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# EXTENDED TO NOVEMBER 16, 2015 Return of Private Foundation

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

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		t of the Treasury venue Service		Do not enter ion about For						rs.gov/form990pf.	Open to Public Inspe
			or tax year beginning		2 8,	201			ending	DEC 31, 2014	
		foundation					= <del>=</del>			A Employer identificatio	
Ŧ	יוזטי	R WINDS	FOUNDATIO	N						35-7086858	2
			ox number if mail is not d		t address)		<del></del>		Room/suite	B Telephone number	<u>,                                     </u>
		B PORTE								978-500-58	333
		own, state or pro	ovince, country, and Z A 01921	IP or foreign p	ostal co	ode				C If exemption application is	pending, check here
		all that apply:	X Initial retur	'n		Initial	return of a	former public	charity	D 1. Foreign organization	ıs, check here
			Final return	ı		Amen	ded return				
			Address ch				change			2 Foreign organizations m check here and attach c	eeting the 85% test, omputation
H_C	٦.	type of organiza		n 501(c)(3) e				lat a c		E If private foundation sta	
_ <u></u>			nonexempt charitable				rivate found			under section 507(b)(1	
			assets at end of year	J Account	ing metr ther (spe		X Cash	L ACC	rual	F if the foundation is in a	
( <i>11</i>		Part II, col (c), 2.5	9,999,461 <b>.</b>				ne on cash	basis )		under section 507(b)(1	(b), check here
Pa	irt I	Analysis of Re	evenue and Expenses unts in columns (b), (c), ar	i ad (d) may not	(a	) Reven	ue and	(b) Net i	nvestment	(c) Adjusted net	(d) Disbursements
		necessarily equa	the amounts in column (	a))	<del>                                     </del>		per books	inc	ome	income	(cash basis only)
			gifts, grants, etc., rece		30	,000	0,000.			N/A	
	2	Interest on saving:	the foundation is not required to and temporary	to attach Sch B	}						
	3	cash investments	nterest from securities	e	-			<del> </del>			
		Gross rents	interest ironi securitie	5						-	
		Net rental income	or (loss)								
a)			rom sale of assets not on	line 10							
'nuć		Gross sales price t									
Revenue			come (from Part IV, line 2)						0.	•	
Е.	8	Net short-term	capital gain								
	9	Income modific Gross sales less re								-	
`	Ι.	and allowances	•								
•	l	Gross profit or (	<u> </u>				· · · · · · · · · · · · · · · · · · ·	-			
•	i	Other income	(1033)								
		Total Add lines	s 1 through 11		30	.000	0,000.		0.		
	13	Compensation of o	officers, directors, trustees	s, etc			0.		0.		
	14	Other employee	salaries and wages								
(0	1		employee benefits								
Jse		Legal fees							RECE	VED	
ē.		Accounting fees									
E E		Other professio	nal tees					8	NOV X S	2005	
aţi		Interest Taxes						¥ 4	IAITA V	2015	
istra		Depreciation an	d depletion				•	; =			
튙		Occupancy	a dopionon						<u>OGDE</u>		
Ā			ices, and meetings						· · · · ·		
and		Printing and pul	blications								
Operating and Administrative Expenses		Other expenses									
rati			and administrative				_		-		
Ope		•	lines 13 through 23				<u> </u>	<del> </del>	0.		<del> </del>
		Contributions, g			<u> </u>		0.	<del> </del>			
		Add lines 24 and	and disbursements				0.		. 0.		
		Subtract line 26		<u></u>	<del>                                     </del>		<u> </u>	<u> </u>			
			over expenses and disbu	rsements	30	. 000	,000.				
			INCOME (if negative, ent			,	,,,,,,,		0.	,	1
			come (if negative, enter							N/A	<u> </u>

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)

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize)

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

EXPENSES RELATED TO TAX-EXEMPT INCOME

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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.

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6

7

8

Add lines 5 and 6

Enter 1% of net investment income (1% of Part I, line 27b)

	m 990-PF (2014) FOUR WINDS FOUNDATION	35-	<u> 7086</u>	<u>858</u>		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	or 4948	- see i	nstru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%	1				0.
	of Part I, line 27b		<u> </u>			
c	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				0.
4		4	<u> </u>			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		<del>                                     </del>		_	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:	İ				
	a 2014 estimated tax payments and 2013 overpayment credited to 2014					
b	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868)					
đ	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here 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				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	· —				
	art VII-A Statements Regarding Activities	<u> </u>	1			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or int	rvene in			Yes	No
10	any political campaign?	A VEILE III				X
		unition\0		1b		X
U	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the del			טו		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials put	biisnea or				
	distributed by the foundation in connection with the activities			1c		7.7
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 ► \$ (2) On foundation managers. ► \$	0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	l				
	managers ▶ \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		_X_
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora	tion, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	1/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the	e state law				
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and P.	ort YI/		7	X	
•	bita the real real value at reast φο, σου in assets at any time during the year. The state is the real (σ), and re-	211 // V		•		
0-	Enter the states to which the foundation reports or with which it is registered (see instructions)					
od						
	MA  (6 the accuracy "Vee" to line 7 has the foundation formation of Fermi 200 DE to the Attendary Consult (and accurate)					
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)				٠		
of each state as required by General Instruction G? If "No," attach explanation				8b	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		_	9_		X
10_	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	STMI	. 2	10	X	

FOUR WINDS FOUNDATION Part VII-B   Statements Regarding Activities for Which	Form 4700 May Do	Dogwined (	35-70868	58	Page 6
5a During the year did the foundation pay or incur any amount to	romi 4720 May be	Required (contin	ued)	<del></del>	т
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	□ v	es X No		į.
(2) Influence the outcome of any specific public election (see section 4955);					
any voter registration drive?	, , , , , , , , , , , , , , , , , , , ,		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?		es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
4945(d)(4)(A)? (see instructions)		Y	es X 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?		Y	es X No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify ur	ider the exceptions described	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instr	uctions)?		N/A	5b	<u> </u>
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 mainta	uned			
expenditure responsibility for the grant?		1/A	es L No		
If "Yes," attach the statement required by Regulations section 53 494	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No	_	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		-	6b	<u> </u>
If "Yes" to 6b, file Form 8870	-h-lk	г—, ,	es X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	<u> </u>	7b	<del> </del>
Part VIII Information About Officers, Directors, Trust		nagere Highly		70	<u> </u>
Paid Employees, and Contractors	ices, i ouridation wie	inagers, riigin	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Exp	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account allowa	., other inces
DIANA D MERRIAM	TRUSTEE				
15-B PORTER ROAD	1				
BOXFORD, MA 01921	5.00	0.	0.		0.
	_				
	-				
	_				
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1) If none	enter "NONE "			
Compensation of five highest-paid employees (other than those his	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Exp	nense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	account allowa	t, other
NONE	devoted to position	<del>                                     </del>	compensation	allowa	11062
NONE	1				
	1				
	1				
				<del>                                     </del>	
	1				
	<u>                                      </u>				
Total number of other employees paid over \$50,000					0
			Form	990-PF	(2014)

Total. Add lines 1 through 3

L	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	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	21,234,700.
b	Average of monthly cash balances	1b	8,764,761.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	29,999,461.
е	Reduction claimed for blockage or other factors reported on lines 1a and		<del></del> _
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	29,999,461.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	449,992.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	29,549,469.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	97,159.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	97,159.
2a	Tax on investment income for 2014 from Part VI, line 5		<u> </u>
ь	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	97,159.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	97,159.
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	97,159.
P	Qualifying Distributions (see instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
þ	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:		
а	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	0.
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	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	0.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies fo	r the section

# 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				97,159.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
<b>b</b> Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2014.				
<b>a</b> From 2009				
<b>b</b> From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$0 .				
a Applied to 2013, but not more than line 2a			0.	
<b>b</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				0.
e Remaining amount distributed out of corpus	0.			
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	0.			
<b>b</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				97,159.
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	0.			
10 Analysis of line 9:				
a Excess from 2010				
<b>b</b> Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				
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Part XIV Private Operating F	NDS FOUNDAT		A guestion Q\		186858 Page 10
		<del></del>	A, question 3)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	-		40.40(.)(2) or []	040(1)(E)
b Check box to indicate whether the found		ig toutidation described i	Prior 3 years	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
income from Part I or the minimum	(4) 2011	(0) 2010	(0) 2012	(4) 2011	(0) (0)
investment return from Part X for					
each year listed					<del> </del>
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					<del> </del>
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:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>					
` '					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</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 Info			f the foundation	had \$5,000 or m	ore in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who			ibutions received by the	foundation before the cle	ose of any tax
year (but only if they have contributed m	iore than \$5,000) (See s	ection 507(d)(2) )			
DIANA D MERRIAM					
b List any managers of the foundation who			or an equally large portion	on of the ownership of a	partnership or
other entity) of which the foundation has	3 a 10% or greater interes	SI.			
NONE					
2 Information Regarding Contributi					
Check here <b>\rightarrow</b> LX if the foundation of the foundation makes gifts, grants, etc. (					
	· · · · · · · · · · · · · · · · · · ·				<u> </u>
a The name, address, and telephone number	per or e-mail address of t	he person to whom appli	cations should be addres	ssed:	
h. The face of which are best and the first	o submitted and informa-	han and materials the	ould redude		
b The form in which applications should b	e submitted and informa-	tion and materials triey si	ouid include.		
e Any submission doodlings:					
c Any submission deadlines:					
d Any restrictions or limitations on awards	s such as hy nagaranhio	al areas, charitable fields	kinds of institutions or o	other factors	
u Any resultations of minitations on awards	, outin as by geographica	ar ar oas, sriai nasis iisids,		Janot Idoloto	
123601 11-24-14					Form <b>990-PF</b> (2014)

Supplementary Information (continued)

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Part XVI-A	Analysis of Income-Producing	Activities
	,	

Enter gross amounts unless otherwise indicated.	Unrelated I	ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	, and dist	
ab					
•	-				
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.					
a			_   _		
b					
С					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			0.	0.	0
13 Total Add line 12, columns (b), (d), and (e)				13	0
(See worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities t		· · · .		<del></del>	<del></del>

▼ NO	the foundation's exempt purposes (other than by providing funds for such purposes)					
- +						
- +						

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Part XVII	Information Re Exempt Organ	egarding Transfers To nizations	and Transactions a	and Relations	nips With Nonchar	itable		
1 Did the or		rectly engage in any of the following	ng with any other organization	on described in section	on 501(c) of	Y	es	Ño
		e)(3) organizations) or in section 5			oo .(o) o.			
		ation to a noncharitable exempt or						
(1) Cash	• =	·	•			1a(1)		<u>X</u>
(2) Othe	r assets					1a(2)		X
<b>b</b> Other tran	nsactions,					,		
(1) Sales	s of assets to a noncharita	ible exempt organization				1b(1)		<u>X</u>
(2) Purc	hases of assets from a no	ncharitable exempt organization				1b(2)		X
(3) Renta	al of facilities, equipment,	or other assets				1b(3)		<u>X</u>
<b>(4)</b> Reim	bursement arrangements	1				1b(4)		<u>X</u> _
	s or loan guarantees					1b(5)		<u>X</u>
		embership or fundraising solicitation				1b(6)		<u>X</u>
		alling lists, other assets, or paid en				1c		<u>X</u>
		"Yes," complete the following school oundation. If the foundation receiv					S,	
column (d	<del></del>	other assets, or services received		<del></del>				
(a) Line no	(b) Amount involved	(c) Name of noncharitabl	e exempt organization	(d) Description	of transfers, transactions, and s	haring arran	gemen	ts
		N/A	· · · · · · · · · · · · · · · · · · ·					
					·			
	<del></del>		<del></del>					
-  -								
					• • • •			
	····							
2a Is the fou	ndation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organi	zations described				
ın section	501(c) of the Code (other	r than section 501(c)(3)) or in sec	tion 527?			Yes	X	No
b If "Yes," c	omplete the following sch							
	(a) Name of org	ganization	(b) Type of organization	(1	c) Description of relationsh	ıp		
	N/A							
					· · · · · · · · · · · · · · · · · · ·			
Under	penalties of periury. I declare	that I have examined this return, including	ng accompanying schedules and	statements and to the h	est of my knowledge			_
		nplete Declaration of preparer (other that			nas any knowledge May	the IRS disc n with the p	reparer	r
Here	mining.	) mansam	11/5/15	TRUSTE	shov	vn below (se Ves	e instr	)?
	native of officer or trustee	21 11 000011 1.10	Date	Title	<u>-</u>	. Yes	<u> </u>	No
	Print/Type preparer's na		Λ		Check If PTIN			
		الملاكا	Markalane L		self- employed			
Paid	KATHLEEN M	I LABONTEKATHLE	EN M. LABON	111511		5466	54	
Preparer		N, LITWIN, RENZ	A & CO. TITO	<del>                                     </del>	Firm's EIN ► 05-04			
Use Only				-			-	
_	Firm's address ► 80	0 SOUTH STREET,	SUITE 300					
		LTHAM, MA 02453			Phone no. 781-54	<u> 7-88</u>	00	_
				···		rm <b>990</b> -		<del></del> 2014)

423622 11-24-14

# 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

Name of the organization

Employer identification number

	FOUR WINDS FOUNDATION	35-7086858				
Organization type (check	k one)					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	al Rule See instructions				
General Rule						
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to iny one contributor Complete Parts I and II See instructions for determining a contril					
Special Rules						
sections 509(a)( any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supplied in the 390-EZ), Part II, line 13 utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the a EZ, line 1 Complete Parts I and II	, 16a, or 16b, and that received from				
year, total contr	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					
year, contribution is checked, ente purpose Do not	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.					
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Schei on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on eet 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

# FOUR WINDS FOUNDATION

35-7086858

Part 1	Contributors (see instructions) Use duplicate copies of Part I	ıf addıtıonal space ıs needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DIANA MERRIAM  15-B PORTER ROAD  BOXFORD, MA 01921	\$ <u>30,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122452 11.00		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

### FOUR WINDS FOUNDATION

35-7086858

Part·II	Noncash Property (see instructions) Use duplicate copies of Part I	I if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
422452 11.05			90 990-F7 or 990-PF) (2014

Name of orga	Anization	Employer identification number					
	INDS FOUNDATION		35-7086858				
Part III	the year from any one contributor. Complete colu	mns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for ying line entry. For organizations				
	completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional s	aritable, etc , contributions of \$1,000 or	less for the year (Enterthis info once)  \$				
(a) No.							
from Part I	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
		<del></del>					
-	(e) Transfer of gift						
	• • • • • • • • • • • • • • • • • • • •						
-	Transferee's name, address, and a	ZIP + 4	Relationship of transferor to transferee				
Ì							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
_		(a) Transfer of sift					
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(4)						
		· · · · · · · · · · · · · · · · · · ·					
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Ful pose of gift	(c) Ose of gift	(d) Description of now girt is field				
		<del></del>					
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-	riansieree o name, audress, aliu i						

FORM 990-PF	U.S. AND	STATE/CITY	GOV	ERNMENT	OBLIGATIONS	STATEMENT	1
DESCRIPTION		_	S. V'T	OTHER GOV'T	BOOK VALUE	FAIR MARKE	Г
STATE AND MUNICIPAL OBLIGATIONS				X	3,235,000.	3,235,00	00.
TOTAL U.S. GOVERN	MENT OBLIGA	ATIONS		•			
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS					3,235,000.	3,235,00	00.
TOTAL TO FORM 990-PF, PART II, LINE 10A			:	3,235,000.	3,235,00	00.	
FORM 990-PF	LIST (	OF SUBSTANT	T A T	COMMP T D	IIMOD C	CMA MEMENT	
	пты	OF SUBSTANT PART VII-A			UTORS	STATEMENT	2
NAME OF CONTRIBUT	OR	AD	DRES	S			
DIANA MERRIAM 15-B PORTER					OAD		

BOXFORD, MA 01921