

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



Department of the Treasury

Internal Revenue Service

DLN: 93491301000015

OMB No 1545-0052

Open to Public Inspection

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 instructions is at <u>www.irs.gov/form990pf</u>.

For	cale	endar year 2014, or tax y	ear beginning 07-0	01-2014	, ar	nd ending (6-30-2015	
		undation				A Employer id	entification numb	er
GI	BSON W	OODBURY CHARITABLE FOUNDATION				27-2986345		
Num	her and	d street (or P O box number if mail is n	ot delivered to street address) Room/suite		B Telephone nu	ımber (see ınstructioi	ns)
	BOX 40		ot delivered to street dudress	, I Nooth, said		(603) 356-531!	5	
		n, state or province, country, and ZIP or IWAY, NH 038600406	foreign postal code			C If exemption	application is pendin	g, check here 🕨 🦵
G (1	neck a	Ill that apply	Initial return of a	former public charity		D 1 Foreign o	rganizations, check h	oro
u c,	icck u	Final return	Amended return	Torrier public charic	'		rganizations, check in	• •
			ge Name change			test, chec	k here and attach co	mputation
		ype of organization 🔽 Section					undation status was t n 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charital	ole trust Other taxa JAccounting method					
of	year (1	ket value of all assets at end from Part II, col. (c), \$ 4,517,107	Other (specify) (Part I, column (d) must		ruai		ation is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue a	nd Expenses (The	(a) Dayanya and				(d) Disbursements
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) N		let investment income	(c) Adjusted net income	for chantable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc	, received (attach					
		schedule)						
	2	Check ► 🔽 if the foundation is	not required to attach					
		Sch B						
	3	Interest on savings and tempo		102.020		102.020		
	4	Dividends and interest from se	curities	182,039		182,039		
	5a	Gross rents						
Ф	b 6a	Net gain or (loss) from sale of a	essets not on line 10	-323,647				
Revenue	Ь	Gross sales price for all assets						
		7,539,920	_					
	7	Capital gain net income (from F	· · · · · · · · · · · · · · · · · · ·			0		
	8	Net short-term capital gain .						
	9	Income modifications	'					
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold						
	С .	Gross profit or (loss) (attach so	chedule)					
	11	Other income (attach schedule	·			182,039		
	12	Total. Add lines 1 through 11		-141,608				
	13	Compensation of officers, direc	· · · · · · · · · · · · · · · · · · ·	69,000		37,000		20,000
J.	14	Other employee salaries and w		45.504		0.040		
<u>\$</u>	15	Pension plans, employee benef		15,581		9,349		4,674
Expenses	16a	Legal fees (attach schedule). Accounting fees (attach sched		2,914		206		0
	b	Other professional fees (attach	· · · · · · · · · · · · · · · · · · ·	2,914		200		
ĕ	17	Interest	·	-				
rat	18	Taxes (attach schedule) (see i	-	95 13,764		4,887		1,377
Ę.	19	Depreciation (attach schedule)		_		· · · · · · · · · · · · · · · · · · ·		· ·
Admını strative	20	Occupancy						
Ad	21	Travel, conferences, and meeti	ngs					
and	22	Printing and publications						
	23	Other expenses (attach sched	ıle) [1,534		0		0
Operating	24	Total operating and administra	tive expenses.					
ž		Add lines 13 through 23		102,793		51,442		26,051
ŏ	25	Contributions, gifts, grants paid	1	193,501				193,501
	26	Total expenses and disburseme 25	nts. Add lines 24 and	296,294		51,442		219,552
	27	Subtract line 26 from line 12		290,294		31,442		219,552
	a	Excess of revenue over expens	es and disbursements	-437,902				
	b	Net investment income (If nega	 			130,597		
	c	Adjusted net income (if negative	ve, enter -0 -)					

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	1,572,648	159,852	
	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			
	0	disqualified persons (attach schedule) (see instructions)			
	_	Other notes and loans receivable (attach schedule)			
	7				
		Less allowance for doubtful accounts Inventories for sale or use			
Ş⊕Ω -		<u> </u>			
vA -	9	Prepaid expenses and deferred charges			
∢		Investments—U S and state government obligations (attach schedule)	2 702 065	o 5	4.257.255
		Investments—corporate stock (attach schedule)	3,703,065	4,677,959	4,357,255
	_	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis -			
		Less accumulated depreciation (attach schedule) -			
		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			
		ınstructions Also, see page 1, item I)	5,275,713	4,837,811	4,517,107
	17	Accounts payable and accrued expenses			
	18	Grants payable			
<u>ф</u>	19	Deferred revenue			
9D 1	20	Loans from officers, directors, trustees, and other disqualified persons			
증	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe 🟲)			
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here ▶			
Š.		and complete lines 24 through 26 and lines 30 and 31.			
ğ	24	Unrestricted			
8	25	Temporarily restricted			
포	26	Permanently restricted			
Fund Balance		Foundations that do not follow SFAS 117, check here 🕨 🔽			
<u>~</u>		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	5,275,713	4,837,811	
¥	30	Total net assets or fund balances (see instructions)	5,275,713	4,837,811	
_	31	Total liabilities and net assets/fund balances (see instructions)	5,275,713	4,837,811	
Pa	rt II	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 ac	jree	
					5,275,713
2				2	-437,902
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3		4	4,837,811
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)—Po		_	4,837,811
		, ,			<u> </u>

	90-PF (2014)		and for Torrigon Torrig	stancest Tancous				Page 3
Part	(a) List and describe t	he kınd	sses for Tax on Inve	eal estate,	(b) How acquired P—Purchase	(c) Da	ate acquired	(d) Date sold
	2-story brick warehou	use, or	common stock, 200 shs M	ILC Co)	D—Donation	(mo	, day, yr)	(mo , day, yr)
1 a	PUBLICLY TRADED S	ECURI	TIES		Р			
b	PUBLICLY TRADED S	ECURI	TIES		Р			
С	CAPITAL GAIN DIST	RIBUT	IONS		Р			
d	CAPITAL GAIN DIST	RIBUT:	IONS		Р			
e								
(€	e) Gross sales price		(f) Depreciation allowed (or allowable)	1 107	t or other basis xpense of sale		(h) Gaın (e) plus (f)	
а	583	3,090			660,00	8		-76,918
b	6,801	1,356			7,203,55	9		-402,203
С	35	5,916						35,916
d	119	,558						119,558
e								
Со	mplete only for assets sh	owing	gaın ın column (h) and owne	ed by the foundation	n on 12/31/69	1 (1)	Gains (Col	(h) gain minus
(i) F M V as of 12/31/69			(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (ı) col (ı), ıf any			ess than -0-) or
а								-76,918
ь								-402,203
С								35,916
d								119,558
3		_	t r (loss) as defined in sectio ne 8, column (c) (see instru · · · · · ·))	3		-323,647
Part	V Qualification Un	nder S	Section 4940(e) for R	educed Tax o	n Net Investme	nt Inc	ome	
(For opt	cional use by domestic pri	ıvate fo	oundations subject to the se	ection 4940(a) tax	on net investment	ıncome	·)	
Ifsecti	on 4940(d)(2) applies, le	ave thi	s part blank					
			n 4942 tax on the distributa y under section 4940(e) Do	,	,	eriod?		┌ Yes ┌ No
1 E n	ter the appropriate amour	nt in ea	ch column for each year, se	ee instructions bef	fore making any ent	ries		
Base year ((a) e period years Calendar or tax year beginning in)	Adjus	(b) sted qualifying distributions	(c Net value of noncha		(1	(d) Distributior col (b) divided	
	2013		255,951		4,789,710			0 053438
	2012		225,219		4,936,967			0 045619
	2011		274,941		5,223,927			0 052631
	2010		292,247		5,576,256			0 052409
	2009							
2	Total of line 1, column	(d)				2		0 204097
3	the number of years th	e found	the 5-year base period—div dation has been in existence	e if less than 5 yea	irs	3		0 051024
4					—	4		4,733,871
5					_	5		241,541
6	Enter 1% of net invest	ment II	ncome (1% of Part I, line 2	7b)		6		1,306
7	Add lines 5 and 6					7		242,847
8	Enter qualifying distrib	utions	from Part XII, line 4			8		219,552
	If line 8 is equal to or g the Part VI instruction		than line 7, check the box	ın Part VI, lıne 1b,	and complete that	part us	ıng a 1% tax	rate See

	990-PF (2014) t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio		age 4
1a		ructio	115)	
Id	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		;	2,612
	here ► and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
2	Part I, line 12, col (b) 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			2,612
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			2,612
6	C redits/P ayments			
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 4,800			
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			4,800
8	Enter any penalty 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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10			2,188
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 2,188 Refunded 11			0
	t VII-A Statements Regarding Activities		Yes	NI-
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?	1a	165	No No
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions	La		110
	for definition)?	1b		No
	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.			
С	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation 🕨 \$0 (2) On foundation managers 🕨 \$0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	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			
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
_	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or) '	[1
	By state legislation that effectively amends the governing instrument so that no mandatory directions] !	j .	j
	that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),			
	and Part XV.	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
b	General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	8b	Yes	
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		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses.	10		No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►GIBSONWOODBURYFOUNDATION ORG			
14	The books are in care of ►MARK BUTTERFIELD Telephone no ►(603)	356-	5315	
	Located at ▶PO BOX 406 NORTH CONWAY NH ZIP+4 ▶03860			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here			
13	and enter the amount of tax-exempt interest received or accrued during the year		,	,
			1	l
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over	مدا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		 ₁	.
_	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? Yes Vo			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Ves 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)?			
	(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)			
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		No
	Organizations relying on a current notice regarding disaster assistance check here			
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		No
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))			
а	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?			
	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		
С	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			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
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.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 leopardy before the first day of the tax year beginning in 2014?	4b		No

So Duning the year did the foundation pay or increase attempt to influence legislation (section 4945(a))?		st VIII-P Statements Bog	ardi:	a Activities for	\A/L	aich Form 4720	May Bo Boquirod	/cont	inuo	<i>ط</i> ۱	rage O
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes F No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?		_				iicii Foriii 4720	May be Required	COIL	mue		I
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drives. (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than religious, charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (5) Frovide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) If any answer is "Yes" to Sa(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)? (7) Organizations relying on a current notice regarding disaster assistance (see instructions)? (8) If the answer is "Yes" to Sa(1)-(5), did any of the transaction fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? (8) If the answer is "Yes" to Sa(1)-(5), did any of the transaction fail to qualify under the exceptions described in Regulations are server any funds, directly or indirectly, to pay premiums on a personal benefit contract? (8) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (9) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (9) Did the foundation during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (1) Did the foundation fund	Ja			•		uclation (castion 40)	4.E.(a.)\2	Voc E	- No		
on, directly or indirectly, any voter registration drive?.								res p	NO		
(3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a chantable, etc., organization described in section 4945(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(- ,, _	.		
(4) Provide a grant to an organization other than a chantable, etc., organization described in section 4945(d)4(A)7 (see instructions). (5) Provide for any purpose other than a religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (1) If any answer is "Yes" to 5s(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)? (2) Organizations relying on a current notice regarding disaster assistance check here. (3) If the answer is "Yes" to question 5s(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (4) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (5) Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (5) Did the foundation, during the year, pay premiums, directly or indirectly, a personal benefit contract? (6) No 16 "Yes" to 6b, the Form 8870. 70 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? (7) Yes V No 16 b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? (1) 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 devoted to position MARK BUTTERFIELD TRUSTEE (EXEC DIR 60,000 15,581 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0											
(s) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?							•	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? b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? c If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? c If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? c 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? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? c 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? 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions). (a) Name and address (b) Title, and average (c) Compensation (find paid, enter dompensation of the allowances of the post 406 nous per week devoted to position ANAILY DIVISION 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,									-		
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)?				= •	-		_		-		
Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?											
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?							•			l l	
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?										5b	
tax because it maintained expenditure responsibility for the grant?											
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?	С	·	-			•			_		
Both the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		tax because it maintained expen	diture	responsibility for th	ne gr	ant?		Yes	No		
a personal benefit contract?		If "Yes," attach the statement req	uired l	by Regulations section	n 53.	.4945–5(d).					
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b No 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? 7b Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, 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 TRUSTEE/EXEC DIR 60,000 15,581 0 0 0 0 0 0 0 0 0 0 0 0 0	6a	Did the foundation, during the ye	ar, re	ceive any funds, dire	ectly	or indirectly, to pay	premiums on				
The fire form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Tyes Voo If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 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 TRUSTEE/EXEC DIR 70 BOX 406 NORTH CONWAY, NH 03860 TRUSTEE 8,000 15,581 0 0 0 0 0 0 0 0 0 0 0 0 0		a personal benefit contract?						Yes 🔽	No		
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? By If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? 7b The contractors	b	Did the foundation, during the ye	ar, pa	y premiums, directly	or	ındırectly, on a perso	onal benefit contract?			6b	No
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 MARK BUTTERFIELD TRUSTEE/EXEC DIR A0 00 TRUSTEE RONOTH CONWAY, NH 03860 XENNETH CONWAY, NH 03860 TRUSTEE RONOTH CONWAY, NH 03860 COMPENSATION RONOTH CONWAY, NH 03860 TRUSTEE RONOTH CONWAY, NH 03860 COMPENSATION RONOTH CONWAY, NH 03860 COMPENSATION (c) Compensation (d) Contributions to employee benefit plans and deferred compensation benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances of employee benefit plans and deferred compensation other allowances o		If "Yes" to 6b, file Form 8870.									
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 of their allowances (e) Expense account, other allowances (f) TRUSTEE/EXEC DIR (f) TRUSTEE (f) Trustees, Foundation Managers, Highly Paid Employees (estimated in their compensation (e) Expense account, other allowances (f) Trustees, Foundation Managers, Highly Paid Employees, (f) Trustees, Foundation (see instructions). (f) Contributions to employee (f) Trustees, Foundation Managers, Highly Paid Employees, (f) Compensation (e) Expense account, other allowances (f) Compensation (f) Contributions to employee (f) Trustees, Foundation Managers, Highly Paid Employees, foundation (f) Compensation (f) Co	7a	At any time during the tax year,	was tl	he foundation a party	/ to	a prohibited tax shel	ter transaction? F	Yes 🗟	No No		
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 TRUSTEE/EXEC DIR 70 BOX 406 NORTH CONWAY, NH 03860 TRUSTEE TRUST	b	If yes, did the foundation receive	any	proceeds or have an	y ne	t income attributable	e to the transaction?			7b	
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 MARK BUTTERFIELD TRUSTEE/EXEC DIR ONORTH CONWAY, NH 03860 KENNETH V CARGILL ESQ PO BOX 406 NORTH CONWAY, NH 03860 THOMAS SMITH ADVISOR O 50 NORTH CONWAY, NH 03860 THOMAS SMITH ADVISOR O 50 NORTH CONWAY, NH 03860 THOMAS SMITH ADVISOR O 50 NORTH CONWAY, NH 03860 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 hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (f) Compensation (g) Expense account, other allowances (g) Expense account, other allowances (g) Expense account, other allowances		Information Abou	ıt Of	ficers, Directors	s, T	rustees, Founda	tion Managers,	Highly	Paid	Empl	oyees,
(a) Name and address (b) Title, and average hours per week devoted to position MARK BUTTERFIELD TRUSTEE/EXEC DIR O BOX 406 NORTH CONWAY, NH 03860 KENNETH V CARGILL ESQ TRUSTEE O BOX 406 NORTH CONWAY, NH 03860 THOMAS SMITH PO BOX 406 NORTH CONWAY, NH 03860 THOMAS SMITH PO BOX 406 NORTH CONWAY, NH 03860 THOMAS SMITH ADVISOR O 50 Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (a) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Trustee (ii) 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 (e) Expense account, other allowances (f) Compensation (iii) Compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances	Ра	and Contractors		·							
(a) Name and address hours per week devoted to position MARK BUTTERFIELD TRUSTEE/EXEC DIR 40 00 PO BOX 406 NORTH CONWAY, NH 03860 KENNETH V CARGILL ESQ TRUSTEE 40 00 NORTH CONWAY, NH 03860 THOMAS SMITH ADVISOR 1,000 PO BOX 406 NORTH CONWAY, NH 03860 THOMAS SMITH ADVISOR 0 50 NORTH CONWAY, NH 03860 THOMAS SMITH ADVISOR 0 50 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	_1_	List all officers, directors, trustee	es, fo	undation managers a	nd t	heir compensation (see instructions).				
MARK BUTTERFIELD TRUSTEE/EXEC DIR 60,000 15,581 0		(-) Name and address	(b)	•		• •	1		(e) E	Expense	account,
MARK BUTTERFIELD PO BOX 406 NORTH CONWAY, NH 03860 KENNETH V CARGILL ESQ PO BOX 406 NORTH CONWAY, NH 03860 TRUSTEE RENUSTEE RENUSTE		(a) Name and address	l de	•	'						
PO BOX 406 NORTH CONWAY, NH 03860 KENNETH V CARGILL ESQ PO BOX 406 NORTH CONWAY, NH 03860 THOMAS SMITH ADVISOR O 50 ADVISOR O 50 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	MARK	(BUTTERFIELD		·							0
TRUSTEE 8,000 0 0 0 0 0 0 0 0 0	PO E	3OX 406	_	•		00,000		10,001			Ū
PO BOX 406 NORTH CONWAY, NH 03860 THOMAS SMITH PO BOX 406 NORTH CONWAY, NH 03860 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 hours per week devoted to position (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	NOR	TH CONWAY,NH 03860									
NORTH CONWAY, NH 03860 THOMAS SMITH PO BOX 406 NORTH CONWAY, NH 03860 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 hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances	KENN	ETH V CARGILL ESQ	TRU	JSTEE		8,000	0				0
THOMAS SMITH PO BOX 406 NORTH CONWAY, NH 03860 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 hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances	PO E	30 X 406	4 00)							
PO BOX 406 NORTH CONWAY, NH 03860 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 hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances	NOR	TH CONWAY,NH 03860									
NORTH CONWAY, NH 03860 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 hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances	THOM	IAS SMITH			1,000			0			
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 hours per week devoted to position (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			0 50)							
(a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation		<u> </u>	<u> </u>		Ļ						
(a) Name and address of each employee hours per week devoted to position (b) Title, and average hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation		Compensation of five highest-pai	d emp	oloyees (other than t	thos	e included on line 1— T			nter "I	NONE."	
paid more than \$50,000 devoted to position devoted to position compensation compensation	(a)	Name and address of each emplo	vee				employee he		(e) F	Expense	account
compensation	()		,,			(c) Compensatio					
NONE				devoted to positi	011		compensat	ion			
	NON	IE									
				1							
				1							
				1							
						 					
				-							
Total number of other employees hald over \$50,000		I number of other amplement	0115:::	<u> </u>		<u> </u>		L .			

Form 990-PF (2014)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly and Contractors (continued)	Paid Employees,
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
NONE	
Total number of others receiving over \$50,000 for professional services	0
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
1THE FOUNDATION MAKES GRANTS TO 501(C)(3) CHARITABLE ORGANIZATIONS BASED UPON SOLICITATIONS AND GRANT PROPOSALS AT SEMI-ANNUAL BOARD MEETINGS AS PART OF THIS PROGRAM THE ORGANIZATION'S EXECUTIVE DIRECTOR ALSO CONSULTS WITH LOCAL NON-PROFIT CHARITIES WITH REGARDS TO ASSISTING IN THE CONCEPTUAL ASPECTS OF THEIR OPERATIONS AND CAPITAL CAMPAIGNS AT NO COST TO THE ORGANIZATIONS	0
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	A mount
1	Amount
2	
All other program-related investments See instructions 3	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 3.803.939 1h 1.002.021 1c 1d 4.805.960 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 4.805.960 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 72.089 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 4.733.871 5 236.694 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 236.694 1 Tax on investment income for 2014 from Part VI, line 5. 2.612 2a Income tax for 2014 (This does not include the tax from Part VI). . . Add lines 2a and 2b. 2c 2.612 3 3 234.082 4 Λ 4 5 5 234.082 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 234.082 7 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 219.552 1b 0 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 219,552 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 219,552 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 instr	uctions)			y
	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				234,082
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0	
b Total for prior years 20, 20, 20		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010 1,984				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	46,194			
4 Qualifying distributions for 2014 from Part				
XII, line 4 🕨 \$				
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				219,552
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2014	14,530			14,530
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	31,664			
b Prior years' undistributed income Subtract	52,551			
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)		0		
tax has been previously assessed		Ŭ		
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				
instructions			0	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1 This amount must				ſ
be distributed in 2015				
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	0			
applied on line 5 or line 7 (see instructions)	-			
9 Excess distributions carryover to 2015.	31,664			
Subtract lines 7 and 8 from line 6a	31,001			
10 Analysis of line 9 a Excess from 2010				
b Excess from 2011 5,677				
c Excess from 2012				
d Excess from 2013 25,987				
e Excess from 2014				

<u> </u>	art XIV Private Operating Four	idations (see ii	nstructions and P	<u>art VII-A, questic</u>	on 9)	
La	If the foundation has received a ruling or \ensuremath{d}					
	foundation, and the ruling is effective for 20					
	Check box to indicate whether the organiza	ation is a private o	perating foundation	described in section	on l 4942(j)(3)	or 4942(J)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2014	(b) 2013	(c) 2012	(d) 2011	. ,
	yearlisted					
	85% of line 2a					
С	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					
е	Qualifying distributions made directly for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
а	alternative test relied upon "Assets" alternative test—enter					
u	(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					
	<pre>investment income (interest, dividends, rents, payments</pre>					
	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					
Pa	rt XV Supplementary Information			the organizati	on had \$5,000	or more in
l	assets at any time during Information Regarding Foundation Manage		instructions.)			
a	List any managers of the foundation who ha	ive contributed mo	ore than 2% of the t	otal contributions r	eceived by the four	ıdatıon
	before the close of any tax year (but only if	fthey have contrib	uted more than \$5,	000) (See section	507(d)(2))	
b	List any managers of the foundation who ov	vn 10% or more of	the stock of a corp	oration (or an equa	lly large portion of t	he
	ownership of a partnership or other entity)		•		, 3 ,	
	Information Regarding Contribution, Grant	Gift Loan Schol	arshin etc Program	me:		
•	Check here					m.t
	unsolicited requests for funds. If the found	ation makes gifts,	grants, etc (see in:	structions) to indiv	and does not acce Iduals or organizati	ons under
	other conditions, complete items 2a, b, c,	- :	, ,	,	-	
а	The name, address, and telephone number	or e-mail address	of the person to wh	nom applications sh	ould be addressed	
	MARK BUTTERFIELD					
	PO BOX 406 NORTH CONWAY, NH 03860					
	(603) 356-5315					
b	The form in which applications should be s	ubmitted and infor	mation and materia	ıls they should ınclı	ıde	_
	A GRANT APPLICATION SHOULD BE O			•		DATION ORG
С	Any submission deadlines					
	MAY 15TH AND NOVEMBER 15TH OF EA	ACHYEAR				
d	Any restrictions or limitations on awards,	such as by geogra	phical areas, charit	able fields, kinds of	institutions, or oth	er
	factors					
	THE FOUNDATION WELCOMES GRANT)(3)ORGANIZATIO	NS SERVING THE	MOUNT
	WASHIINGTON VALLEY IN CARROLL CO	JUNIT, NH AND	FRIEDUKG, ME			

3 Grants and Contributions Paid		proved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year See Additional Data Table	or substantial contributor	recipient		
Total				193,50
				

Form 990-F						Page 12
	-A Analysis of Income-Produci			T =		(-)
_	s amounts unless otherwise indicated	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(e) Related or exempt function income (See instructions)
b c d						ilistructions)
fg Fees a 2 Member 3 Interes	and contracts from government agencies rship dues and assessments					
5 Net rena Debt-b Not de6 Net renpropert	nds and interest from securities			14	182,039	
8 Gain or invento 9 Net ince	nvestment income			18	-323,647	
b	LO Gross profit or (loss) from sales of inventory. L1 Other revenue a b c d					
12 Subtota 13 Total. A	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Forksheet in line 13 instructions to verify c				-141,608 L3	•
Line No.	Explain below how each activity for which the accomplishment of the foundation's instructions)	h income is re	ported ın column (e) of Part XVI-A c	ontributed importa	

Form 990-P											Рa	ge 13
Part XVI	Information Research Noncharitable					sactio	ns and	Relationships	With			
	organization directly or i 501(c) of the Code (othe										Yes	No
organiza 												
	rs from the reporting four									1a(1)		No
	nerassets									1a(1)		No
	ansactions									(-)		
(1) Sal	es of assets to a noncha	rıtable exe	empt orga	anızatıoı	n					1b(1)		No
(2) Pur	chases of assets from a	noncharit	able exer	npt orga	nızatıon					1b(2)		No
(3) Ren	ital of facilities, equipme	nt, or othe	rassets.							1b(3)		No
(4) Rei	mbursement arrangemer	nts								1b(4)		No
	ns or loan guarantees.									1b(5)		No
	ormance of services or n									1b(6)		No
	of facilities, equipment,									1c	<u> </u>	No
of the go	nswer to any of the above oods, other assets, or se ansaction or sharing arr	rvices giv	en by the	reporti	ng foundation	If the fo	undation i	received less than	n fair mark	et value		
(a) Line No	(b) Amount involved	(c) Name	of nonchar	ıtable exe	empt organization	(d)	Description	of transfers, transact	ions, and sha	ring arra	ngemer	nts
2n Is the fo	undation directly or indi	rootly offul	untod wath	h or role	stad to ano or	more to	, avamnt	organizations				
describe	oundation directly or indicated in section 501(c) of the complete the following (a) Name of organization	ne Code (d schedule		n sectioi		'ın secti			• • • • • otion of relati		es F	No
	, ,			`	, ,,			, ,		•		
the Inf	nder penalties of perjury, e best of my knowledge a ormation of which prepai	and belief,	ıt ıs true,	, correct								
Sign Here	****				2015-10-22	_ \	*****	k	return	IRS disc		
	Signature of officer or t	rustee			Date		Title		below	tr)? 🔽 1		
	Print/Type preparer's DAVID A CAPUTO CPA	AVID A CAPUTO			Preparer's Signature		Date Check if sel employed ▶		PTIN P	001847	707	
Paid Prepare Use		KELSCH &	CO PLL	С		1		Firm's EIN ► 02		4		
Only	Firm's address ► 41 WASHINGTON ST 03818	SUITE 1		Phone no (603	3)447-335	56						

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
CHILDREN UNLIMITED 182 WEST MAIN STREET CONWAY,NH 03818		PUBLIC CHARITY	EARLY CHILDHOOD CENTER PHONE SYSTEM, LAPTOP AND PLAYGROUND EQPT	5,000
CONWAY HUMANE SOCIETY 223 EAST MAIN STREET CONWAY,NH 03818		PUBLIC CHARITY	FUNDS TOWARDS ANIMAL SHELTER FLOORING	1,000
DOLLARS FOR SCHOLARS PO BOX 646 NORTH CONWAY,NH 03860		PUBLIC CHARITY	SCHOLARSHIP FUND	16,000
GIBSON CENTER FOR SENIOR SERVICES 14 GROVE STREET NORTH CONWAY,NH 03860		PUBLIC CHARITY	LAND MAINTENANCE AT SENIOR CENTER	1,500
JEN'S FRIENDS CANCER FOUNDATION PO BOX 1842 NORTH CONWAY,NH 03860		PUBLIC CHARITY	CANCER PATIENT PROGRAM SUPPORT	10,000
MOUNT WASHINGTON VALLEY TRAILS ASSOCIATION 2935 WHITE MTN HIGHWAY NORTH CONWAY,NH 03860		PUBLIC CHARITY	TRAIL IMPROVEMENTS	2,500
MWV ARTS JUBILEE PO BOX 647 NORTH CONWAY,NH 03860		PUBLIC CHARITY	PUBLIC CONCERT SERIES SUPPORT	2,500
MWV CHILDREN'S MUSEUM 2936 WHITE MTN HIGHWAY NORTH CONWAY,NH 03860		PUBLIC CHARITY	CHILDREN'S MUSEUM TUITION FOR ECONOMICALLY UNDERPRIVILEGED CHILDREN	3,500
NEW ENGLAND SKI MUSEUM PO BOX 267 FRANCONIA,NH 03580		PUBLIC CHARITY	MUSEUM SPONSORSHIP	5,000
NORTH CONWAY COMMUNITY CENTER MAIN STREET NORTH CONWAY,NH 03860		PUBLIC CHARITY	CAPITAL CAMPAIGN FOR NEW COMMUNITY CENTER	50,000
NORTH CONWAY COMMUNITY CENTER MAIN STREET NORTH CONWAY,NH 03860		PUBLIC CHARITY	YOUTH COMMUNITY CENTER SUPPORT	15,000
STARTING POINT PO BOX 1972 CONWAY,NH 03818		PUBLIC CHARITY	WOMEN'S SHELTER IMPROVEMENTS	2,000
UPPER SACO VALLEY LAND TRUST PO BOX 424 NORTH CONWAY,NH 03860		PUBLIC CHARITY	SUPPORT FOR PURCHASE OF ENVIRONMENTAL CONSERVATION LAND	10,000
WEST MAIN RECREATION PO BOX 276 CONWAY,NH 03818		PUBLIC CHARITY	BUILDING IMPROVEMENTS FOR PUBLIC ICE ARENA	20,000
WHITE MOUNTAIN MUSICAL ARTS PO BOX 934 NORTH CONWAY,NH 03860		PUBLIC CHARITY	BACH FESTIVAL	1,500
Total				193,501

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual,	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient		
a Paid during the year				
TIM MOUNTAIN CONSERVATION CENTER 1245 BALD HILL ROAD ALBANY,NH 03818		PUBLIC CHARITY	CHILDRENS' AFTER-SCHOOL PROGRAM SUPPORT	3,000
ARTS IN MOTION PO BOX 2112 NORTH CONWAY,NH 03860		PUBLIC CHARITY	THEATER RENOVATIONS	10,000
TAMWORTH PRE-SCHOOL INC 27 DURRELL ROAD TAMWORTH,NH 03886		PUBLIC CHARITY	FUNDS TOWARDS PURCHASE OF SCHOOL BUS FOR PRE- SCHOOL	2,000
CONWAY VILLAGE CONGREGATIONAL CHURCH 132 MAIN STREET CONWAY,NH 03818		PUBLIC CHARITY	FOOD PANTRY FINANCIAL ASSISTANCE	2,250
GARY MILLEN FOUNDATION PO BOX 627 NORTH CONWAY,NH 03860		PUBLIC CHARITY	LOCAL HIGH SCHOOL IMPROVEMENTS PROJECT	7,000
ARTS COUNCIL OF TAMWORTH PO BOX 1 TAMWORTH,NH 03886		PUBLIC CHARITY	TECHNOLOGICAL EQPT	1,000
MEMORIAL HOSPITAL FOUNDATION 3073 WHITE MOUNTAIN HIGHWAY NORTH CONWAY,NH 03860		PUBLIC CHARITY	SUPPORT OF LOCAL HOSPITAL	2,500
JOHN FULLER ELEMENTARY SCHOOL 51 PINE STREET NORTH CONWAY,NH 03860		GOVERNMENTAL ENTITY	FUNDS TOWARDS PURCHASE OF TECHNOLOGICAL EDUCATION TOOLS	5,500
MOUNT RESCUE SERVICE PO BOX 494 NORTH CONWAY,NH 03860		PUBLIC CHARITY	REPLACEMENT OF RESCUE COMMUNICATIONS EQPT	5,000
WHITE MOUNTAIN SWIFT WATER RESCUE PO BOX 1852 NORTH CONWAY,NH 03860		PUBLIC CHARITY	RESCUE COMMUNICATIONS EQPT	1,000
CONWAY HISTORICAL SOCIETY PO BOX 1949 CONWAY,NH 03818		PUBLIC CHARITY	UPGRADES OF MUSEUM BUILDING	8,000
CONWAY ELEMENTARY SCHOOL 160 MAIN STREET CONWAY,NH 03818		GOVERNMENTAL ENTITY	FUNDING OF SCHOOL PROJECT	751
Total				193,501

TY 2014 Accounting Fees Schedule

Name: GIBSON WOODBURY CHARITABLE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL SERVICE	241	0		0
TAX PREPARATION FEES	2,673	206		0

TY 2014 Investments Corporate Stock Schedule

Name: GIBSON WOODBURY CHARITABLE FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
5,000 ANNALY CAP MGMT INC	77,065	45,950
10,000 AT & T	359,424	355,200
5,000 AMERICAN CAP AGY CORP	114,091	91,850
10,000 NEW YORK CMNTY BANCORP	157,002	183,800
5,000 SENIOR HSG PPTYS TR	109,944	87,750
5,000 FERRELLGAS PARTNERS	118,316	112,650
5,000 GLAXOSMITHKLINE PLC	227,690	208,250
5,000 KINDER MORGAN	199,828	191,950
5,000 SEADRILL LTD	113,013	51,700
5,000 TEXTAINER GROUP HLDGS	151,112	130,050
5,000 TOTAL S A SPONSORED ADR	297,381	245,850
10,000 VECTOR GROUP LTD	221,734	234,600
5,000 HCP INC.	211,726	182,350
4,874.086 CAPITAL INCOME BLDR	300,008	285,816
6,345.178 CAPITAL WORLD & GROWTH	300,008	297,272
5,774.948 FUNDAMENTAL INVESTORS	320,025	304,166
6,991.485 GROWTH FUND OF AMERICA	325,860	312,729
7,988.669 INVESTMENT CO. OF AMERICA	326,407	294,223
8,088.949 NEW ECONOMY FUND	322,634	322,587
8,170.851 NEW PERSPECTIVE FUND	317,619	312,780
893.262 NEW WORLD FUND	52,251	49,067
1,118.988 SMALL CAP WORLD FUND	54,821	56,665

TY 2014 Other Expenses Schedule

Name: GIBSON WOODBURY CHARITABLE FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	449	0		0
INTERNET	960	0		0
STATE FILING FEES	125	0		0

TY 2014 Taxes Schedule

Name: GIBSON WOODBURY CHARITABLE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SECT 4940 INVESTMENT INC TAX	7,041	0		0
PAYROLL TAXES	4,590	2,754		1,377
FOREIGN INCOME TAXES	2,133	2,133		0