Robinson, a resident of Gardiner. The objective of the Trust is to be a general welfare fund for religious, civic, charitable, educational, or benevolent purposes for the citizens of the Gardiner area.

The Trust is operated by two Trustees who oversee its charitable gifts as well as its fiscal management and policies.

TRUSTEES

Patricia Hart
34 High Holborn St.
Gardiner, ME 04345
582-4119

Robert L. Johnston
P.O.Box 26
Gardiner, ME 04345
582-2136

JOHN WALTER ROBINSON WELFARE
TRUST
P.O. BOX 101
GARDINER, MAINE 04345

J.W. ROBINSON
WELFARE TRUST
[?]

2014 COLLEGE GRANT
APPLICATION

GARDINER, MAINE

The Robinson Trust College Grant is open to any graduating senior from Gardiner Area High School. The grant is competitive; no more than fifteen awards will be made an academic year and the award is not renewable. All applicants must be accepted into an accredited institution of higher learning, including but not limited to universities, colleges, technical, or professional schools. Awards will be paid directly to the college or institution upon the successful completion of the recipient's first term or semester and must be used for tuition, academic programs, or book purchases. Awards will be announced at graduation.

Deadline: Return to Guidance Office no later than May 1, 2014.

Submission Requirements:

- Official transcript
- 2 typed letters of recommendation from someone familiar with your academic or work record (at least one must be from a teacher or counselor)
- 2 brief essays (no more than two typed pages)

Please proof read your essays. Your submission should not have any typos, misspellings, or other errors.

Further information about the grant program or the Trust may be obtained by contacting one of the Trustees.

**J.W.ROBINSON WELFARE TRUST
2014 COLLEGE GRANT APPLICATION**

Applicant: _____ Tel. # _____

Address: _____

City/State: _____ Zip: _____

Parent/Guardian: _____ SS # _____

What institution do you plan to attend? _____

What course of study, or major, do you intend to follow? _____

Required Essays (no more than one typed page each):

1) If you could live and study anywhere in the world for the next four years, where would that be and why?

2) How would you describe your world (Gardiner and its surroundings)? What are its strengths? And, what could be improved?

Please proof read your essays. Your submission should not have any typos, misspellings, or other errors.

Applicant's signature: _____

Parent or Guardian: _____

Please return the complete application to the Guidance Office by May 1, 2014.

J.W. ROBINSON WELFARE TRUST
FID# 01-6009329
2014

PART 1 - ANALYSIS OF REVENUE AND EXPENSES

	(a) Revenue and Expenses Per books	(b) Net Investment Income	(d) Disbursements for Charitable Purposes
LINE 23 - OTHER EXPENSES			
Bond	1,857	279	1,578
Investment Fees	11,063	1,659	9,404
Office Expense	<u>211</u>	<u>32</u>	<u>179</u>
	13,131	1,970	11,161
	=====	=====	=====

PART III - LINE 3 - INCREASE

Capital Gains	90,672
Return of Capital	<u>330</u>
	91,002
	=====

PART III - LINE 5 - DECREASES

Federal Excise	1,500
Foreign Tax Withheld	394
Rounding	<u>1</u>
	1,895
	=====

2014 Tax Information Statement

Payer's Name and Address:

H M PAYSON & CO
ONE PORTLAND SQUARE P O BOX 31
PORTLAND, ME 04112

Account Number:

5990770265

Recipient's Name and Address:

JOHN ROBINSON WELFARE TRUST
PETER FLYNN CPA
898 MIDDLE ST
BATH, ME 04530

Recipient's Tax ID Number:

XX-XXX9329

Payer's Federal ID Number:

01-0420707

Payer's State ID Number:

ME

State:

☐ Corrected

☐ 2nd TIN notice

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property (Box 1a)										
Cusip Number	Date Sold or Disposed (Box 1c)	Date Acquired (Box 1b)	Form 8949 Checkbox	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Code if any (Box 1f)	Adjustments (Box 1g)	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 16)
Short Term Sales Reported on 1099-B										
689.0	COACH INC									
189754104	01/13/2014	Various	A	37,778.24	33,957.93		0.00	3,820.31	0.00	0.00
163.0	EXXON MOBIL CORP									
30231G102	12/15/2014	04/01/2014	A	14,177.59	15,877.62		0.00	-1,700.03	0.00	0.00
124.0	MARATHON PETE CORP									
56585A102	02/25/2014	08/01/2013	A	11,244.95	9,281.75		0.00	1,963.20	0.00	0.00
340.0	MARATHON PETE CORP									
56585A102	03/11/2014	08/01/2013	A	30,928.57	25,449.97		0.00	5,478.60	0.00	0.00
120.0	OCCIDENTAL PETROLEUM CORP									
674599105	12/15/2014	07/16/2014	A	8,803.41	11,744.84		0.00	-2,941.43	0.00	0.00
0.6949	VERIZON COMMUNICATIONS INC									
92343V104	02/27/2014	02/24/2014	A	33.08	32.46		0.00	0.62	0.00	0.00
246.0	VERIZON COMMUNICATIONS INC									
92343V104	12/15/2014	02/24/2014	A	11,145.39	11,491.89		0.00	-346.50	0.00	0.00
0.6364	VODAFONE GROUP PLC ADR									
92857W308	03/07/2014	01/30/2014	A	26.55	43.40		0.00	-16.85	0.00	0.00

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.



2014 Tax Information Statement

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H M PAYSON & CO
ONE PORTLAND SQUARE P O BOX 31
PORTLAND, ME 04112

Account Number:

5990770265
XX-XXX9329
01-0420707
ME

Recipient's Name and Address:

JOHN ROBINSON WELFARE TRUST
PETER FLYNN CPA
898 MIDDLE ST
BATH, ME 04530

☐ Corrected

☐ 2nd TIN notice

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

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Covered (Box 5 is not checked)

Description of property (Box 1a)		Form 8949 Checkbox		Date Sold or Disposed		Date Acquired		Proceeds (Box 1d)		Cost or Other Basis (Box 1e)		Code if any (Box 1f)		Adjustments (Box 1g)		Net Gain or Loss		Federal Income Tax Withheld (Box 4)		State Tax Withheld (Box 16)	
194.0	WEIGHT WATCHERS INTL INC																				
948626106				01/29/2014	03/07/2013			5,333.04		8,290.02				0.00		-2,956.98		0.00		0.00	
Total Short Term Sales Reported on 1099-B								119,470.82		116,169.88				0.00		3,300.94		0.00		0.00	
Report on Form 8949, Part I, with Box A checked																					
Long Term Sales Reported on 1099-B																					
54.0	APPLE INC																				
037833100				12/29/2014	10/24/2012			6,170.29		4,777.39				0.00		1,392.90		0.00		0.00	
416.0	BP PLC SPONS ADR																				
055622104				12/15/2014	03/08/2012			14,576.67		19,568.89				0.00		-4,992.22		0.00		0.00	
375.0	CONOCOPHILLIPS																				
20825C104				04/01/2014	Various			26,351.60		20,938.96				0.00		5,412.64		0.00		0.00	
270.0	DEVON ENERGY CORP																				
25179M103				12/15/2014	12/05/2013			14,244.66		16,696.66				0.00		-2,452.00		0.00		0.00	
190.0	GENERAL DYNAMICS CORP																				
369550108				04/03/2014	08/02/2012			20,978.16		11,750.45				0.00		9,227.71		0.00		0.00	
119.0	HARRIS CORPORATION																				
413875105				01/10/2014	Various			8,148.77		5,507.09				0.00		2,641.68		0.00		0.00	

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2014 Tax Information Statement

Page 9 of 26

Payer's Name and Address:

H M PAYSON & CO
ONE PORTLAND SQUARE P O BOX 31
PORTLAND, ME 04112

Account Number:

Recipient's Tax ID Number: 5990770265
Payer's Federal ID Number: XX-XXX9329
Payer's State ID Number: 01-0420707
State: ME

☐ Corrected

☐ 2nd TIN notice

Recipient's Name and Address:

JOHN ROBINSON WELFARE TRUST
PETER FLYNN CPA
898 MIDDLE ST
BATH, ME 04530

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
Covered (Box 5 is not checked)

Description of property (Box 1a)		Date Sold or Disposed (Box 1c)		Date Acquired (Box 1b)		Form 8949 Checkboxes		Proceeds (Box 1d)		Cost or Other Basis (Box 1e)		Code if any (Box 1f)		Adjustments (Box 1g)		Net Gain or Loss (Box 1h)		Federal Income Tax Withheld (Box 4)		State Tax Withheld (Box 16)	
Cusip Number																					
48.0	HARRIS CORPORATION																				
413875105		12/29/2014	01/06/2011	D				3,534.24		2,216.11				0.00		1,318.13		0.00		0.00	
684.0	HASBRO INC																				
418056107		04/01/2014	Various	D				38,300.70		24,313.45				0.00		13,987.25		0.00		0.00	
445.0	INTEL CORP																				
458140100		07/16/2014	Various	D				15,053.13		9,751.70				0.00		5,301.43		0.00		0.00	
99.0	JOY GLOBAL INC																				
481165108		04/02/2014	12/06/2012	D				5,746.29		5,570.24				0.00		176.05		0.00		0.00	
300.0	LABORATORY CORP OF AMERICA HOLDINGS																				
50540R409		01/30/2014	10/19/2012	D				26,776.13		26,242.49				0.00		533.64		0.00		0.00	
404.0	MICROSOFT CORP																				
594918104		11/14/2014	Various	D				20,034.24		10,637.40				0.00		9,396.84		0.00		0.00	
183.0	MICROSOFT CORP																				
594918104		12/29/2014	03/24/2011	D				8,680.96		4,730.78				0.00		3,950.18		0.00		0.00	
358.0	PARKER HANNIFIN CORPORATION																				
701094104		03/04/2014	10/09/2012	D				43,523.94		29,307.68				0.00		14,216.26		0.00		0.00	

W 158/

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2014 Tax Information Statement

Page 10 of 26

Payer's Name and Address:

H M PAYSON & CO
ONE PORTLAND SQUARE P O BOX 31
PORTLAND, ME 04112

Account Number:

5990770265
XX-XXX9329
01-0420707
ME

Recipient's Name and Address:

JOHN ROBINSON WELFARE TRUST
PETER FLYNN CPA
898 MIDDLE ST
BATH, ME 04530

☐ Corrected

☐ 2nd TIN notice

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.

Covered (Box 5 is not checked)

Description of property (Box 1a)		Date Sold or Disposed		Date Acquired		Form 8949 Checkbox	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	Code if any (Box 1f)	Adjustments (Box 1g)	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 16)
Cusip Number		(Box 1c)	(Box 1b)										
1053.0	PEABODY ENERGY CORP												
704549104		03/27/2014	Various			D	16,629.34	26,876.23		0.00	-10,246.89	0.00	0.00
826.0	SPIRIT AEROSYSTEMS HLDS INC CLA												
848574109		09/26/2014	Various			D	31,896.79	15,624.90		0.00	16,271.89	0.00	0.00
870.0	TEVA PHARMACEUTICAL INDUSTRIES LTD SP ADR (ISIN #US8816242098 SEDOL #2883878)												
881624209		05/02/2014	Various			D	43,630.23	35,352.47		0.00	8,277.76	0.00	0.00
260.0	WEIGHT WATCHERS INTL INC												
948626106		01/29/2014	Various			D	7,147.37	13,939.45		0.00	-6,792.08	0.00	0.00
335.0	WEIGHT WATCHERS INTL INC												
948626106		01/30/2014	10/18/2012			D	8,970.07	18,208.56		0.00	-9,238.49	0.00	0.00
387.0	WILEY JOHN & SONS INC CLASS A												
968223206		01/30/2014	Various			D	20,934.18	14,807.62		0.00	6,126.56	0.00	0.00
Total Long Term Sales Reported on 1099-B							381,327.76	316,818.52		0.00	64,509.24	0.00	0.00

Report on Form 8949, Part II, with Box D checked

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

2014 Tax Information Statement

Recipient's Name and Address:
JOHN ROBINSON WELFARE TRUST
PETER FLYNN CPA
898 MIDDLE ST
BATH, ME 04530

Account Number: 5990770265
Recipient's Tax ID Number: XX-XXX9329
Payer's Federal ID Number: 01-0420707
Payer's State ID Number: ME
State: ☐ Corrected ☐ 2nd TIN notice

Payer's Name and Address:
H M PAYSON & CO
ONE PORTLAND SQUARE P O BOX 31
PORTLAND, ME 04112

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.
For noncovered securities (Box 5 is checked) shown on this statement, cost basis information is not being reported to the IRS.
Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

Description of property (Box 1a)		Date		Form 8949		Code		Net Gain or Loss		Federal Income Tax Withheld		State Tax Withheld	
CUSIP Number	Date Sold or Disposed	Date Acquired	Form 8949	Check box	Proceeds (Box 1d)	Cost or Other Basis (Box 1e)	if any, Adjustments (Box 1f)				(Box 4)		(Box 16)
Long Term Sales Reported on 1099-B													
290.0	CONOCOPHILLIPS												
20825C104	04/01/2014	03/03/2000	E		20,378.57	5,135.44		15,243.13		0.00	0.00		0.00
20000.0	FREEPORT-MCMORAN INC SR NT	02/13/201											
35671DAV7	12/17/2014	09/12/2012	E		20,035.80	20,158.00		-122.20		0.00	0.00		0.00
7.0	GENERAL DYNAMICS CORP												
369550108	04/03/2014	12/04/2008	E		772.88	362.82		410.06		0.00	0.00		0.00
160.0	HARRIS CORPORATION												
413875105	12/29/2014	12/04/2008	E		11,780.78	5,369.25		6,411.53		0.00	0.00		0.00
36.0	MICROSOFT CORP												
594918104	12/29/2014	06/13/2006	E		1,707.73	788.94		918.79		0.00	0.00		0.00
Total Long Term Sales Reported on 1099-B					54,675.76	31,814.45		22,861.31		0.00	0.00		0.00

Report on Form 8949, Part II, with Box E checked

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For noncovered securities shown on this statement, cost basis information is not being reported to the Internal Revenue Service. The taxpayer is ultimately responsible for the accuracy of their own tax return.