



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



Return of Private Foundation

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

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 at www.irs.gov/form990pf.

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning

, and ending

Name of foundation MT. ROESCHMORE FOUNDATION		A Employer identification number 02-0519852
Number and street (or P O box number if mail is not delivered to street address) P.O. BOX 60	Room/suite	B Telephone number 603-643-9028
City or town, state or province, country, and ZIP or foreign postal code ETNA, NH 03750		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 checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input 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) \$ 3,335,738.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	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))		(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	200,000.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	30.	30.		STATEMENT 1
	4 Dividends and interest from securities	59,070.	59,070.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	56,897.			
	b Gross sales price for all assets on line 6a	590,547.			
	7 Capital gain net income (from Part IV, line 2)		56,897.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	315,997.	115,997.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	STMT 3	3,938.	0.	0.
	c Other professional fees				
	17 Interest		1,473.	0.	0.
	18 Taxes	STMT 4	2,939.	0.	0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	STMT 5	30,266.	30,191.	75.
	24 Total operating and administrative expenses. Add lines 13 through 23		38,616.	30,191.	75.
	25 Contributions, gifts, grants paid		234,730.		234,730.
26 Total expenses and disbursements. Add lines 24 and 25		273,346.	30,191.	234,805.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		42,651.			
b Net investment income (if negative, enter -0-)			85,806.		
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Beginning of year	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash - non-interest-bearing	3,149.	14,422.	14,422.
	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			
	7 Other notes and loans receivable ▶			
	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 STMT 6	31,715.	40,436.	40,436.
	b Investments - corporate stock STMT 7	1,660,995.	1,651,101.	1,651,101.
	c Investments - corporate bonds			
Liabilities	11 Investments - land, buildings, and equipment basis ▶			
	Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 8	1,507,333.	1,629,779.	1,629,779.
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation ▶			
	15 Other assets (describe ▶)			
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	3,203,192.	3,335,738.	3,335,738.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
Net Assets or Fund Balances	23 Total liabilities (add lines 17 through 22)	0.	0.	
	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 checked="" type="checkbox"/>			
	and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29 Retained earnings, accumulated income, endowment, or other funds	3,203,192.	3,335,738.	
	30 Total net assets or fund balances	3,203,192.	3,335,738.	
	31 Total liabilities and net assets/fund balances	3,203,192.	3,335,738.	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	3,203,192.
2 Enter amount from Part I, line 27a	2	42,651.
3 Other increases not included in line 2 (itemize) ▶ APPRECIATION ON DONATED STOCK	3	89,895.
4 Add lines 1, 2, and 3	4	3,335,738.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,335,738.

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 LEDYARD S/T COVERED - SEE ATTACHED	P		12/31/14
b LEDYARD L/T COVERED - SEE ATTACHED	P		12/31/14
c LEDYARD L/T NONCOVERED - SEE ATTACHED	P		12/31/14
d LEDYARD CAPITAL GAIN DISTRIBUTION	P		12/31/14
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 247,746.		249,278.	<1,532.>
b 288,972.		253,342.	35,630.
c 53,277.		31,030.	22,247.
d 552.			552.
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			<1,532.>
b			35,630.
c			22,247.
d			552.
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	56,897.
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). If (loss), enter -0- in Part I, line 8		3	N/A

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	99,590.	2,709,975.	.036749
2012	185,287.	2,084,606.	.088883
2011	29,337.	1,930,567.	.015196
2010	105,217.	1,805,053.	.058290
2009	167,099.	1,729,368.	.096624

2 Total of line 1, column (d)	2	.295742
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	.059148
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	3,155,838.
5 Multiply line 4 by line 3	5	186,662.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	858.
7 Add lines 5 and 6	7	187,520.
8 Enter qualifying distributions from Part XII, line 4	8	234,805.

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. 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	858.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	858.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	858.
6 Credits/Payments:			
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	760.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	760.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	1.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	99.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • 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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NH		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Form 990-PF (2014)

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► FREDERICK A. ROESCH Telephone no. ► 603-643-9028 Located at ► 12 PARTRIDGE ROAD, ETNA, NH ZIP+4 ► 03750			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A	
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? 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 ►	16	Yes	No
				X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	X
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	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 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 checked="" type="checkbox"/> No If "Yes," list the years ►		
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.) N/A	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 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? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	X

Form 990-PF (2014)

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)?

N/A

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?

N/A

☐ 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

6b

X

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

7b

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

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.

(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
SEE STATEMENT 9		0.	0.	0.

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

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

▶ 0

Form 990-PF (2014)

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	3,195,110.
b Average of monthly cash balances	1b	8,786.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	3,203,896.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	3,203,896.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	48,058.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,155,838.
6 Minimum investment return. Enter 5% of line 5	6	157,792.

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	157,792.
2a Tax on investment income for 2014 from Part VI, line 5	2a	858.
b Income tax for 2014. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	858.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	156,934.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	156,934.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	156,934.

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	234,805.
b Program-related investments - total from Part IX-B	1b	0.
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	234,805.
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	5	858.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	233,947.

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				156,934.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012	78,341.			
e From 2013				
f Total of lines 3a through e	78,341.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ 234,805.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2014 distributable amount				156,934.
e Remaining amount distributed out of corpus	77,871.			
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	156,212.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
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)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	156,212.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012	78,341.			
d Excess from 2013				
e Excess from 2014	77,871.			

N/A

1657 1

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 Paid during the year				
AVA GALLERY & ART CENTER 11 BANK STREET LEBANON, NH 03766		EXEMPT	GENERAL PURPOSE	50,000.
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755		EXEMPT	GENERAL PURPOSE	71,500.
GRAFTON SENIOR CITIZENS CENTER PO BOX 433 LEBANON, NH 03766		PUBLIC CHARITY	GENERAL PURPOSE	1,000.
HANOVER CONSERVANCY 16 BUCK RD HANOVER, NH 03755		PUBLIC CHARITY	GENERAL PURPOSE	500.
HOWE LIBRARY 13 EAST SOUTH STREET HANOVER, NH 03755		PUBLIC CHARITY	GENERAL PURPOSE	500.
Total	SEE CONTINUATION SHEET(S)			234,730.
b Approved for future payment				
NONE				
Total				0.

Part XVI-A

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount		
1 Program service revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	30.		
4 Dividends and interest from securities			14	59,070.		
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			18	56,897.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal. Add columns (b), (d), and (e)		0.		115,997.		0.
13 Total. Add line 12, columns (b), (d), and (e)					13	115,997.

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

Part XVI-B

Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII



Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
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?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
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
N/A		

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	Date <u>5/5/18</u>	 Title
May the IRS discuss this return with the preparer shown below (see instr.)?			<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name DAVID J. ST. SAUVEUR	Preparer's signature DAVID J. ST. SAUV	Date 05/04/15	Check <input type="checkbox"/> if self-employed	PTIN P00435343
	Firm's name ▶ TYLER SIMMS & ST SAUVEUR CPA PC			Firm's EIN ▶ 02-0476956	
	Firm's address ▶ 19 MORGAN DRIVE LEBANON, NH 03766			Phone no. 603-653-0044	

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Name of the organization

Employer identification number

MT. ROESCHMORE FOUNDATION

02-0519852

Organization type (check one).

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

MT. ROESCHMORE FOUNDATION**02-0519852****Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FREDERICK & LINDA ROESCH 12 PARTRIDGE RD ETNA, NH 03750	\$ 200,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

02-0519852

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

Name of organization

Employer identification number

MT. ROESCHMORE FOUNDATION**02-0519852****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed

(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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
LEBANON OPERA HOUSE PO BOX 384 LEBANON, NH 03766		EXEMPT	GENERAL PURPOSE	3,000.
MATILDA JOSLYN GAGE FOUNDATION 210 EAST GENESEE STREET FAYETTEVILLE, NY 13066		EXEMPT	GENERAL PURPOSE	5,000.
MORAGA EDUCATION FOUNDATION 1010 CAMINO PABLO MORAGA, CA 94556		EXEMPT	GENERAL PURPOSE	3,600.
NEW HAMPSHIRE LAKES ASSOCIATION 14 HORSESHOE POND LANE CONCORD, NH 03301		EXEMPT	GENERAL PURPOSE	250.
NEW HAMPSHIRE PUBLIC RADIO 2 PILLSBURY ST CONCORD, NH 03301		EXEMPT	GENERAL PURPOSE	3,000.
NEW LONDON BARN PLAYHOUSE PO BOX 9 NEW LONDON, NH 03257		EXEMPT	GENERAL PURPOSE	2,500.
NORTHERN STAGE PO BOX 4287 WHITE RIVER JUNCTION, VT 05001		EXEMPT	GENERAL PURPOSE	50,000.
NY UNIVERSITY 726 BROADWAY NEW YORK, NY 10003		EXEMPT	GENERAL PURPOSE	500.
OPERA NORTH 20 WEST PARK ST LEBANON, NH 03766		EXEMPT	GENERAL PURPOSE	25,000.
SOCIETY FOR THE PRPTECTION OF NH FORESTS 54 CONCORD STREET CONCORD, NH 03301		EXEMPT	GENERAL PURPOSE	530.
Total from continuation sheets				111,230.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

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
SPECIAL NEEDS SUPPORT CENTER 12 FLYNN STREET LEBANON, NH 03766		EXEMPT	GENERAL PURPOSE	500.
TOWN SCHOOL FOR BOYS 2750 JACKSON STREET SAN FRANCISCO, CA 94115		EXEMPT	GENERAL PURPOSE	3,600.
UNIVERSITY OF CA 2080 ADDISON ST BERKELEY, CA 94720		EXEMPT	GENERAL PURPOSE	500.
UPPER VALLEY HAVEN 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001		EXEMPT	GENERAL PURPOSE	250.
UPPER VALLEY LAND TRUST 39 BUCK ROAD HANOVER, NH 03755		PUBLIC CHARITY	GENERAL PURPOSE	10,000.
UPPER VALLEY TRAIL ALLIANCE PO BOX 1215 NORWICH, VT 05001		EXEMPT	GENERAL PURPOSE	1,500.
UPPER VALLEY UNITED WAY 21 TECHNOLOGY DR LEBANON, NH 03766		EXEMPT	GENERAL PURPOSE	1,000.
VISITING NURSE ALLIANCE OF VT AND NH PO BOX 1339 WHITE RIVER JUNCTION, VT 05001		EXEMPT	GENERAL PURPOSE	500.
Total from continuation sheets				

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
BELROSE-INVESTMENT	30.	30.	
TOTAL TO PART I, LINE 3	30.	30.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
BELROSE - DIVIDEND INCOME	28,638.	0.	28,638.	28,638.	
INFINEX - DIVIDEND INCOME	1,983.	0.	1,983.	1,983.	
LEDYARD - DIVIDEND INCOME	28,449.	0.	28,449.	28,449.	
TO PART I, LINE 4	59,070.	0.	59,070.	59,070.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	3,938.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	3,938.	0.		0.

FORM 990-PF	TAXES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL	2,939.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	2,939.	0.		0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
STATE FILING FEES	75.	0.		75.	
FOREIGN TAXES	1,365.	1,365.		0.	
AGENCY FEES	11,890.	11,890.		0.	
ALLOCABLE EXPENSES FROM BELROSE CAPITAL FUND	16,936.	16,936.		0.	
TO FORM 990-PF, PG 1, LN 23	30,266.	30,191.		75.	

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS			STATEMENT	6
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE	
LEDYARD INV SEE ATTACHED	X		40,436.	40,436.	
TOTAL U.S. GOVERNMENT OBLIGATIONS			40,436.	40,436.	
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS					
TOTAL TO FORM 990-PF, PART II, LINE 10A			40,436.	40,436.	

FORM 990-PF	CORPORATE STOCK	STATEMENT	7
-------------	-----------------	-----------	---

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ST PAUL TRAVELERS COS	29,744.	29,744.
PUTNAM INTERNATIONAL EQUITY CL B	111,361.	111,361.
LEDYARD INV SEE ATTACHED	1,258,770.	1,258,770.
LEDYARD INV SEE ATTACHED	143,168.	143,168.
CITIGROUP INC	108,058.	108,058.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,651,101.	1,651,101.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	8
-------------	-------------------	-----------	---

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BELROSE CAPITAL FUND	FMV	1,629,779.	1,629,779.
TOTAL TO FORM 990-PF, PART II, LINE 13		1,629,779.	1,629,779.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	9
-------------	---	-----------	---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE CONTRIB	ACCOUNT
FREDERICK A. ROESCH 12 PARTRIDGE ROAD ETNA, NH 03750	PRESIDENT/TRUSTEE 0.00	0.	0.	0.	
LINDA J. ROESCH 12 PARTRIDGE ROAD ETNA, NH 03750	TREASURER/TRUSTEE 0.00	0.	0.	0.	
FREDERICK J. ROESCH 18 WAGON WHEEL ROAD WINCHESTER, MA 01890	TRUSTEE 0.00	0.	0.	0.	
LARISSA M. ROESCH 188 MINNA ST, UNIT 33A SAN FRANCISCO, CA 94105	TRUSTEE 0.00	0.	0.	0.	
BRIAN A. ROESCH 139 SANDRINGHAM DRIVE MORAGA, CA 94556	TRUSTEE 0.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.	

FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	10
-------------	--	-----------	----

NAME OF MANAGER

FREDERICK A. ROESCH
LINDA J. ROESCH

2014 Tax Information Statement

Payer's Name and Address:
LEDYARD NATIONAL BANK
2 MAPLE STREET
HANOVER, NH 03755

Account Number: 54023500
Recipient's Tax ID Number: XX-XXX9852
Payer's Federal ID Number: 02-0435982
Payer's State ID Number: NH
State: NH

Recipient's Name and Address:
MT ROESCHMORE FOUNDATION TRUST
FA, LJ, LK, FJ, & BA ROESCH, TTEES
PO BOX 60
ETNA, NH 03750

☐ Corrected
☐ 2nd TIN notice
Revised: 02/28/2015

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										
100.0	CHINA MOBILE LTD-SPON ADR									
16941M109	04/21/2014	08/07/2013	A	4,659.90	5,307.00		0.00	-647.10	0.00	0.00
140.0	DEERE & COMPANY									
244199105	08/05/2014	12/24/2013	A	11,937.53	12,758.55		0.00	-821.02	0.00	0.00
140.0	DEERE & COMPANY									
244199105	10/17/2014	12/24/2013	A	11,650.18	12,758.55		0.00	-1,108.37	0.00	0.00
580.0	EXPEDITORS INTL WASH INC									
302130109	03/14/2014	11/11/2013	A	22,661.43	24,661.60		0.00	-2,000.17	0.00	0.00
2600.0	FEDERATED ULTRA SHORT BOND FUND 108									
31428Q747	06/11/2014	11/11/2013	A	23,868.00	23,790.00		0.00	78.00	0.00	0.00
710.0	GENERAL MOTORS CO									
37045V100	05/16/2014	Various	A	24,095.45	25,179.40		0.00	-1,083.95	0.00	0.00
530.0	HOLLYFRONTIER CORP									
436106108	07/23/2014	02/20/2014	A	23,686.92	24,634.40		0.00	-947.48	0.00	0.00
170.0	ISHARES NO AMERICAN TECH-SOFTWARE ETF									
464287515	04/21/2014	03/14/2014	A	13,723.79	14,382.00		0.00	-658.21	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

Payer's Name and Address:
LEDYARD NATIONAL BANK
2 MAPLE STREET
HANOVER, NH 03755

Account Number: 54023500
Recipient's Tax ID Number: XX-XXX9852
Payer's Federal ID Number: 02-0435982
Payer's State ID Number: NH
State: NH

Recipient's Name and Address:
MT ROESCHMORE FOUNDATION TRUST
FA, LJ, LK, FJ, & BA ROESCH, TTEES
PO BOX 60
ETNA, NH 03750

☐ Corrected
☐ 2nd TIN notice
Revised: 02/28/2015

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)
540.0	MOSAIC CO									
61945C103	01/24/2014	08/07/2013	A	24,669.15	22,373.87		0.00	2,295.28	0.00	0.00
330.0	OMNICOM GROUP									
681919106	06/11/2014	02/20/2014	A	23,165.48	24,838.41		0.00	-1,672.93	0.00	0.00
2400.0	PUTNAM GLOBAL INCOME TRUST									
74677Q604	12/19/2014	Various	A	30,048.00	31,032.00		0.00	-984.00	0.00	0.00
1400.0	TAIWAN SEMICONDUCTOR MFG LTD SPONSORED ADR									
874039100	08/04/2014	08/07/2013	A	28,536.69	22,716.26		0.00	5,820.43	0.00	0.00
70.0	VANGUARD REIT INDEX ETF									
922908553	04/21/2014	06/28/2013	A	5,043.39	4,846.10		0.00	197.29	0.00	0.00
Total Short Term Sales Reported on 1099-B				247,745.91	249,278.14		0.00	-1,532.23	0.00	0.00
Report on Form 8949, Part I, with Box A checked										
Long Term Sales Reported on 1099-B										
365.0	AFLAC INC									
001055102	04/29/2014	Various	D	22,801.05	16,752.28		0.00	6,048.77	0.00	0.00
110.0	CHEVRONTXACO CORP COM									
166764100	04/21/2014	03/15/2012	D	13,633.09	12,185.88		0.00	1,447.21	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

Page 10 of 24

Payer's Name and Address:
LEDYARD NATIONAL BANK
2 MAPLE STREET
HANOVER, NH 03755

Account Number: 54023500
Recipient's Tax ID Number: XX-XXX9852
Payer's Federal ID Number: 02-0435982
Payer's State ID Number: NH
State: NH

Recipient's Name and Address:
MT ROESCHMORE FOUNDATION TRUST
FA, LJ, LK, FJ, & BA ROESCH, TTEES
PO BOX 60
ETNA, NH 03750

☐ Corrected
☐ 2nd TIN notice
Revised: 02/28/2015

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)
325.0	CHINA MOBILE LTD-SPON ADR									
16941M109	04/21/2014	Various	D	15,144.66	17,698.66		0.00	-2,554.00	0.00	0.00
500.0	COCA COLA CO									
191216100	02/20/2014	02/08/2012	D	18,644.67	17,078.25		0.00	1,566.42	0.00	0.00
415.0	EBAY INC									
278642103	08/05/2014	Various	D	22,073.78	18,757.28		0.00	3,316.50	0.00	0.00
1585.37	FEDERATED INSTITUTIONAL HI YLD BD FD									
314208300	07/24/2014	03/15/2012	D	16,361.02	15,711.02		0.00	650.00	0.00	0.00
700.0	FEDERATED ULTRA SHORT BOND FUND 108									
314280747	06/11/2014	03/07/2013	D	6,426.00	6,468.00		0.00	-42.00	0.00	0.00
690.0	ISHARES MSCI EAFE SM CAP IND FD									
464288273	08/07/2014	02/01/2013	D	34,476.81	29,611.21		0.00	4,865.60	0.00	0.00
670.0	MATTEL INC									
577081102	03/14/2014	11/09/2012	D	24,970.49	24,188.34		0.00	782.15	0.00	0.00
200.0	MCDONALD'S CORP									
580135101	02/20/2014	01/18/2011	D	19,147.66	15,068.08		0.00	4,079.58	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

Page 11 of 24

Payer's Name and Address:
LEDYARD NATIONAL BANK
2 MAPLE STREET
HANOVER, NH 03755

Account Number:

Recipient's Tax ID Number: 54023500
Payer's Federal ID Number: XX-XXX9852
Payer's State ID Number: 02-0435982
State: NH

Recipient's Name and Address:

MT ROESCHMORE FOUNDATION TRUST
FA, LJ, LK, FJ, & BA ROESCH, TTEES
PO BOX 60
ETNA, NH 03750

☐ Corrected ☐ 2nd TIN notice
Revised: 02/28/2015

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)
910.0	NASDAQ OMX GROUP/THE									
631103108	04/01/2014	09/05/2012	D	32,791.12	21,145.76		0.00	11,645.36	0.00	0.00
475.0	VANGUARD FTSE ALL-WORLD EX-US INDEX FUND									
922042775	04/21/2014	01/31/2013	D	24,043.96	22,324.67		0.00	1,719.29	0.00	0.00
75.0	VANGUARD MSCI EURO ETF									
922042874	08/21/2014	01/10/2013	D	4,316.17	3,727.70		0.00	588.47	0.00	0.00
280.0	VANGUARD REIT INDEX ETF									
922908553	04/21/2014	05/03/2012	D	20,173.55	18,559.27		0.00	1,614.28	0.00	0.00
1000.0	VANGUARD SHORT TERM INV GR ADM									
922031836	04/21/2014	03/07/2013	D	10,740.00	10,820.00		0.00	-80.00	0.00	0.00
300.0	VANGUARD SHORT TERM INV GR ADM									
922031836	06/11/2014	03/07/2013	D	3,228.00	3,246.00		0.00	-18.00	0.00	0.00
Total Long Term Sales Reported on 1099-B				288,972.03	253,342.40		0.00	35,629.63	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

Page 12 of 24

Account Number: 54023500
 Recipient's Tax ID Number: XX-XXX9852
 Payer's Federal ID Number: 02-0435982
 Payer's State ID Number: NH
 State: NH

Recipient's Name and Address:
 MT ROESCHMORE FOUNDATION TRUST
 FA, LJ, LK, FJ, & BA ROESCH, TTEES
 PO BOX 60
 ETNA, NH 03750

Payer's Name and Address:
 LEDYARD NATIONAL BANK
 2 MAPLE STREET
 HANOVER, NH 03755

☐ Corrected
 Revised: 02/28/2015
☐ 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.
 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)

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 (Box 4)	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 16)
Long Term Sales Reported on 1099-B										
714.63	FEDERATED INSTITUTIONAL HI YLD BD FD									
31420B300	07/24/2014	11/22/2011	E	7,374.98	6,767.55		0.00	607.43	0.00	0.00
25 0	HALYARD HEALTH INC									
40650V100	11/24/2014	Various	E	968.15	474.27		0.00	493.88	0.00	0.00
180.0	PRAXAIR									
74005P104	09/18/2014	11/17/2010	E	24,031.45	16,339.54		0.00	7,691.91	0.00	0.00
400.0	TJX COMPANIES INC (NEW)									
872540109	07/17/2014	01/21/2010	E	20,901.98	7,448.88		0.00	13,453.10	0.00	0.00
Total Long Term Sales Reported on 1099-B				53,276.56	31,030.24		0.00	22,246.32	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.