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Return of Private Foundation

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

OMB No 1545-0052

2015

Department of the Treasury Internal Revenue Service

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

		enue Service Information about Form 990-PF and its se	parate instructions	s at www.i	rs.gov/form	990pf. Oper	to Public Inspection
For	calen	dar year 2015 or tax year beginning	, 2015,	and endin	g		, 20
N	ame of	foundation			A Employer	identification number	,
_P	OND	FAMILY FOUNDATION			20-113	1673	
		and street (or P O, box number if mail is not delivered to street address)	ļ	Room/suite	B Telephone	number (see instructions	5)
C	/0 K	IRK POND TREAS 3 CANTER LANE			(207)7	57-4421	
С	ity or to	wn, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pending	, check here
_ c	APE	ELIZABETH, ME 04107		- 		•	<u></u>
G	Check	all that apply: Initial return Initial return	of a former public cha	rity	D 1. Foreig	n organizations, check he	ere ▶[_]
		Final return Amended re	eturn		2 Foros	n organizations meeting t	ho 959/ tost
		Address change Name change			check	here and attach computa	tion · · · ·
H	Check	type of organization: X Section 501(c)(3) exempt priv	ate foundation		E If private	foundation status was ten	minated under
\perp			taxable private founda	tion		07(b)(1)(A), check here	
1 1	air ma	arket value of all assets at J Accounting method:	X Cash	Accrual	F If the four	ndation is in a 60-month te	ermination —
		year (from Part II, col. (c), Other (specify)			J	ction 507(b)(1)(B), check	, ,
_	ine 16)		e on cash basis.)			, <u>-</u>	,
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	ł			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment come	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books			income.	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	146,40	d			
	2	Check ▶ ☐ If the foundation is not required to attach Sch B	<u> </u>	<u> </u>		W-18-1	
	3	Interest on savings and temporary cash investments		<u> </u>			
	4	Dividends and interest from securities	96,07	6	96,076		
	5a	Gross rents					
	b	Net rental income or (loss)	<u></u>				
Ë	6a	Net gain or (loss) from sale of assets not on line 10	433,91	<u>q</u>			ļ
Revenue	b	Gross sales price for all assets on line 6a 1,510,024	<u> </u>	ļ			<u> </u>
é	7	Capital gain net income (from Part IV, line 2)		/ED	133,910		
œ	8	Net short-term capital gain	KEUEIV	<u>'EU</u>	<u> </u>		
	9	Income modifications			3		
	10a	Gross sales less returns and allowances	5 MAY 0 6	<u> 2016 - 1</u> 2	?[<u></u>
	b	Less: Cost of goods sold	 		Ŷ		ļ
	C	Gross profit or (loss) (attach schedule)	CODEN				[
	99	Other income (attach schedule)	UGUEN		<u> </u>		
	₹2	Total. Add lines 1 through 11	676,38		529,986		
"	13	Compensation of officers, directors, trustees, etc	45,00	9	18,000		27,000
uses	14	Other employee salaries and wages		 			
en e	15	Pension plans, employee benefits	1.60	 	1 277		424
X	Вра	Legal fees (attach schedule) STM107	1,69		1,270		424
<u>Θ</u> (ָם בָּן	Accounting fees (attach schedule)	<u> </u>	 			
iii	11 C	Other professional fees (attach schedule)		 			
Str	₹.	Interest	5,33	 	5,330		
Ē	30	Depreciation (attach schedule) and depletion	5,33	}	3,330		
퇈	a,	Occupancy		 			
Ā	21	Travel, conferences, and meetings		 			
anc	22	Printing and publications					
ğ	23	Other expenses (attach schedule) STM103	12,74		12,745		
atir	156a b c 7 7 8 9 20 21 22 23 24 25	Total operating and administrative expenses.	12,73	7	~~, 134		
ě		Add lines 13 through 23	64,76	q	37,345		27,424
Ö	25	Contributions, gifts, grants paid	264,86	·	4,,525		264,865
	26	Total expenses and disbursements. Add lines 24 and 25	329,63		37,345	· 	292,289
	27	Subtract line 26 from line 12:	323,03	}	3.,313		
	a	Excess of revenue over expenses and disbursements .	346,75	d			
	ь	Net investment income (if negative, enter -0-)	510,75	7	492,641	······································	
	1	Adjusted net income (if negative, enter -0-)		 			

20-1131673

Б	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	En	d of year
	ai (ii	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	14,599	8,00	5 8,005
	2	Savings and temporary cash investments	394,775	496,65	9 496,659
	3	Accounts receivable ▶			
	1	Less. allowance for doubtful accounts		•	
	4	Pledges receivable >	, , , , , , , , , , , , , , , , , , , 	- ,	
	1	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	~ ·	 	
	ì	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)		······································	
	1	Less: allowance for doubtful accounts ▶			
3	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations (attach schedule)			
	1	Investments - corporate stock (attach schedule) STM137	1,871,661	2,120,31	5 3,842,765
	1	Investments - corporate bonds (attach schedule) STM138	476,544	334,03	
	11	Annual and budget and a second as a second as	170,311	331,03	2 331,880
	 ''		j		
	42	Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			-
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis			
	1	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers - see the			
	 	instructions Also, see page 1, item I)	2,757,579	2,959,01	1 4,679,315
	17	Accounts payable and accrued expenses			_
s	18	Grants payable			
Liabilities	19	Deferred revenue			
豆	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.</u>	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 · · · · · ▶ X and complete lines 24 through 26 and lines 30 and 31.			
lances	104	,	2,757,579	2,959,01	
a	24	Unrestricted	2,757,579	2,959,01	-
		Temporarily restricted			
Net Assets or Fund Ba	26	Permanently restricted			
를		Foundations that do not follow SFAS 117, check here	1		
Ä		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
et.	30	Total net assets or fund balances (see instructions)	2,757,579	2,959,01	1
Z	31	Total liabilities and net assets/fund balances (see	ļ		
	<u></u>	instructions)	2,757,579	2,959,01	1
	art III				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30 (must agree with	1	
	end-o	f-year figure reported on prior year's return)			2,757,579
2	Enter	amount from Part I, line 27a	<i>.</i>		346,752
3	Other	increases not included in line 2 (itemize)	=		
4	Add li	nes 1, 2, and 3		4	3,104,331
		ases not included in line 2 (itemize) STM116			145,320
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	2,959,011

Part IV Capital Gains	and Losses for Tax on Inve	estment income				
	be the kind(s) of property sold (e.g., real e ehouse; or common stock, 200 shs. MLC		(b) How acquired P-Purchase D-Donation	(c) Date ac (mo , da		(d) Date sold (mo , day, yr)
1a REPORTED ON HM P.	AYSON MANAGED ACCT		P	10-17-2	2000	12-15-2015
b REPORTED ON HMPA	YSON NONMANAGED ACT		P	01-02-1	1911	12-14-2015
С				1		
d						
6						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o plus expen				ain or (loss) (f) minus (g)
a 1,359,653			1,075,176			284,477
b 150,371			938			149,433
c						
d		<u> </u>				
е						
Complete only for assets show	wing gain in column (h) and owned by	y the foundation on 1	2/31/69	m	Gains (C	of (h) gain minus
(I) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (j		co) (k), but no	from col (h))
a						284,477
b						149,433
c						
d						
е						
2 Capital gain net income or (ne	t Canital IOSS)	so enter in Part I, line enter -0- in Part I, line	, ,	2		433,910
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	•	ĺ			
. •	8, column (c) (see instructions). If (l	• •				
	· · · · · · · · · · · · · · · · · · ·	· · · · ·		3		(48,464)
Part V Qualification U	nder Section 4940(e) for Re	educed Tax on	Net Investme	ent Incon	ne	
(For optional use by domestic priv If section 4940(d)(2) applies, leave	ate foundations subject to the section	n 4940(a) tax on net i	investment incom	e.)		
Was the foundation liable for the s	ection 4942 tax on the distributable a ualify under section 4940(e). Do not		the base period?	,		Yes X No
	in each column for each year; see th		making any entri	es.		
(a)		O mod dodono porono				(d)
Base period years Calendar year (or tax year beginnir	Adjusted qualifying distribution	ns Net value of n	(c) ioncharitable-use as	ssets		tribution ratio divided by col (c))
2014	246,	314	4,666,	870		.052779
2013	172,		4,069,		0	.042485
2012	136,		3,709,			.036779
2011	157,		3,436,	146	0	.045721
2010	162,		3,042,	250	0	.053279
				2	0	.231043
	ne 5-year base period - divide the tota			з	1	045200
number of years the foundatio	n has been in existence if less than 5	years		· · -		.046209
4 Enter the net value of nonchar	ntable-use assets for 2015 from Part	X, line 5		4		4,644,733
5 Multiply line 4 by line 3				5		214,628
6 Enter 1% of not investment in	come (1% of Part I, line 27b)			6		4,926
7 Add lines 5 and 6				7		219,554
8 Enter qualifying distributions fr	•				<u> </u>	292,289
If line 8 is equal to or greater to Part VI instructions.	han line 7, check the box in Part VI, li	ine 15, and complete	ınat part using a	1% tax rate.	see the	;

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instru	etic	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		4	,926
	here ► X and enter 1% of Part I, line 27b	Ţ			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 2	ļ			0
3	Add lines 1 and 2	ļ		4	,926
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4	ļ			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			4	,926
6	Credits/Payments:	Ť			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 4,953	l			
b	Exempt foreign organizations - tax withheld at source	}			
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld	ļ			
7	Total credits and payments. Add lines 6a through 6d			4	,953
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				27
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ► 27 Refunded ► 11				
Pa	t VII-A Statements Regarding Activities			V	A/-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	4 -	Yes	No X
	participate or intervene in any political campaign?	· · · -	1a		
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1	46		X
	Instructions for the definition)?	··· [-	1b		<u> </u>
	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.	1	1c		х
C	Did the foundation file Form 1120-POL for this year?	· · · · -	10		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		-	:	
	(1) On the foundation. > \$ (2) On foundation managers. > \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
_	on foundation managers. \$		2		Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	· · · · -	<u> </u>		,,,,,,,,
_	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		х
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	F	4a		X
4a	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
5	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:				
Ü	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	1			
	conflict with the state law remain in the governing instrument?		6	X	1
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	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
ua	ME				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		į		
U	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	Ì
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	ľ		-	
9	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"				ĺ
	complete Part XIV	}	9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				-
	names and addresses		10		X

Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	<u> </u>	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X_	
	Website address N/A			
14	The books are in care of ► ANN ST JOHN POND Telephone no. ► 207-7	67-4	421	
	Located at ► 3 CANTER LANE, CAPE ELIZ., ME ZIP+4 ► 04107			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here			▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the year		,	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority		Yes	No
	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. If "Yes," enter the name of			
_	the foreign country	<u> </u>		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļ	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?			
	(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?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		<u> </u>	
	(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.)	1		
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		Х
	Organizations relying on a current notice regarding disaster assistance check here			
С	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 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	1		
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<u> </u>	1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		
	at any time during the year?	1		
b	If "Yes," did it have excess business holdings in 2015 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			
4-	foundation had excess business holdings in 2015)	3b		X
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	46		Х
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		- 42

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Form 990-PF (2015) POND FAMILY FOUNDATE		Miles Fee	4700	NA COLOR	D	20-1131	673	Page 6
Part VII-B Statements Regarding Activitie		vnich For	n 4/20	т мау ве	Requi	rea (continuea)		
5a During the year did the foundation pay or incur any am					í	n		
(1) Carry on propaganda, or otherwise attempt to influ	-		•	• •	• • •	Yes X No		
(2) Influence the outcome of any specific public election					ı	m . 🖼		
directly or indirectly, any voter registration drive?						Yes X No		
(3) Provide a grant to an individual for travel, study, or						Yes [X] No		
(4) Provide a grant to an organization other than a che section 4945(d)(4)(A)? (see instructions)		etc , organızatı 			1	Yes X No		
(5) Provide for any purpose other than religious, chart								
purposes, or for the prevention of cruelty to children					,	Yes X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the trans								
Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?							5b	
c If the answer is "Yes" to question 5a(4), does the foun					ſ			
because it maintained expenditure responsibility for the	-				• • • {	Yes No		
If "Yes," attach the statement required by Regulations		• •						
6a Did the foundation, during the year, receive any funds,	_	_			1	□		
on a personal benefit contract?					ا ٠٠٠	Yes X No		v
b Did the foundation, during the year, pay premiums, dire	ectly or II	ndirectly, on a	persona	i benefit con	ract?		6b	X
If "Yes" to 6b, file Form 8870.					ſ			
7a At any time during the tax year, was the foundation a	-	-				Yes X No	 	
b If "Yes," did the foundation receive any proceeds or ha							7b	
Part VIII Information About Officers, Dire	ectors,	i rustees,	Found	ation ma	ınager	s, Hignly Pald	⊨mpi	oyees,
and Contractors								
1 List all officers, directors, trustees, foundation mana						Contributions to		
See 990_OFOV (a) Name and address	hour	e, and average is per week ed to position	(If n	ompensation not paid, iter -0-)	empl	oyee benefit plans ferred compensation		ense account, allowances
ANN ST JOHN POND	PRESI	DENT AND I	•					
3 CANTER LANE, CAPE ELIZ., ME 04107	<u> </u>	14.00		00		0		0
KIRK POND	TREAS	JRER AND I)					
3 CANTER LANE, CAPE ELIZ., ME 04107		1.00		0		0_		0
KYLE POND	DIREC'	FOR						
62 UPLAND ROAD, NEWTON, MA 02468	ł	0.20		0	·	0		0
JOEL POND	DIREC:	ror			<u> </u>			
20 ARBORSIDE DR, FALMOUTH, ME 04105	1	0.20		0		0		0
2 Compensation of five highest-paid employees (other	r than th	ose included	on line	1 - see instr	uctions). If none, enter		
"NONE."				1		(d) Contributions to		
(a) Name and address of each employee paid more than \$50,	,000	(b) Title, and a hours per w devoted to po	eek	(c) Comper	nsation	(d) Contributions to employee benefit plans and deferred compensation		ense account, allowances
NONE								
						<u> </u>		
				}				
				 				
]		
						ļl		

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Form 990-PF (2015)

Form 990-PF (2015) POND FAMILY FOUNDATION	20-1	131673 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued)	dation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional services (see instru	ctions). 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	· <u></u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ical information such as the number of	Expenses
1		
2		:
3		
4		
Part IX-B Summary of Program-Related Investments (see instruc		
Describe the two largest program-related investments made by the foundation during the tax year on 1 N/A	lines 1 and 2.	Amount
I N/A	-	0
2		
All other program-related investments. See instructions.		
3	,	
T. 4. A. I.A. II I. O.		

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	1 foun	dations,
	see instructions.)		
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	4,540,465
b	Average of monthly cash balances	1b	175,000
¢	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	4,715,465
6	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	4,715,465
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	70,732
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,644,733
6	Minimum investment return. Enter 5% of line 5	6_	232,237
Pa	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	ounda	ations
	and certain foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	232,237
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	4,926
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	227,311
4	Recoveries of amounts treated as qualifying distributions	4	L
5	Add lines 3 and 4	5	227,311
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	_ !	
	line 1	7	227,311
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	292,289
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u></u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .	4	292,289
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	4,926
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	287,363
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	e found	lation
	qualifies for the section 4940(e) reduction of tax in those years.		

Form	990-PF (2015) POND FAMILY FOUNDATIO	N		20-1131673	Page 9
Pa	rt XIII Undistributed Income (see instruc	tions)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years pnor to 2014	(c) 2014	(d) 2015
_	line 7				227,311
2	Undistributed income, if any, as of the end of 2015:		1		
a	Enter amount for 2014 only				·····
b	Total for prior years:			···	· · · · · · · · · · · · · · · · · · ·
3	Excess distributions carryover, if any, to 2015:		İ		
a	From 2010				
D	From 2011				
C	From 2012				
a	From 2014		-	1	
•	Total of lines 3a through e	2 44			
4	Qualifying distributions for 2015 from Part XII,	2,445		······································	
7	line 4: ▶\$ 292,289		İ		
а	A 1 1/2 AA 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		i i	}	
b	Applied to 2014, but not more than line 2a				
	(Election required - see instructions)		ĺ		
_	Treated as distributions out of corpus (Election	······			
·	required - see instructions)				
d	Applied to 2015 distributable amount				227,311
e	Remaining amount distributed out of corpus	64,978			221,311
5	Excess distributions carryover applied to 2015 .	04,574			
•	(If an amount appears in column (d), the same		······································	······································	
	amount must be shown in column (a).)		ŧ		
6	Enter the net total of each column as		ŀ	ţ	
•	indicated below:		1		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .	67,423	•	<u> </u>	
b	Prior years' undistributed income. Subtract		<u> </u>		
	line 4b from line 2b			Ť	
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has		-	‡	
	been issued, or on which the section 4942(a)		ļ	ļ	
	tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions			<u></u>	
6	Undistributed income for 2014. Subtract line			ŧ	
	4a from line 2a. Taxable amount - see		1		
	ınstructions				
f	Undistributed income for 2015, Subtract lines		ļ	1	
	4d and 5 from line 1. This amount must be		ŧ		
	distributed in 2016				0
7	Amounts treated as distributions out of corpus	j.	1	ļ.	
	to satisfy requirements imposed by section		•	1	
	170(b)(1)(F) or 4942(g)(3) (Election may be	Ī	ļ	1	
	required - see instructions)				
8	Excess distributions carryover from 2010 not		[
	applied on line 5 or line 7 (see instructions)		 		
9	Excess distributions carryover to 2016.		Į	}	
	Subtract lines 7 and 8 from line 6a	67,423			
10	Analysis of line 9.		<u> </u>	-	
	Excess from 2011		-	Į.	
þ	Excess from 2012		ļ		
C	Excess from 2013		1		
đ	Excess from 2014			1	
_ е	Excess from 2015		<u> </u>		

Part	XIV Private Operating Four	ndations (see ins	tructions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling or	determination letter th	at it is a private operatir	ng		. — —
	foundation, and the ruling is effective for	2015, enter the date o	f the ruling		>	
b	Check box to indicate whether the found	•	•	ed in section	4942(j)(3) or 4	942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	Touridation decories	Prior 3 years	1 1 10 12(1)(0) 01 1	0 120/(0/
	income from Part I or the minimum			,	T	(e) Total
	investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	each year listed		 		 	
b	85% of line 2a			<u> </u>		<u> </u>
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 .					
0	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the		}			
-	alternative test relied upon:					
а	"Assets" alternative test - enter. (1) Value of all assets					
	(2) Value of assets qualifying under					
ь	section 4942(j)(3)(B)(i)		 		 	
~	of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test - enter:		ł		1	
	(1) Total support other than gross		,			
	investment income (interest,					
	dividends, rents, payments on secunties loans (section					
	512(a)(5)), or royalties)		1		}	
	(2) Support from general public				 	
	and 5 or more exempt		1			
	organizations as provided in		}		ł	
	section 4942(j)(3)(B)(iii)				 	
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	XV Supplementary Informa	tion (Complete t	his part only if th	e foundation ha	d \$5,000 or more	in assets at
	any time during the yea	r - see instructio	ns.)			
1	Information Regarding Foundation M	anagers:				
а	List any managers of the foundation who	have contributed mor				
	before the close of any tax year (but only	y if they have contribu	ted more than \$5,000).	(See section 507(d)(2))	
	WIDE DAID					
	KIRK POND					
b	List any managers of the foundation who				portion of the	
	ownership of a partnership or other entit	y) or which the lounda	uon nas a 10% or great	G 111(G) G31.		
	NONE					
2	Information Regarding Contribution,	Grant, Gift, Loan, Sc	holarship, etc., Progra	ims:		
	Check here ▶ ☐ If the foundation only	makes contributions	to preselected chantabl	e organizations and do	es not accept	
	unsolicited requests for funds. If the four	ndation makes gifts, gr	ants, etc. (see instruction	ons) to individuals or o	rganizations under	
	other conditions, complete items 2a, b, c	, and d.		_		
а	The name, address, and telephone num		of the person to whom a	applications should be	addressed.	
	·					
	990APP					
b	The form in which applications should be	e submitted and inform	nation and materials the	y should include:		
-						
	Any submission deadlines:					
С	Any submission deadines.					
٠	Any restrictions or limitations on success	cuch ac hu accara-	ical areas, charitable fo	lde kinde of institution	as or other	
d	Any restrictions or limitations on awards factors:	, such as by geograph	iicai areas, chantable fie	aus, kinus oi insuludoi	13, 01 011101	
	1.000.01					

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Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During th	e Year or Approve	d for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year	1	1		
CONGRGATION BET HA'AM				
81 WESTBROOK STREET	j			
SOUTH PORTLAND, ME 04106		PC	GENERAL	1,000
CAPE ELIZ. CHURCH OF THE NAZARENE				
499 OCEAN HOUSE RD		1		
CAPE ELIZABETH, ME 04107		PC	GENERAL	1,000
CAPE ELIZ. UNITED METHODIST CHURCH				
280 OCEAN HOUSE RD	1	l .		
CAPE ELIZABETH, ME 04107		PC	GENERAL	2,500
FIRST CONGREGATIONAL CHURCH, UCC		}	1. NO.1 DREAM	
301 COTTAGE RD			INIT.	
SOUTH PORTLAND, ME 04107		PC	2. COMMUNITY	45,000
LAMDA CHI ALPHA FOUNDATION				
11711 N PENNSYLVANIA ST	1		1	
CARMEL, IN 46032-6959		PC	GENERAL	12,000
MAINE BEHAVIORAL HEALTH				
49 OAK STREET			1. GENERAL	
AUGUSTA, ME 04330		PC	2. SIGNS OF HOPE	64,615
MAINE MEDICAL CENTER				
22 BRAMHALL ST				
PORTLAND, ME 04101		PC	GENERAL	20,000
MEADOWBROOK SCHOOL				
51 WEST ST	İ	1		
FREEPORT, ME 04032		PC	GENERAL	2,500
Total		<u> </u>	> 3a	
b Approved for future payment				
)		
	İ	Ĭ		
		Į.	}	
		1]	
		l _i		
	}	1		
	1	1		
		1		
		}		
Total			▶ 3b	
				Earm 000 DE (2015)

Part XV Supplementary Information (continued)

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

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient						
a Paid during the year								
PEOPLE'S UNITED METHODIST CHURCH								
310 BROADWAY				i				
SOUTH PORTLAND, ME 04106		PC	GENERAL	1,000				
PORTLAND BALLET								
517 FOREST AVE								
PORTLAND, ME 04101		PC	GENERAL	250				
PORTLAND STAGE COMPANY								
25 FOREST AVE								
PORTLAND, ME 04101		PC	GENERAL	500				
REEDY CREEK MIDDLE SCHOOL				l				
110 CORNING RD	ł		1					
CARY, NC 27518		PC	GENERAL	1,500				
CARI, NC 2/516		FC	GENERAL	1,500				
RONALD MCDONALD HOUSE								
250 BRACKETT ST								
PORTLAND, ME 04102		PC	GENERAL	1,000				
ST BARTHOLOMEW CHURCH								
8 TWO LIGHTS ROAD								
CAPE ELIZABETH, ME 04107		PC	GENERAL	5,000				
SERVICES FOR THE UNDERSERVED								
305 SEVENTH AVE, 10TH FL				l				
NEW YORK, NY 10001		PC	GENERAL	1,000				
SHALOM HOUSE								
106 GILMAN ST								
PORTLAND, ME 04102		PC	GENERAL	1,500				
Total		·	▶ 3a					
b Approved for future payment								
		1						
]							
Total	<u>.,.,.,.,.,.</u>	. <u> </u>	▶ 3b					

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Part XV | Supplementary Information (continued)

SOUTHERN MAINE HEALTH CARE AUXILIAR 1 MEDICAL CENTER DRIVE BIDDEFORD, ME 04005 SPRING HARBOR HOSPITAL 123 ANDOVER RD WESTBROOK, ME 04092 PC 1. GENERAL 10,00 ST ALBANS CHURCH 885 SHORE RD CAPE ELIZABETH, ME 04107 PC GENERAL 1,00 STRIVE 28 FODEN RD SOUTH PORTLAND, ME 04106 UNIV OF ARKANSAS 1 UNIV OF ARKANSAS 2 CHOLARSHIP 2 DE TRUBENTAL 25,000 MASSACHUSSETS INSTITUTE OF TECHNOLO 77 MASS. AVE.	3 Grants and Contributions Paid During th	e Year or Approve	ed for Future I	Payment	
Nements described by year SOUTH FORTLAND HIGH SCHOOL 637 HIGHLAND AVE SOUTH FORTLAND HIGH SCHOOL 637 HIGHLAND AVE SOUTH FORTLAND, ME 04106 SOUTHERN MAINE HEALTH CARE AUXILIAR 1 MEDICAL CENTER DRIVE BIODEFORD, ME 04005 SPRING HARBON HOSPITAL 123 ANDOVER RD WESTBROOK, ME 04092 PC 1. GENERAL 10,00 STRIVE 88 FOLEN HOSPITAL 123 ANDOVER RD WESTBROOK, ME 04107 STRIVE 88 FOLEN HOSPITAL 10,00 STRIVE 81 FOLEN HOSPITAL 10,00 STRIVE 81 FOLEN HOSPITAL 11,00 STRIVE 82 FOLEN HOSPITAL 10,00 STRIVE 83 FOLEN HOSPITAL 11,00 STRIVE 84 FOLEN HOSPITAL 11,00 STRIVE 85 SHORE RD CHERAL 1,00 GENERAL 2,00 ANASSACHUSHER, AF 7270-9980 THOMAS MEMORIAL LIBRARY FOUNDATION 6 SCOTT DVER ROAD CAPE ELIZABETH, ME 04107 MASSACHUSHSETS INSTITUTE OF TECHNOLO 77 MASSACHUSHSETS INSTITUTE OF TECHNOLO 77 MASSACHUSHSETS INSTITUTE OF TECHNOLO 77 MASSACHUSHSETS INSTITUTE OF TECHNOLO 77 MASSACHUSHSETS INSTITUTE OF TECHNOLO 77 MASSACHUSHSETS INSTITUTE OF TECHNOLO 77 MASSACHUSHSETS INSTITUTE OF TECHNOLO 77 MASSACHUSHSETS INSTITUTE OF TECHNOLO 77 MASSACHUSHSETS INSTITUTE OF TECHNOLO 78 MASSACHUSHSETS INSTITUTE OF TECHNOLO 79 MASSACHUSHSETS INSTITUTE OF TECHNOLO 71 MASSACHUSHSETS INSTITUTE OF TECHNOLO 75 MASSACHUSHSETS INSTITUTE OF TECHNOLO 76 MASSACHUSHSETS INSTITUTE OF TECHNOLO 77 MASSACHUSHSETS INSTITUTE OF TECHNOLO 78 MASSACHUSHSETS INSTITUTE OF TECHNOLO 79 MASSACHUSHSETS INSTITUTE OF TECHNOLO 71 MASSACHUSHSETS INSTITUTE OF TECHNOLO 71 MASSACHUSHSETS INSTITUTE OF TECHNOLO 72 MASSACHUSHSETS INSTITUTE OF TECHNOLO 73 MASSACHUSHSETS INSTITUTE OF TECHNOLO 74 MASSACHUSHSETS INSTITUTE OF TECHNOLO 75 MASSACHUSHSETS INSTITUTE OF TECHNOLO 76 MASSACHUSHSETS INSTITUTE OF TECHNOLO 77 MASSACHUSHSETS INSTITUTE OF TECHNOLO 78 MASSACHUSHSETS INSTITUTE OF TECHNOLO 79 MASSACHUSHSETS INSTITUTE OF TECHNOLO 71 MASSACHUSHSETS INSTITUTE OF TECHNOLO 71 MASSACHUSHSETS INSTITUTE OF TECHNOLO 71 MASSACHUSHSETS INSTITUTE OF TECHNOLO 71 MASSACHUSH ORD 71 MASSACHUS	·	show any relationship to any foundation manager	status of		Amount
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STRIVE 28 FODEN RD SOUTH PORTLAND, ME 04106 UNIV OF ARRANSAS 1 UNIV OF ARRANSAS 1 UNIV OF ARRANSAS FAXETTEVILLE, AR 72701-9980 THOMAS MEMORIAL LIBRARY FOUNDATION 6 SCOTT DYER ROAD CAPE ELIZABETH, ME 04107 MASSACHUSSETS INSTITUTE OF TECHNOLO 77 MASS. AVE. CAMERIDGE, MA 02139 PC 1. GENERAL 50 Total Approved for future payment			1		
28 FODEN RD SOUTH PORTLAND, ME 04106 UNIV OF ARKANSAS 1 UNIV OF ARKANSAS 1 UNIV OF ARKANSAS FAYETTEVILLE, AR 72701-9980 THOMAS MEMORIAL LIBRARY FOUNDATION 6 SCOTT DYER ROAD CAPE ELIZABETH, ME 04107 MASSACHUSSETS INSTITUTE OF TECHNOLO 77 MASS. AVE. CAMERIDGE, MA 02139 Total Approved for future payment GENERAL 1,00 1.ACCESS ARKANSAS SCHOLARSHIP 2. PHILIP FOND 37,00 TO 1. GENERAL 25,00 1. GENERAL 50 Total	CAPE ELIZABETH, ME 04107		PC	GENERAL	1,000
SOUTH FORTLAND, ME 04106 UNIV OF ARKANSAS 1 UNIV OF ARKANSAS 1 UNIV OF ARKANSAS 1 UNIV OF ARKANSAS FAYETTEVILLE, AR 72701-9980 THOMAS MEMORIAL LIBRARY FOUNDATION 6 SCOTT DYER ROAD CAPE ELIZABETH, ME 04107 MASSACHUSSETS INSTITUTE OF TECHNOLO 77 MASS. AVE. CAMBRIDGE, MA 02139 PC 1. GENERAL 25,00 Total Total Approved for future payment	STRIVE				
UNIV OF ARKANSAS 1 UNIV OF ARKANSAS FAYETTEVILLE, AR 72701-9980 THOMAS MEMORIAL LIBRARY FOUNDATION 6 SCOTT DYER ROAD CAPE ELIZABETH, ME 04107 MASSACHUSSETS INSTITUTE OF TECHNOLO 77 MASS. AVE. CAMBRIDGE, MA 02139 Total Approved for future payment 1.ACCESS ARKANSAS SCHOLARSHIP 2. PHILIP POND 37,00 1. GENERAL 25,00 TOTAL 50 TOTAL	28 FODEN RD		j		
1 UNIV OF ARKANSAS PAYETTEVILLE, AR 72701-9980 PC 2. PHILIP FOND 37,00 THOMAS MEMORIAL LIBRARY FOUNDATION 6 SCOTT DYER ROAD CAPE ELIZABETH, ME 04107 PC 1. GENERAL 25,00 MASSACHUSSETS INSTITUTE OF TECHNOLO 77 MASS. AVE. CAMBRIDGE, MA 02139 PC 1. GENERAL 50 Total	SOUTH PORTLAND, ME 04106			GENERAL	1,000
FAYETTEVILLE, AR 72701-9980 THOMAS MEMORIAL LIBRARY FOUNDATION 6 SCOTT DYER ROAD CAPE ELIZABETH, ME 04107 MASSACHUSSETS INSTITUTE OF TECHNOLO 77 MASS. AVE. CAMBRIDGE, MA 02139 PC 1. GENERAL 50 Total	UNIV OF ARKANSAS			1.ACCESS ARKANSAS	
PAYETTEVILLE, AR 72701-9980 THOMAS MEMORIAL LIBRARY FOUNDATION 6 SCOTT DVER ROAD CAPE ELIZABETH, ME 04107 MASSACHUSSETS INSTITUTE OF TECHNOLO 77 MASS. AVE. CAMBRIDGE, MA 02139 Total Approved for future payment PC 2. PHILIP FOND 37,00 37,00 1. GENERAL 25,00 1. GENERAL 50			!		
6 SCOTT DYER ROAD CAPE ELIZABETH, ME 04107 MASSACHUSSETS INSTITUTE OF TECHNOLO 77 MASS. AVE. CAMBRIDGE, MA 02139 FC 1. GENERAL 25,00 Total			PC	2. PHILIP POND	37,000
6 SCOTT DYER ROAD CAPE ELIZABETH, ME 04107 MASSACHUSSETS INSTITUTE OF TECHNOLO 77 MASS. AVE. CAMBRIDGE, MA 02139 FC 1. GENERAL 25,00 Total	THOMAS MEMORIAL LIBRARY FOUNDATION				
CAPE ELIZABETH, ME 04107 MASSACHUSSETS INSTITUTE OF TECHNOLO 77 MASS. AVE. CAMBRIDGE, MA 02139 PC 1. GENERAL 25,00 Total					
77 MASS. AVE. CAMBRIDGE, MA 02139 PC 1. GENERAL 50 Total			PC	1. GENERAL	25,000
77 MASS. AVE. CAMBRIDGE, MA 02139 PC 1. GENERAL 50 Total	MACCACHICCETC INCTITUTE OF TECHNOLO	1			
Total Sabproved for future payment Sabproved					
b Approved for future payment	CAMBRIDGE, MA 02139		PC	1. GENERAL	500
b Approved for future payment	Total				
Total			1]	
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Total					
Total		1	1		
Total					
Total					
Total		1	1		
Total					
	Total		<u> </u>	▶ 3b	

20-1131673

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During th	e Year or Approve	d for Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year PARKINSONS INSTITUTE AND CLINICAL				
675 ALMANOR AVE.				
SUNNYVALE, CA 94085			GENERAL	25,000
CAPE ELIZABETH EDUCATION FOUNDATION				
PO BOX 6225 CAPE ELIZABETH, ME 04107			GENERAL	500
SCARBOROUGH SCHOOL SYSTEM				
295 US ROUTE 1		ļ		
SCARBOROUGH, ME 04074			GENERAL	500
GULF OF MAINE RESEARCH INSTITUTE	ļ		,	
350 COMMERCIAL ST				
PORTLAND, ME 04101			GENERAL	500
CAPE ELIZABETH CHURCH OF JESUS CHRI				
29 OCEAN HOUSE RD			GENERAL	1,000
CAPE ELIZABETH, ME 04107			GENERALI	1,000
CONGREGATION BET HA'AM				
81 WESTBROOK ST				
SOUTH PORTLAND, ME 04106			GENERAL	1,000
Total				264,865
b Approved for future payment				
		ļ		
		}		
	İ			
	1			
	<u> </u>	<u> </u>	<u> </u>	
Total	<u> </u>	<u>.</u> . <u>.</u> . <u></u> . <u>.</u>	▶ 3b	Form 000 BE (2015)

EEA

Form 990-PF (2015)

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by sec	tion 512, 513, or 514	(e)
Program service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a	code				
b			 		
c			 		
d			 		
θ			1		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments .					
4 Dividends and interest from securities			14	96,076	
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	433,910	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b	 				
c				+	
d			 		
•					
12 Subtotal. Add columns (b), (d), and (e)		 		529,986	
				13	529,98
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to th	a A a a a marali	shment of Ex	compt Burnes		
Explain below how each activity for which incomplishment of the foundation's exempt					
					
					
					
					
					
					
					
		- 			
	- 				
				·····	

Form	990-F		OND FAMILY FOU					20-11316		_ Pa	age 1
Par	t XV	II Informatio	n Regarding Tra	ansfers To and Ti	ransaction	s and Re	lationship	s With None	charit	able	
			rganizations								
1	Did t	he organization dire	ctly or indirectly engage	ge in any of the following	g with any oth	er organizati	on described			Yes	No
	ın se	ction 501(c) of the C	Code (other than section	on 501(c)(3) organizatio	ns) or in secti	on 527, rela	ting to political				
	orgar	nizations?								Ì	
а	Trans	sfers from the repor	ting foundation to a no	ncharitable exempt org	anization of						
	(1) (Cash							1a(1)		X
	(2) (Other assets							1a(2)		X
b	Othe	r transactions:									
	(1) S	Sales of assets to a	noncharitable exempt	organization					1b(1)	<u> </u>	X
	(2) F	Purchases of assets	from a noncharitable	exempt organization					1b(2)		X
	(3) F	Rental of facilities, e	quipment, or other ass	ets					1b(3)		X
	(4) F	Reimbursement arra	ingements						1b(4)		X
	(5) L	oans or loan guarar.	ntees						1b(5)	<u> </u>	X
	(6) F	Performance of serv	ices or membership o	r fundraising solicitation	s				1b(6)		X
C	Shari	ing of facilities, equi	pment, mailing lists, of	ther assets, or paid emp	oloyees .				1c	<u> </u>	X
d	If the	answer to any of th	ie above is "Yes," com	plete the following sch	edule. Column	(b) should a	always show th	ne fair market			
	value	of the goods, other	r assets, or services g	iven by the reporting for	undation. If the	e foundation	received less	than fair market			
	value	in any transaction	or sharing arrangemer	nt, show in column (d) to	he value of the	e goods, oth	er assets, or s	ervices received	1		
(a) Lir	ne no	(b) Amount involved	(c) Name of none	charitable exempt organiza	tion (d	d) Description	of transfers, tra	nsactions, and sha	aring arra	angem	ents
			ļ								
			<u> </u>								
											
		<u> </u>									
].										
			<u> </u>								
2a		-		with, or related to, one of			zations		\Box		ח
				than section 501(c)(3))	or in section 5	527?			∐ Ye	s X	No
b	If "Ye	es," complete the fol	lowing schedule.								
		(a) Name of organ	nization	(b) Type of org	ganization		(c) De	scription of relatio	nship		
											
											
	7								15.1.7.1		
٥.	l coi	der penalties of penury, I rect, and complete Deci	declare that I have examine aration of preparer (other tha	d this return, including accomp in taxpayer) is based on all info	panying schedule: ormation of which	s and statement preparer has ar	s, and to the best ny knowledge	or my knowledge and	ı pellef, il	is true,	
Sig		1. 1	10 1	1.14 /				May the IR			
Her	e L	unn t	: Tank	14/30//		SIDENT A	AND DIRECT	with the property (see inst.)		own bel Yes	low No
		Signature of officer or tr		Date	Title	, <u> </u>				===	<u>ــــــــــــــــــــــــــــــــــــ</u>
Dai	A	Print/Type prepar		Preparer s.eygneture) A	Date		ecv	PTIN		
Paid	u	Michael J	Quinlan	VIN 17		04-1	9-2016	self-employed	201356	5119	

Firm's EIN

Phone no

Preparer

Use Only Firm's address ▶ Ten Free Street

Firm's name

▶ Jensen Baird Gardner/& Henry

Portland ME 04101

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Name	of the organization				Employer identification number
	FAMILY FOUNDATION	<u>N</u>			20-1131673
Organ	ization type (check one):				
Filers	of:	Sec	ction:		
Form 9	990 or 990-EZ		501(c)() (enter number) organization	
			4947(a)(1) r	nonexempt charitable trust not treated as a private foundation	
			527 political	organization	
Form 9	990-PF	X	501(c)(3) ex	empt private foundation	
			4947(a)(1) r	nonexempt charitable trust treated as a private foundation	
			501(c)(3) ta	xable private foundation	
Check	ıf your organization is cove	red b	y the Genera	al Rule or a Special Rule.	
Note. (), or ((10) organiza	tion can check boxes for both the General Rule and a Special I	Rule. See
Genera	al Rule				
X	•		-	t, or 990-PF that received, during the year, contributions totaling e contributor. Complete Parts I and II. See instructions for deter	=
	contributor's total contribu	itions	5.		
Specia	al Rules				
	regulations under section: 13, 16a, or 16b, and that i	s 509 recen	9(a)(1) and 17 ved from any	1(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 70(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), one contributor, during the year, total contributions of the great 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Par	, Part II, line er of (1)
	contributor, during the year	ar, tot	tal contributio	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ns of more than \$1,000 exclusively for religious, chantable, screprevention of cruelty to children or animals. Complete Parts I, II	entific,
	contributor, during the year contributions totaled more during the year for an exc General Rule applies to the	ar, co thar lusive his or	entributions ex n \$1,000. If the ely religious, rganization be	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sclusively for religious, chantable, etc., purposes, but no such is box is checked, enter here the total contributions that were recharitable, etc., purpose. Do not complete any of the parts unle ecause it received nonexclusively religious, charitable, etc., cor	eceived ess the ntributions
990-E2	z, or 990-PF), but it must ar	nswe	r "No" on Pai	General Rule and/or the Special Rules does not file Schedule E t IV, line 2, of its Form 990; or check the box on line H of its Fo meet the filing requirements of Schedule B (Form 990, 990-EZ	rm 990-EZ or on its

Name of organization
POND FAMILY FOUNDATION

Employer identification number 20-1131673

Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KIRK POND 3 CANTER LANE CAPE ELIZABETH, ME 04107	\$\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person

Name of organization
POND FAMILY FOUNDATION

Employer identification number 20-1131673

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) 7500 SHS FAIRCHILD 1 SEMICONDUCTOR 146,400 12-10-2015 (a) No. (c) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part 1 (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions)

Federal Supporting Statements **2015** PG01 Name(s) as shown on return 20-1131673 POND FAMILY FOUNDATION FORM 990PF - PART III - LINE 5 STATEMENT #116 OTHER DECREASES SCHEDULE SEE EXHIBIT A ATTACHED 145,320 145,320 TOTAL PG01 FORM 990PF - PART II - LINE 10(B) STATEMENT #137 INVESTMENTS: CORPORATE STOCK SCHEDULE CATEGORY BOY BOOK VALUE EOY FMV HMPAYSON MANAGED ACCT. COM/OTH 1,871,661 2,120,315 3,842,765 TOTALS 1,871,661 2,120,315 3,842,765 PG01 FORM 990PF - PART II - LINE 10(C) STATEMENT #138
INVESTMENTS: CORPORATE BOND SCHEDULE BOY BOOK VALUE EOY FMV CATEGORY 476,544 334,032 331,886 HM PAYSON MANAGED ACT 476,544 334,032 331,886 TOTALS

EXHIBIT A THE POND FAMILY FOUNDATION E.I.N. 20-1131673 IRS FORM 990-PF

TAXABLE YEAR ENDING DECEMBER 31, 2015

PART III, LINE 5: ANALYSIS OF CHANGES IN NET ASSETS OR FUND BALANCES

The Foundation was formed in 2004 as a Maine nonprofit corporation. During 2015 its founder, Kirk Pond, contributed appreciated publicly traded stock with the following date of gift value and Donor's cost basis:

Date of Gift	<u>Gift</u>	Date of Gift Value	Donor's Tax Cost Basis
12/10/2015	7,500 shares – Fairchild Semiconductor common stock	\$146,400	\$938.00

The fair market value of this gift is reflected in Part 1 on Line 1. The Foundation sold these shares on 12/14/2015 and the gain from that sale of \$149,433 is reflected in Part 1 on Lines 6a and 7. Thus, an adjustment needs to be made in Part III (Analysis of Changes in Net Assets or Fund Balances) to address the double counting of this amount on Line 1 and Line 6a of Part I. The balance sheet adjustment for the donated stock is \$146,400 - \$938 cost basis which equals \$145,462. The net adjustment to the Changes in Net Assets or Fund Balances reflected on Line 5 of Part III is a decrease of \$145,320 which is the above adjustment of \$145,462 less adjustments for dollar rounding and other book value adjustments.

nents 2015 pent	lö ⊼	Is	CHARITABLE PURPOSE	0 0 0	PG01 ULE STATEMENT #107~	CHARITABLE PURPOSE 424 424	
Federal Supporting Statements		- OTHER EXPENSES SCHEDULE	ADJUSTED NET INCOME	0000	- LINE 16(A) - LEGAL FEES SCHEDULE	ADJUSTED NET INCOME 0	
Federal Su		FORM 990PF - PART 1 - LINE 23	NET INVESTMENT	35 12,710 0 0	FORM 990PF - PART I - LINE 16(NET INVESTMENT 1,270	
		FORM 990F	REVENUE AND EXPENSES	35 12,710 0 0	FORM 990F	AND EXPENSES 1,694	
	Name(s) as shown on return POND FAMILY FOUNDATION		DESCRIPTION	CORPORATE ANNUAL REPORT FEE HM PAYSON MANAGEMENT FEES ABB LTD SPNSRD ADR SERVICE CHARGE		DESCRIPTION JENSEN BAIRD TOTALS	

		1	d		
		Federal St	Federal Supporting Statements	nents	2015 PG01
Name(s) as shown on return POND FAMILY FOUNDATION					Your Social Secunty Number 20-1131673
	FORM 990PF	90PF - PART I - LINE	- PART I - LINE 18 - TAXES SCHEDULE		STATEMENT #110~
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
IRS EXCISE TAX FOREIGN TAXES IRS ESTIMATED TAX PAYMENTS	153 377 4,800	153 377 4,800	0 0 0	0 0 0	
TOTALS	5,330	5,330	0	0	

Federal Supporting Statements 2015 PG01 Your Social Security Number POND FAMILY FOUNDATION 20-1131673

FORM 990PF - PART XV - LINE 2 APPLICATION SUBMISSION INFORMATION

GRANT PROGRAM

Name(s) as shown on return

GENERAL

APPLICANT NAME

ANN ST. JOHN POND

ADDRESS

3 CANTER LANE

CAPE ELIZABETH, ME 04107

TELEPHONE

207-767-4421

EMAIL ADDRESS

NSTJOHN46@HOTMAIL.COM

FORM & CONTENT

THERE IS NO PRESCRIBED FORM IN WHICH THE APPLICATIONS SHOULD BE SUBMITTED. THE APPLICANT MUST SUBMIT MATERIALS REGARDING ITS IRS TAX EXEMPT STATUS AND EXPLAIN THE PURPOSE FOR THE REQUESTED GRANT.

SUBMISSION DEADLINE

NO SUBMISSION DEADLINE

RESTRICTIONS ON AWARD

THE FOUNDATION HAS LIMITED RESOURCES AND LIMITS GRANTS TO TAX EXEMPT ORGANIZATIONS WHICH QUALIFY AS PUBLIC CHARITIES.

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2015 990-16 fact II EIN: 20-1131673

HMPayson Page 3

> POND FAMILY FOUNDATION NON-MANAGED ACCOUNT

5940712225 12/01/2015 - 12/31/2015 Account #: Reporting Period:

		Asset	Asset Statement						
Units	Description	Unit Cost	Total Cost	Mkt Price	Mkt Value	Unrealized % of Gain/Loss Account	% of Account	Annual	Yield at Mkt
Cash & Equivalents	ivalents								
Cash & 1 160,616.16	Cash & Equivalents 160,616.160 FEDERATED GOVT OBLIGS TX-MGD INSTL	1.00	160,616.16	1.00	160,616 16	0.00	100 00	181.50	0.11
Total Cas	Income Cash Principal Cash Total Cash & Equivalents	0.00	0.00 0.00 160,616.16	0.00	0.00 0.00 160,616.16	0.00 0.00 0.00	0 00 0.00 100.00	0.00 0.00 181.50	0.00 0.00 0.11
Total Account	ŧ		160,616.16		160,616.16	0.00	100.00	181.50	0.11

HMPayson

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POND FAMILY FOUNDATION MANAGED ACCOUNT

5990712211 12/01/2015 - 12/31/2015 Account #: Reporting Period:

		Asset	Asset Statement						
Units	Description	Unit Cost	Total Cost	Mkt Price	Mkt Value	Unrealized Gain/Loss	% of Account	Annual	Yield at Mkt
Cash & Equivalents	iivalents								
Cash & E	Cash & Equivalents 0 FEDERATED PRIME VALUE	0.00	0.00	00.00	0.00	0.00	0.00	00 0	0.00
336,042.57	336,042.570 FEDERATED GOVT OBLIGS TX-MGD	1.00	336,042.57	1.00	336,042.57	0.00	7.45	379.73	0.11
Total Cas	INSTE Income Cash Principal Cash Total Cash & Equivalents	00.00	0.00 0.00 336,042.57	0.00	0.00 0.00 336,042.57	0.00 0.00 0.00	0.00 0.00 7.45	0.00 0 00 379.73	0.00 0.00 0.11
Fixed Income	ie I								
Corporat	Corporate Bonds & Notes								
210	ISHARES 1-3 YEAR CREDIT BOND	104.45	21,934.47	104.60	21,966.00	31.53	0.49	259.98	1.18
19,000	MOHAWK INDUSTRIES INC SR UNSECURED DTD 01/17/2006 ADJ	100.08	19,014.25	100.11	19,020.14	5.89	0.42	1,163.75	6.12
20,000	HALE 6.125% 01/15/2016 HARTFORD FINL SVCS SR UNSECURED DTD 10/03/2006 5 5% 10/15/2016	99.10	49,550.00	103.34	51,668.00	2,118.00	1.15	2,750.00	5.32
25,000	TEVA PHARMACEUTICAL FIN CO B.V NOTE DTD 11/10/2011 2.4%	103.13	25,783.25	100.62	25,154.75	-628.50	0.56	00.009	2.39
25,000	AFLAC INC NOTE DTD 02/10/2012 2.65% 02/15/2017	105.29	26,323.50	101.32	25,329.25	-994.25	0.56	662.50	2.62
20,000	TECH DATA CORP SR NT DTD 09/21/2012 3 75%, 09/21/2017	102.54	51,271.00	101.19	50,597.00	-674.00	1.12	1,875.00	3.71
50,000	12/04/2012 2:15% 25/1/2017 NEWELL RUBBERMAID INC NT DTD 12/04/2012 2:05%, 12/01/2017	100.14	50,071.00	98.21	49,107.00	-964.00	1.09	1,025.00	2.09
40,000	AMGEN INC SR GLBL NT DTD 05/22/2014 2.2% 05/22/2019	100.17	40,067.20	99.87	39,949.60	-117.60	0.89	880.00	2.20

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HM Payson

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POND FAMILY FOUNDATION MANAGED ACCOUNT

Account #: Reporting Period:

5990712211 12/01/2015 - 12/31/2015

		Asset Sta	Asset Statement (Cont'd)	d)					
Units	Description	Unit Cost	Total Cost	Mkt Price	Mkt Value	Unrealized Gain/Loss	% of Account	Annual	Yield at Mkt
50,000	MCDONALDS CORP MTN FR DTD	100.03	50,016.90	98.19	49,094.00	-922.90	1.09	1,100.00	2 24
Total Corp	US/26/2015 2.2% US/26/2020-2020 Total Corporate Bonds & Notes		334,031.57		331,885.74	-2,145.83	7.36	10,316.23	3.11
Core Equity									
Consume 4.200	Consumer Discretionary	15.33	64.373.00	62.50	262.500.00	198,127,00	5.82	2.688.00	1.02
3,000	TUX COS INC NEW TWENTY FIRST CENTURY FOX INC COM	18.61 30.54	55,823.00 76,339.00	70.91	212,730.00 68,075.00	156,907.00 -8,264.00	4.72	2,520.00	1.18
Total Con	CL B SHS Total Consumer Discretionary		196,535.00		543,305.00	346,770.00	12.04	5,958.00	1.10
Consum	Consumer Staples	,			1				;
1,968	MONDELEZ INTL INC COM CL A PEDSICO INC	19.29	37,970.41	44.84 00.02	88,245.12	50,274.71	1.96	1,338.24	1 52 2 81
2,000	PROCTER & GAMBLE CO	43.73	87,451.45	79.41	158,820.00	71,368.55	3.52	5,304.00	3.34
975	WAL-MART STORES INC	45.69	44,548.17	61.30	59,767.50	15,219.33	1.33	1,911.00	3.20
Total Con	Total Consumer Staples		220,121.63		386,768.62	166,646.99	8.57	10,801.24	2.79
Energy 525	CHEVRON CORP	52 80	27.717.25	96.68	47,229,00	19,511,75	1.05	2.247.00	4.76
750	EXXON MOBIL CORP	65.36	49,020.50	77.95	58,462.50	9,442.00	1.30	2,190.00	3.75
1,200	OCCIDENTAL PETROLEUM CORP	74 44 26 31	89,322.56 42,093,00	67.61 69.75	81,132.00	-8,190.56	1.80 2.47	3,600.00	4.44 787
Total Energy	rgy	5	208,153,31) ; ;	298,423.50	90,270.19	6.62	11,237.00	3.77
Financials				,			, !		;
1,000 6,000 1,500	AMERICAN EXPRESS CO BANK OF AMERICA CORP JPMORGAN CHASE & CO COM	39.93 15.86 33.71	39,927.00 95,167.40 50,557.85	69.55 16.83 66.03	69,550.00 100,980.00 99,045.00	29,623.00 5,812.60 48,487.15	1.54 2.24 2.20	1,160.00 1,200.00 2,640.00	1.67 1 19 2.67

POND FAMILY FOUNDATION MANAGED ACCOUNT

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Account #: 5990712211 Reporting Period: 12/01/2015 - 12/31/2015

		Asset St	Asset Statement (Cont'd)	d)					
Units	Description	Unit Cost	Total Cost	Mkt Price	Mkt Value	Unrealized Gain/Loss	% of Account	Annual	Yield at Mkt
1,000 TRA 2,000 WEL Total Financials	TRAVELERS COMPANIES INC WELLS FARGO & COMPANY ancials	49.43 44.33	49,430.00 88,665.80 323,748.05	112.86 54.36	112,860.00 108,720.00 491,155.00	63,430.00 20,054.20 167,406.95	2.50 2.41 10.89	2,440.00 3,000.00 10,440.00	2.16 2.76 2.13
Health Care 1,000 ABBO 1,000 GILEA 3,964 IDEX) 1,352 JOHN 3,750 PFIZE Total Health Care	are ABBOTT LABORATORIES GILEAD SCIENCES INC IDEXX LABORATORIES INC JOHNSON AND JOHNSON PFIZER INC	25.47 104.63 4.47 66.47	25,473.82 104,627.90 17,719.08 89,863.12 60,645.13 298,329.05	44.91 101.19 72.92 102.72 32.28	44,910.00 101,190.00 289,054.88 138,877.44 121,050.00 695,082.32	19,436.18 -3,437.90 271,335.80 49,014.32 60,404.87	1.00 2.24 6.41 3.08 2.68	1,040.00 1,720.00 0.00 4,056.00 4,500.00	2.32 1.70 0.00 2.92 3.72
Industrials 1,000 GEN 5,000 GEN 1,400 SPIR 1,350 UNIT 2,500 WEX Total Industrials	GENERAL DYNAMICS CORP GENERAL ELECTRIC CO SPIRIT AEROSYSTEMS HLDS INC CL A UNITED TECHNOLOGIES CORP WEX INC COM	63.20 24.48 22.54 75.89 21.87	63,197.70 122,407.50 31,561.20 102,445.41 54,675.00 374,286.81	137.36 31.15 50.07 96.07 88.40	137,360.00 155,750.00 70,098.00 129,694.50 221,000.00 713,902.50	74,162.30 33,342.50 38,536 80 27,249.09 166,325.00 339,615,69	3.05 3.45 1.55 2.88 4.90 15.83	2,760.00 4,600.00 0.00 3,456.00 0.00	2.01 2.95 0.00 2.66 0.00
Informat 150 950 800 2,800 3,500 Total Info	Information Technology 150 ALPHABET INC CAP STK CL A 950 APPLE INC 800 INTERNATIONAL BUSINESS MACHINES 2,800 MICROSOFT CORP 3,500 ORACLE CORP Total Information Technology	532.93 110.79 76.17 29.78 19.36	79,939.99 105,249.00 60,937.75 83,375.05 67,744.80	778.01 105.26 137.62 55.48 36.53	116,701.50 99,997.00 110,096.00 155,344.00 127,855.00 609,993.50	36,761 51 -5,252.00 49,158.25 71,968.95 60,110.20	2.52 2.22 3.44 4.6 8.3 5.2	0.00 1,976.00 4,160.00 4,032.00 2,100.00 12,268.00	0.00 1.98 3.78 2.60 1.64
Total Core Equity	quity		2,018,420.44 🗸		3,738,630.44 ^V 1,720,210.00	1,720,210.00	82.88	72,836.24	1.95

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POND FAMILY FOUNDATION MANAGED ACCOUNT

5990712211 12/01/2015 - 12/31/2015 Account #: Reporting Period:

		Asset State	Asset Statement (Cont'd)	J)					
Units	Description	Unit Cost	Total Cost	Mkt Price	Mkt Value	Unrealized % of Gain/Loss Account	% of Account	Annual Yield Income at Mkt	Yield at Mkt
Other Equity									
Foreign E 3,235	Foreign Equity Funds 3,235 ISHARES MSCI EMERGING MARKETS (MKT)	31.50	101,894.12	32.19	104,134 65	2,240.53	2.31	2,594.47	2.49
Total Account			2,790,388.70		4,510,693.40 1,720,304.70	,720,304.70	100.00	86,126.67	1.91