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# Form 990-PF

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

OMB No. 1545-0052

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

Open to Public Inspection

	endar year 2014 or tax year beginning of foundation		12/	01 ,2014,	and endir		mployer identific	11/30,20 15
		C02				^ '	• •	
	DE NICOLA T/U/W 3020003		- dd)		Room/suite	_		2534442 r (see instructions)
Numbe	er and street (or P.O. box number if mail is not delivered	to street	addressi		NOOHI/ Suite	,	elephone numbe	(see ilistructions)
10 7	TRIPPS LANE					1	60	3-634-7749
	town, state or province, country, and ZIP or foreign post	al code		<del></del>	L			<u> </u>
,	, , , , , , , , , , , , , , , , , , ,					C ii	exemption applicat ending, check here	on is
RTVE	ERSIDE, RI 02915-7995					F	ending, check here	
	ck all that apply:   Initial return	$\neg \top$	Initial return	of a former p	ublic chari	ty n	Foreign organizati	and about hore
	Final return	-	Amended ret			1 - '	roreign organizati Foreign organizati	
	Address change		Name change	е			85% test, check he computation	re and attach
H Chec	ck type of organization:   X   Section 501(c	)(3) ex	empt private f	oundation		٦ <sub></sub>	•	
∏ S∈	ection 4947(a)(1) nonexempt charitable trust	Ot	her taxable pri	vate foundat	ion			status was terminated (1)(A), check here
Fair	market value of all assets at J Accou	nting r	nethod: X Ca	ash Acc	rual	FH	the foundation is in	a 60-month termination
end •	of year (from Part II, col. (c), line Otl	her (sp	ecify)					(1)(B), check here . 🕨
<u>1</u> 6)	▶ \$ 2,372,504. (Part I, co	olumn (d	d) must be on cas	sh basis.)				
Part I	Analysis of Revenue and Expenses (The	(a) R	evenue and	(h) Not inve	otra ent	(a) A		(d) Disbursements for charitable
	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in		penses per	(b) Net inve			justed net icome	purposes
	column (a) (see instructions).)		books					(cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)							
2	Check ► X if the foundation is not required to attach Sch. B							
3	Interest on savings and temporary cash investments-			<del></del>	<u>  </u>			
4	Dividends and interest from securities		<u>57,314.</u>	5	6,352.			STMT_
5a	Gross rents							
	Net rental income or (loss)		105 464	<del></del>				····
6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		<u> 195,464.</u>	<del></del>		-	DECE	<del></del> -
5	assets on line 6a			10	5,541.		NEUE	<u> </u>
7	Capital gain net income (from Part IV, line 2) .			19	3,341.	297		**,
•	Net short-term capital gain					200	APR 1	<del>)</del> 20:5
10a	Gross sales less returns					<del>                                      </del>		
1	and allowances • • • • • Less Cost of goods sold				<del></del>		OCDE	\
1	Gross profit or (loss) (attach schedule)						AAAE	V. U.
1	Other income (attach schedule)							
	Total. Add lines 1 through 11		252,778.	25	1,893.		-	
13	Compensation of officers, directors, trustees, etc.		29,863.	1	4,931.			14,93
ام	Other employee salaries and wages				NONE		NONE	
15	Pension plans, employee benefits				NONE		NONE	
16a	Legal fees (attach schedule)							
d b	Accounting fees (attach schedule) STMT. 2		650.		NONE		NONE	65
C	Other professional fees (attach scheduler. 3.		1,468.		1,468.			
17	Interest							
18	Taxes (attach schedule) (see instructions. 4.		2,030.		199.			
19	Depreciation (attach schedule) and depletion .							
20	Occupancy				MONTE		NONTE	
<b>-</b> 1	Travel, conferences, and meetings				NONE NONE		NONE NONE	
22	Printing and publications		160.		MONE		NONE	16
23	Other expenses (attach schedule) STMT. 5.		100.					10
24	Total operating and administrative expenses.		34,171.	1	6,598.		NONE	15,74
2	Add lines 13 through 23		128,500.		2,220.		10111	128,50
1	Total expenses and disbursements Add lines 24 and 25		162,671.	1	6,598.		NONE	144,24
	Subtract line 26 from line 12:				<del>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		10111	
1	Excess of revenue over expenses and disbursements		90,107		}			
	Net investment income (if negative, enter -0-)			23	5,295.			
	Adjusted net income (if negative, enter -0-).				_ ,			

Form **990-PF** (2014)

	5 m		Attached schedules and amounts in the	Beginning of year	End o	of year
	art II	Balance Sheets	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-beari	ng			
	2	Savings and temporary	cash investments	65,132.	26,121.	26,121.
	3	Accounts receivable				
	}	Less: allowance for doub	otful accounts >			
	4	Pledges receivable ▶_				
		Less. allowance for doub	otful accounts >			
	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			
	ĺ	disqualified persons (att	ach schedule) (see instructions)			
			eceivable (attach schedule) 🕨	1		
		Less: allowance for doub	otful accounts 🕨NONE			
ts	8	Inventories for sale or us	se		<u></u>	
Assets	9		eferred charges			
ä	10a	Investments - U.S and state	government obligations (attach schedule)			
	b	Investments - corporate	stock (attach schedule) STMT 6	661,898.	749,269.	750,548
			bonds (attach schedule)			
	11	Investments - land, building and equipment basis Less accumulated deprecia				
	12	(attach schedule)	loans			
	13	Investments - other (atta	ch schedule) STMT 7	1,158,881.	1,200,703.	1,595,835
	14	Land, buildings, and equipment, basis	<b>&gt;</b>		<del>, _, _, _, _, _, _,</del>	
	ļ	Less: accumulated deprecia	ition >			
	15	(attach schedule) Other assets (describe				<del></del>
	1		completed by all filers - see the			<del></del>
			age 1, item I)	1,885,911.	1,976,093.	2,372,504
_	_		ccrued expenses			2,0,2,002
s					<del> </del>	
Liabilities	20		rs, trustees, and other disqualified persons			
jpi	21		tes payable (attach schedule)			
Ë	22		>			
		Other habilities (describe	·		<del></del>	
	23	Total liabilities (add line	s 17 through 22)		NONE	
	_		ow SFAS 117, check here			
			4 through 26 and lines 30 and 31.			
Ses	24	Unrestricted				
alances						
Ba	26	Permanently restricted				
or Fund B			not follow SFAS 117, ▶ X			
Ē			plete lines 27 through 31.			
ō	27		ipal, or current funds	1,833,437.	1,951,655.	
Assets	28		land, bldg , and equipment fund			
Ass	29	, , ,	ated income, endowment, or other funds	52,474.	24,438.	
Net		- ·	balances (see instructions)	1,885,911.	1,976,093.	
Ž	31	Total liabilities and				
				1,885,911.	1,976,093.	
P			iges in Net Assets or Fund Bala			
			palances at beginning of year - Part		must agree with	
·			d on prior year's return)			1,885,911.
2						90,107.
3	Othe	er increases not include	line 27a led in line 2 (itemize) ►DISALLOWED W	ASH SALE ADJUSTMENT	3	75.
			red in fine 2 (itemize) > Distillionals in			1,976,093.
5	Deci	reases not included in	line 2 (itemize) ▶		5	
			alances at end of year (line 4 minus li	ine 5) - Part II, column (h		1,976,093.
~	.0.0	about of faile be	actions of your fillio 4 fillings in	5, . 5, . 1, 00141111 (0	.,,	5 000 PE (004)

Forn	n 990-PF (2014)					Page 3
Pa		and Losses for Tax on Inve		(b) How	(a) Data	<del></del>
		I describe the kind(s) of property sold (e rick warehouse; or common stock, 200 :		acquired P - Purchase	(c) Date	(d) Date sold (mo., day, yr.)
_			5115. WEG CO.,	D - Donation	(mo., day, yr.)	
<u>1a</u>	PUBLICLY TRADED	SECORITIES				<del></del>
<u>_b</u>						
d						
e						
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	ess)
	(e) Gross sales price	(or allowable)	plus expense of sale	<u></u>	(e) plus (f) minu	ıs (g)
8	711,777.		516,236.			195,541.
<u>b</u>						
<u> </u>				ļ. <u>.                                   </u>		
<u>d</u>						
е_	0					
	Complete only for assets s	howing gain in column (h) and owned I	<del></del>		Gains (Col. (h) ga (k), but not less to	
	(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		Losses (from co	
				l		195,541.
b						
c		-				
d						
е						
2	Capital gain net income of	or (net capital loss)	gain, also enter in Part I, line 7			
-		( n	loss), enter -0- in Part I, line 7	2		<u> 195,541.</u>
3		n or (loss) as defined in sections 1:				
	-	art I, line 8, column (c) (see inst	f			
		nder Section 4940(e) for Redu		3		
_		private foundations subject to the			mo 1	<del></del>
(10	optional use by domestic	private roundations subject to the	section 4940(a) tax on het investin	Herit Mico	1116./	
If s	ection 4940(d)(2) applies,	leave this part blank.				
•						
Wa	s the foundation liable for t	the section 4942 tax on the distrib	utable amount of any year in the ba	ase perio	d?	Yes X No
(f "\	es," the foundation does n	ot qualify under section 4940(e). [	Do not complete this part.			
1		ount in each column for each year;	see the instructions before making	g any ent		
	(a) Base period years	(b)	(c)		(d) Distribution ra	itio
Ca	lendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col. (b) divided by	
	2013	130,813.	2,394,133.			0.054639
	2012	144,623.	2,270,854.			0.063687
_	2011	105,480.	2,127,294.			0.049584
	2010 2009	97,152.	2,125,679. 1,946,989.			0.045704 0.042582
_	2003	82,906.	1,340,363.	<del></del>	<del></del> -	0.042362
2	Total of line 1 solumn (d	)	!	2		0.256196
3		for the 5-year base period - divide		<del>-</del> -		0.230170_
3		dation has been in existence if less		3		0.051239
	namber of yours the roun	addition rids both in existence in less	, man o yours :			
4	Enter the net value of nor	ncharitable-use assets for 2014 fro	m Part X. line 5	4	2,	409,927.
-						
5	Multiply line 4 by line 3.			5		123,482.
	, ,				-	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		2,353.
						_
7	Add lines 5 and 6			7		<u>125,835.</u>
8	Enter qualifying distribution	ons from Part XII <u>,</u> line 4		8		144,242.
	If line 8 is equal to or gr Part VI instructions.	reater than line 7, check the box i	in raπ vi, line 1b, and complete t	ınat part	using a 1% tax	c rate. See the

	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	netru	ctions	<u> </u>
		ii3ti u	CLIOIIS	<u>"                                    </u>
18	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)  Domestic foundations that meet the section 4940(e) requirements in Part V, check		2 3	53.
b				· <u></u>
_	here ► X and enter 1% of Part I, line 27b			
C	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			53.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			IONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		2,3	53.
6	Credits/Payments:			
8	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 1,730.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld		1 0	
7	Total credits and payments. Add lines 6a through 6d		1,/	30.
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 Date EFTPS > 9			23.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Dor				
	VII-A Statements Regarding Activities		Yes	No
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	res	X
	participate or intervene in any political campaign?			
D	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	_ <u>.~</u>		^^
	published or distributed by the foundation in connection with the activities.		}	
	Did the foundation file Form 1120-POL for this year?	1c	1	Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
•	(1) On the foundation. > \$		ľ	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	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			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
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?	4b	_N/	Æ;
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		j	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	ا ۽ ا	x	
_	conflict with the state law remain in the governing instrument?	6 7	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			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)  NH			
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
U	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8ь	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,"			İ
	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	10		Х
		00	A DE	

ronn	330-F (2014)			-g
Par	t 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)7 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	1	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	
	Website address ► N/A			<b></b> -
14	The books are in care of ▶ CITIZENS, N.A. Telephone no. ▶ (401) 282-	115	 6	
• •	Located at ▶ 10 TRIPPS LANE, RTL 115, RIVERSIDE, RI ZIP+4 ▶ 02915-	7995	·~	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	$\Box$
	and enter the amount of tax-exempt interest received or accrued during the year		,	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16		X
	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			İ
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<b></b>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1.	During the year did the foundation (either directly or indirectly).		100	
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			ŀ
	disqualified person?			
				ĺ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			ĺ
	(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.)			ĺ
	olf 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		X
	Organizations relying on a current notice regarding disaster assistance check here	10		
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		:	Í
٠	were not corrected before the first day of the tax year beginning in 2014?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	10		
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			ĺ
9	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			ĺ
_	6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years			
6	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			ĺ
~	(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		Х
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
·				
3.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
54	at any time during the year?			
h	off "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
L.	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	N	A-
A	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u></u>		
L.	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		Х
			0-PF	(2014)

1			22.25	24442		D 6
	990-PF (2014)  * VII-B Statements Regarding Activities f	or Which Form		uired (continued)		Page t
			7720 May be neg	anca (continued)		<del>- 1 -</del>
5a	During the year did the foundation pay or incur any amo (1) Carry on propaganda, or otherwise attempt to influe		n 4945(e)\?	Yes X No	.	
	(2) Influence the outcome of any specific public ele				<b>'</b>	,
		· ·		77		
	directly or indirectly, any voter registration drive?				1 1	1
	(3) Provide a grant to an individual for travel, study, or o					
	(4) Provide a grant to an organization other than a	· · · · · · · · · · · · · · · · · · ·		7	.	1
	section 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, cl			• — — —	<b>"</b>	
		•	• .		.	]
L	purposes, or for the prevention of cruelty to children  If any answer is "Yes" to 5a(1)-(5), did any of the				1 1	
b	Regulations section 53.4945 or in a current notice regar				. 5b	NIVA
	Organizations relying on a current notice regarding disas	-				<del>- /y//\</del> -
C	If the answer is "Yes" to question 5a(4), does the				.	
	because it maintained expenditure responsibility for the					]
6-	If "Yes," attach the statement required by Regulations see		rootly to any promise	ma.		
6a	Did the foundation, during the year, receive any fur on a personal benefit contract?	•		1   17   17   17	.	
b	Did the foundation, during the year, pay premiums, direct			•	. 6ь	X
~	If "Yes" to 6b, file Form 8870.	ay of manochy, on a	pordonal bonem donne		•	
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X No	,	ł
	If "Yes," did the foundation receive any proceeds or have				1 1	NIA
Par	t VIII Information About Officers, Directo	rs, Trustees, Fou	ındation Manager	s, Highly Paid Em	ployees,	
1	and Contractors  List all officers, directors, trustees, foundation management	anagers and their	compensation (see	instructions).		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense	account,
	(a) Name and address	devoted to position	enter -0-)	and deferred compensation	other allo	
	ZENS, N.A.	CO-TRUSTEE				wances
ነብስው፣				1		wances
TOADT	LM STREET, MANCHESTER, NH 03101	2	22,031.	-0-		-0-
	LM STREET, MANCHESTER, NH 03101 S S YAKOVAKIS, ESQ	2 CO-TRUSTEE		-0-		
JAMES		<del>                                     </del>	22,031. 7,832.	-0- -0-		
JAMES	S S YAKOVAKIS, ESQ	CO-TRUSTEE				-0-
JAMES	S S YAKOVAKIS, ESQ	CO-TRUSTEE				-0-
JAMES	S S YAKOVAKIS, ESQ	CO-TRUSTEE				-0-
JAMES 139 N	S S YAKOVAKIS, ESQ NUBBLE ROAD, YORK, ME 03909	CO-TRUSTEE 2	7,832.	-0-		-0-
JAMES 139 N	S S YAKOVAKIS, ESQ	CO-TRUSTEE 2	7,832.	-0-		-0-
JAMES 139 N	S S YAKOVAKIS, ESQ  NUBBLE ROAD, YORK, ME 03909  Compensation of five highest-paid employees "NONE."	CO-TRUSTEE 2	7,832.	-0- e 1 - see instruction	ons). If no	-0- -0-
JAMES 139 N	S S YAKOVAKIS, ESQ  NUBBLE ROAD, YORK, ME 03909  Compensation of five highest-paid employees	CO-TRUSTEE 2 (other than those	7,832.	-0-  (d) Contributions to employee benefit plans and deferred		-0- -0- ne, enter
JAMES 139 N	S S YAKOVAKIS, ESQ  NUBBLE ROAD, YORK, ME 03909  Compensation of five highest-paid employees "NONE."	(other than those hours per week	7,832.	e 1 - see instruction  (d) Contributions to employee benefit	ons). If no	-0- -0- ne, enter
2 (a)	S S YAKOVAKIS, ESQ  NUBBLE ROAD, YORK, ME 03909  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	7,832.  Se included on line (c) Compensation	-0-  1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	-0- -0- ne, enter
JAMES 139 N	S S YAKOVAKIS, ESQ  NUBBLE ROAD, YORK, ME 03909  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	7,832.	-0-  (d) Contributions to employee benefit plans and deferred	ons). If no (e) Expense other allo	-0- -0- ne, enter
2 (a)	S S YAKOVAKIS, ESQ  NUBBLE ROAD, YORK, ME 03909  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	7,832.  Se included on line (c) Compensation	-0-  1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	-0- -0- ne, enter
2 (a)	S S YAKOVAKIS, ESQ  NUBBLE ROAD, YORK, ME 03909  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	7,832.  Se included on line (c) Compensation	-0-  1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	-0- -0- ne, enter
2 (a)	S S YAKOVAKIS, ESQ  NUBBLE ROAD, YORK, ME 03909  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	7,832.  Se included on line (c) Compensation	-0-  1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	-0- -0- ne, enter
2 (a)	S S YAKOVAKIS, ESQ  NUBBLE ROAD, YORK, ME 03909  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	(other than those hours per week	7,832.  Se included on line (c) Compensation	-0-  1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	-0- -0- ne, enter

			_	_
Form	990	-PF	(20	14)

All other program-related investments. See instructions.

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	2,373,389.
b	Average of monthly cash balances	1b	73,237.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	<b>Total</b> (add lines 1a, b, and c)	1d	2,446,626.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	}	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3		3	2,446,626.
4	Subtract line 2 from line 1d	}	
	instructions)	4	36,699.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,409,927.
6	Minimum investment return. Enter 5% of line 5	6	120,496.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	120,496.
2 a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.) 2b		
	Add lines 2a and 2b	2c	2,353.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	118,143.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	118,143.
6	Deduction from distributable amount (see instructions).	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	118,143.
Part	XII Qualifying Distributions (see instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
-	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	144,242.
		1b	144,242.
	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
2	• • • •	_	NONTE
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		MOND
a	Suitability test (prior IRS approval required)	3a	NONE
	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	144,242.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	0 050
_	Enter 1% of Part I, line 27b (see instructions)	5	2,353.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	141,889.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c	alculating	whether the foundation

Form 990-PF (2014)

Form 990-PF (2014) Page 9

_	rt XIII Undistributed Income (see instru	ctions)			Page <u>9</u>
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
•	line 7				118,143.
2	Undistributed income, if any, as of the end of 2014				
а	Enter amount for 2013 only			NONE	- <u></u>
b	Total for prior years 20 12 ,20,20		NONE		
3	Excess distributions carryover, if any, to 2014.			1	
а	From 2009 NONE				
b	From 2010 NONE				
C	From 2011 NONE			Ì	
d					
	From 2013	10 054		1	
	Total of lines 3a through e	18,054.			
4	Qualifying distributions for 2014 from Part XII, line 4:  \$144,242.				
	Applied to 2013, but not more than line 2a			NONE	
				TONE.	
D	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
	Treated as distributions out of corpus (Election				
C	required - see instructions)	NONE			
ď	Applied to 2014 distributable amount				118,143.
	Remaining amount distributed out of corpus	26,099.			
5		NONE			NONE
6	(If an amount appears in column (d), the same amount must be shown in column (a).)  Enter the net total of each column as indicated below:				
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	44,153.		ŀ	
	Prior years' undistributed income. Subtract	11,200			
N	line 4b from line 2b		NONE		
¢	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		NONE		
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions	- <u>-</u>	NONE		
е	Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see				
	instructions			NONE	
f	Undistributed income for 2014. Subtract lines			Ì	
	4d and 5 from line 1. This amount must be				NONE
~	distributed in 2015		<del></del>		NONE
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)	NONE			
8	Excess distributions carryover from 2009 not				
ŭ	applied on line 5 or line 7 (see instructions)	NONE		·	
9	Excess distributions carryover to 2015.				
-	Subtract lines 7 and 8 from line 6a	44,153.			
10	Analysis of line 9:				
а	Excess from 2010 NONE				
b	Excess from 2011 NONE				
C	Excess from 2012 3,488.				
d	Excess from 2013 14,566.				
е	Excess from 2014 26,099.				Form <b>990-PF</b> (2014)

Par	t XIV Private Ope	erating Foundations	s (see instructions a	nd Part VII-A, quest	ion 9)	NOT APPLICABL
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private oper	ating	
	foundation, and the ruling	g is effective for 2014, en	ter the date of the ruling		▶Ĺ	
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	n section 494	2(j)(3) or 4942(j)(5)
2a	Enter the lesser of the ad-	Tax year		Prior 3 years	<del>,</del>	(e) Total
	justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	I or the minimum investment return from Part X for each			1	Ì	ł
	year listed	L				
Ь	85% of line 2a					
	Qualifying distributions from Part				7	
٠	XII, line 4 for each year listed			1	ŀ	
d	Amounts included in line 2c not			<del> </del>		
	used directly for active conduct					
_	of exempt activities					<del>-  </del>
e	Qualifying distributions made directly for active conduct of			1		
	exempt activities Subtract line			<b>†</b>		
3	2d from line 2c	<del></del>	<del></del>	<del> </del> -	<del> </del>	<del></del>
3	Complete 3a, b, or c for the alternative test relied upon					· [
a	"Assets" alternative test - enter	j				
	(1) Value of all assets			ļ		<del></del>
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)	ļ				
b	"Endowment" alternative test-	j	1	1	]	
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
C	"Support" alternative test - enter.			1		
	(1) Total support other than			}		
	gross investment income (interest, dividends, rents,				Į.	
	payments on securities					1
	loans (section 512(a)(5)), or royalties)			}		
	(2) Support from general			<del>                                     </del>		+
	public and 5 or more			[		
	exempt organizations as provided in section 4942			ł	1	
	(j)(3)(B)(iii)				<del> </del>	<del>- </del>
	(3) Largest amount of sup- port from an exempt					
	organization	<del></del>			<del></del>	<del></del>
Par		tary Information //	Complete this par	t only if the found	lation had \$5.00	0 or more in assets
1 41		during the year - s		comy in the round	adion nad 40,00	o or more in assets
1	Information Regarding	Foundation Manager	s:			
а	List any managers of	the foundation who I	nave contributed mor	e than 2% of the tot	al contributions rec	eived by the foundation
	before the close of any	tax year (but only if th	ey have contributed r	nore than \$5,000). (S	ee section 507(d)(2	).)
	NONE					
b		the foundation who	own 10% or more o	f the stock of a corp	oration (or an equ	ally large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	n has a 10% or greater	r interest.	
	NONE					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► X if t	he foundation only	makes contributions	to preselected char	itable organizations	s and does not accept
	unsolicited requests for	or funds. If the found	ation makes gifts, gra	ants, etc. (see instruc	tions) to individual	s or organizations under
	other conditions, comp					
a	The name, address, an	d telephone number o	r e-mail address of the	person to whom app	lications should be	addressed:
	,	•		. "F"		
b	The form in which app	lications should be sub	omitted and information	on and materials they	should include:	
	<del> </del>					
C	Any submission deadli	nes:				
<u>, 4</u>	Any restrictions or li	mitations on awards	such as by geogra	phical areas charita	ble fields kinds o	f institutions, or other
ч	factors:		saon as by geogra	ipiliodi diodo, dilalita	Holds, Killus C	

Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	g the Year or Appro	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager	recipient	Purpose of grant or contribution	Amount
a Paid during the year	0.00001111000011100100			
SEE STATEMENT 15	1	İ		128,500.
DEE DIATEMENT 15	ļ	}		]
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Total	<u> </u>	· · · · · ·	▶ 3a	128,500.
<b>b</b> Approved for future payment		}	}	
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	]		1	
	}	1	}	
Total	l	i		

Form 990-PF (2014) JSA 4E1491 1 000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by	section 512, 513, or 514	(e)	
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)	
a					<del></del>	
b				<u> </u>		
c						
d						
е						
f						
	<del> </del>		<del>                                     </del>			
					<del></del>	
2 Membership dues and assessments			<del></del>			
3 Interest on savings and temporary cash investments	<u> </u>		+14	F7 214		
4 Dividends and interest from securities			14	57,314.		
5 Net rental income or (loss) from real estate			ļ			
a Debt-financed property						
<b>b</b> Not debt-financed property						
6 Net rental income or (loss) from personal property .			<u> </u>			
7 Other investment income					<u> </u>	
8 Gain or (loss) from sales of assets other than inventory	,		18	195,464.		
9 Net income or (loss) from special events	´					
·	<b>—</b>		<del> </del>			
10 Gross profit or (loss) from sales of inventory	<del></del>				<del> </del>	
11 Other revenue: a			<del> </del>			
ь	<del></del>	<del></del>	<del> </del>			
c						
d	<u> </u>		ļ			
e						
12 Subtotal. Add columns (b), (d), and (e)				252,778.		
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calc					252,778.	
		complishment of Ev	omnt Burn			
					<del></del>	
Line No. Explain below how each activity	ty for whicl	n income is reported i	in column (e	e) of Part XVI-A contribu	ited importantly to the	
accomplishment of the foundati	on's exemp	t purposes (other than	by providing	funds for such purposes	s). (See instructions.)	
	_					
<del></del>						
					<del></del>	
		NOT APPLICABL	<u>ıE</u>			
					<del></del>	
					<del></del>	
					<del></del>	

Form 990-PF (2014) 22-2534442 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described Yes No in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political a Transfers from the reporting foundation to a noncharitable exempt organization of: X (2) Other assets **b** Other transactions: X Х Х (3) Rental of facilities, equipment, or other assets X X Х 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. (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no. (b) Amount involved NA 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? . . . . . . . . . . . b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship

	N/A			
	Under penalties of perjury, I declare that I have correct, and complete. Declaration of preparer (other			, and to the best of my knowledge and belief, it is true
Sign	Ham m Holdetel	03/31/201	6 TRUSTEE	May the IRS discuss this return with the preparer shown below
Here	Signature of officer or trustee	Date	Title	(see instructions)? X Yes No

GA	RY M. GOLDITCH				
D-11	Print/Type preparer's name	Preparer's signature		Date	heck if PTIN
Paid	JEFFREY E. KUHLIN	Xelle	E Kullin	03/31/2016 5	elf-employed P00353001
Preparer	Firm's name KPMG LL			Firm's El	N ▶ 13-5565207
Use Only	Firm's address ► 100 WES	TMINSTER ST, 6TH F	LOOR STE A		
	PROVIDE	NCE, RI	02903-2321	Phone no	<u> 855-549-6955</u>
					222.55

Form **990-PF** (2014)

#### SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

Employer identification number

22-2534442

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

ANN DE NICOLA T/U/W

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10. ▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041

Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) Proceeds (e) Cost the lines below. to gain or loss from from column (d) and Form(s) 8949, Part I. This form may be easier to complete if you round off cents (sales price) (or other basis) combine the result with line 2, column (g) column (g) to whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 15,384. -2.04713,337. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . . . 4 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . . . . . . 5 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2013 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on -2,047 Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Adjustments Subtract column (e) from column (d) and the lines below. to gain or loss from Proceeds Cost Form(s) 8949, Part II, combine the result with (or other basis) This form may be easier to complete if you round off cents (sales price) line 2, column (g) column (a) to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 693,106. 502,294. 75. 190,887 11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . . . . . . . . . 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts...... 6.701 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2013 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on 197,588

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2014

Schedule D (Form 1041) 2014 Page 2 Summary of Parts I and II (1) Beneficiaries' (2) Estate's Part III (3) Total (see instr.) or trust's Caution: Read the instructions before completing this part. -2,047.17 17 18 Net long-term gain or (loss): 197,588. 18a **b** Unrecaptured section 1250 gain (see line 18 of the wrksht.) . . . . 18b 18c 19 Total net gain or (loss). Combine lines 17 and 18a. . . . . . . . ▶ 19 195,541 Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and do not complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessarv **Capital Loss Limitation** Part IV Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: 20 Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover. Tax Computation Using Maximum Capital Gains Rates Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero. Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if: • Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero. Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34). . . 21 Enter the smaller of line 18a or 19 in column (2) 22 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified 23 dividends included in income in Part I of Form 990-T), 24 24 25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ▶ 26 26 Subtract line 25 from line 24. If zero or less, enter -0-Subtract line 26 from line 21. If zero or less, enter -0- . . . 27 27 28 28 29 29 30 30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%. 31 31 32 Subtract line 30 from line 26......... 32 33 Enter the smaller of line 21 or \$12,150 . . . . . . . . . . . . . . . . . 33 34 34 Subtract line 34 from line 33. If zero or less, enter -0- . . . . . . . . 35 35 36 36 37 37 38 38 39 39 40 Subtract line 39 from line 38. If zero or less, enter -0- . . . . . . 40

Schedule D (Form 1041) 2014

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G, line 1a (or Form 990-T, line 36).

Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for Estates

and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . .

Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for Estates

and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . .

Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule

Н

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

	NET INVESTMENT INCOME	56,352.  56,352. ==========
	REVENUE AND EXPENSES PER BOOKS	57,314. 57,314.
		TOTAL
	DESCRIPTION	DIVIDENDS & INTEREST

7

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	650.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	650.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC TOTALS

PROFESSIONAL FEES	
OTHER	
1	11
Н	II II
PART	       
990PF,	
FORM	11 11 11 11

NET INVESTMENT INCOME	1,468. 1,468. 1,468.
REVENUE AND EXPENSES PER BOOKS	1,468. 1,468.
DESCRIPTION	INVESTMENT MANAGEMENT FEES TOTALS

ស	11
TAXES	
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PART	11 11 11 11
990PF,	
FORM	11 11 11 11

NET INVESTMENT INCOME	1 1 1 1	199.		199.	
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1	300.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,030.	
DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR		TOTALS	

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STATEMENT

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FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

SEE ATTACHED STATEMENT

TOTALS

ENDING BOOK VALUE

22-2534442

ENDING FMV

VALUE

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FORM 990PF, PART II - OTHER INVES	DESCRIPTION	EE ATTAC	

22-2534442

ANN DE NICOLA T/U/W

HANCOCK HISTORICAL SOCIETY

ADDRESS:

PO BOX 138

HANCOCK, NH 03449

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GIFT

FOUNDATION STATUS OF RECIPIENT:

N/A

AMOUNT OF GRANT PAID ..... 5,000.

RECIPIENT NAME:

MANCHESTER COMMUNITY HEALTH CENTER

ADDRESS:

145 HOLLIS ST

MANCHESTER, NH 03101

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GIFT

FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 2,500.

RECIPIENT NAME:

CROTCHED MOUNTAIN SCHOOL

ADDRESS:

1 VERNEY DRIVE

GREENFIELD, NH 03047

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GIFT

FOUNDATION STATUS OF RECIPIENT:

N/A

AMOUNT OF GRANT PAID ..... 5,000.

BEDFORD, NH 03110 **RELATIONSHIP:** NONE PURPOSE OF GRANT: UNRESTRICTED GIFTS FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID ..... 4,000.

RECIPIENT NAME: GRANITE YMCA ADDRESS: 117 MARKET STREET MANCHESTER, NH 03101 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED GIFTS

FOUNDATION STATUS OF RECIPIENT:

N/A

AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: STRAWBERRY BANKE ADDRESS: PO BOX 300 PORTSMOUTH, NH 03802 **RELATIONSHIP:** NONE PURPOSE OF GRANT: UNRESTRICTED GIFT FOUNDATION STATUS OF RECIPIENT: N/A AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: BEDFORD HISTORICAL SOCIETY ADDRESS: 24 NORTH AMHERST ROAD BEDFORD, NH 03110 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED GIFT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 9,000. RECIPIENT NAME: BOYS & GIRLS CLUB OF NASHUA ADDRESS: 1 POSITIVE PLACE

NASHUA, NH 03060 RELATIONSHIP:

NONE
PURPOSE OF GRANT:
UNRESTRICTED GIFT
FOUNDATION STATUS OF

FOUNDATION STATUS OF RECIPIENT: N/A

RECIPIENT NAME:

NH CHILDREN'S TRUST

ADDRESS:

10 FERRY STREET ##315

CONCORD, NH 03301

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GIFT

FOUNDATION STATUS OF RECIPIENT:

N/A

AMOUNT OF GRANT PAID ..... 4,000. RECIPIENT NAME:

YMCA OF GREATER NASHUA

ADDRESS:

6 HENRY CLAY DRIVE MERRIMACK, NH 03054

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT: UNRESTRICTED GIFT

FOUNDATION STATUS OF RECIPIENT:

N/A

RECIPIENT NAME:

BOYS & GIRLS CLUB OF MANCHESTER

ADDRESS:

555 UNION ST

MANCHESTER, NH 03104

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GIFT

FOUNDATION STATUS OF RECIPIENT:

N/A

AMOUNT OF GRANT PAID ...... 5,000.

RECIPIENT NAME:

SHARE OUTREACH INC

ADDRESS:

ONE COLUMBUS AVENUE

MILFORD, NH 03055

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

UNRESTRICTED GIFT

FOUNDATION STATUS OF RECIPIENT:

N/A

AMOUNT OF GRANT PAID ...... 5,000.

AMOUNT OF GRANT PAID .....

STATEMENT 13

PURPOSE OF GRANT: UNRESTRICTED GIFT

N/A

FOUNDATION STATUS OF RECIPIENT:

5,000.

RECIPIENT NAME:

BREAKTHROUGH MANCHESTER

ADDRESS:

2108 RIVER ROAD

MANCHESTER, NH 03104

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

UNRESTRICTED GIFT

FOUNDATION STATUS OF RECIPIENT:

N/A

RECIPIENT NAME:

NASHUA CHILDREN'S HOME

ADDRESS:

125 AMHERST ST

NASHUA, NH 03064

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED GIFT

FOUNDATION STATUS OF RECIPIENT:

N/A

RECIPIENT NAME:

CONCORD HOSPITAL TRUST

ADDRESS:

250 PLEASANT STREET

CONCORD, NH 03301

**RELATIONSHIP:** 

NONE

PURPOSE OF GRANT:

UNRESTRICTED GIFT

FOUNDATION STATUS OF RECIPIENT:

N/A

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ANN DE NICOLA T/U/W 22-2534442 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: CATHOLIC CHARITIES OF NH ADDRESS: 215 MYRTLE ST MANCHESTER, NH 03104 **RELATIONSHIP:** NONE PURPOSE OF GRANT: UNRESTRICTED GIFT FOUNDATION STATUS OF RECIPIENT: N/AAMOUNT OF GRANT PAID ..... 6,000. RECIPIENT NAME: NEW HORIZONS ADDRESS: 199 MANCHESTER ST MANCHESTER, NH 03103 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED GIFT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: NH HUMANITIES COUNCIL ADDRESS: 117 PLEASANT STREET CONCORD, NH 03301 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED GIFT FOUNDATION STATUS OF RECIPIENT: N/AAMOUNT OF GRANT PAID ..... 2,500.

128,500.

TOTAL GRANTS PAID:

#### FEDERAL CAPITAL GAIN DISTRIBUTIONS

## LONG-TERM CAPITAL GAIN DISTRIBUTIONS

#### 15% RATE CAPITAL GAIN DISTRIBUTIONS

	155.00
METROPOLITAN WEST HIGH YD BD I #514	1,111.00
PUTNAM ABSOLUTE RETURN 700 Y	2,225.00
VANGUARD S/T BOND INDEX ADM # 5132	67.00
VANGUARD INTERM-TRM BD IDX ADM#5314	1,468.00
VANGUARD ADMIRAL GNMA FD #536	333.00
VANGUARD ADMIRAL INTERM TERM FD # 571	1,245.00
VANGUARD ADMIRAL FIXED INCOME ST CORP FD	97.00

TOTAL 15% RATE CAPITAL GAIN DISTRIBUTIONS

6,701.00

TOTAL LONG-TERM CAPITAL GAIN DISTRIBUTIONS

6,701.00