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Form **990-PF**Department of the Treasury

Return of Private Foundation

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

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

2015

For calendar year 2015 or tax year beginning and ending A Employer identification number Name of foundation CICERO KASS L'DOR V'DOR CHARITABLE 20-8480901 FOUNDATION, INC. Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 603-361-0319 53 CAPTAINS WALK City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here 03246 LACONIA, NH G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization; E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: | LX | Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here _ \bullet L 114,958. (Part I, column (d) must be on cash basis) ▶\$ Analysis of Revenue and Expenses (d) Disbursements or charitable purposes (cash basis only) Part I (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome 1 Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch B SCAMMEL JUN 0 I 2016 Interest on savings and temporary cash investments 2.098.Statement 2,098. 2,098. Dividends and interest from securities 5a Gross rents b Net rental income or (loss) -403. 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 34.813. 0. 7 Capital gain net income (from Part IV, line 2) N/A 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 200.Statement 200. 200. 0 895. 298. 2.298 S 0. 0. 0. 0. 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages EN. 15 Pension plans, employee benefits 0 Expenses 16a Legal fees Stmt 3 345 0. 0. b Accounting fees Stmt 4... 610 0. 0 0. c Other professional fees 17 Interest 123 0. 0 ٥. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Stmt 6 264 0. 0 0. Operating 23 Other expenses 24 Total operating and administrative 2,342 0. expenses. Add lines 13 through 23 5,194 5.194. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0. 0 5,194. Add lines 24 and 25 7.536 27 Subtract line 26 from line 12: -5,6412 Excess of revenue over expenses and disbursements 2,298. b Net investment income (if negative, enter -0-) 2,298. c Adjusted net income (if negative, enter -0-)

CICERO KASS L'DOR V'DOR CHARITABLE

FOUNDATION, INC.

20-8480901

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 3,723.1,969. 2 Savings and temporary cash investments 3,723. 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable Less: allowance for doubtful accounts 5 Grants receivable . 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 118,810. 111,415. Stmt 7 111,235. 14 Land, buildings, and equipment; basis 1,582. Less accumulated depreciation Stmt. 8. ▶ _____ 15 Other assets (describe ► 16 Total assets (to be completed by all filers - see the 115,138. 114,958. instructions. Also, see page 1, item 1) 120,779. 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons $$. $$ $$. $$. 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 120,779. 115,138 30 Total net assets or fund balances...... 120,779. 115,138 120,779 115,138 31 Total liabilities and net assets/fund balances Part || Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 120,779. 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 115,138. 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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2-story brick v	scribe the kind(varehouse; or	s) of property sold (e.common stock, 200 sh	g., real estate, is. MLC Co.)		(b) H	ow acquire Purchase Donation	d (0	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
b See Attached	1 Chate	mont			_		-		
b See Attached	ı blate	menc		 .					
d									
е									
(e) Gross sales price		preciation allowed or allowable)		st or other basis expense of sale				(h) Gain or (loss (e) plus (f) minus	
a			ļ						
<u>b</u>	 		ļ			-			
<u>C</u>			 						
e 34,813				35,21	6				-403
complete only for assets show		umn (h) and owned hy	the foundation		.0.		/D 6	Gains (Col. (h) gair	
Complete only for assets short		Adjusted basis	1	cess of col. (1)			col. (I	k), but not less tha	ın -0-) or
(i) F.M.V. as of 12/31/69		of 12/31/69		col. (j), if any				Losses (from col.	(h))
a				<u>-</u>				-,	
b			T						
C				-	$\neg \uparrow$				
d									
е									-403
	-	C If pain, also ente	er in Part I. line	7	1				-
2 Capital gain net income or (net	capital loss)	If gain, also enter -	0- in Part I, line	7	} [2			-403
Net short-term capital gain or (I	nss) as definer	•							
If gain, also enter in Part I, line 8		111 000110110 1222(0)	(0).) l				
If (loss), enter -0- in Part I, line	8					3			
Part V Qualification	<u>Under Sec</u>	ction 4940(e) fo	r Reduced	Tax on Net	: Inve	estment	t Inco	me	
(For optional use by domestic priva	ate foundations	subject to the section	4940(a) tax on	net investment in	ncome.	.)			
If section 4940(d)(2) applies, leave	this nart blank	,							
11 35011011 4340(U)(Z) applies, 16ave	tilis part blank								
Was the foundation liable for the se					riod?		•		Yes X No
f "Yes," the foundation does not qu 1 Enter the appropriate amount in	alify under sec	tion 4940(e). Do not c	omplete this pa	irt. fore making any e	ntrios			 	
	1 each column		instructions be	iore making any e				1	(d)
(a) Base period years		(b) Adjusted qualifying di	etributions	Net value of no	(C) nchari	table-use a	ecete	Distri	(d) bution ratio
Calendar year (or tax year begins	ning in)	Aujusteu quantynig ui		14Ct Value of 110	- Inditali			(cor. (n) ai	vided by col. (c))
2014			2,250.			126,9			.017718
2013			<u>13,588.</u>			130,6			.103991
2012			2,500.			132,			.018825
2011			16,300.			128,4			.126885
2010			6,465.				<u>522.</u>		4.674901
									4 04222
2 Total of line 1, column (d)								2	4.942320
Average distribution ratio for the		- F		or by the number	or yea	ırs		3	.988464
the foundation has been in exist	ence n iess ma	an 5 years .	• •	•••	• •			3	• 30040
L. Catar the naturalise of penaborit	nhla waa aasat	o for 2016 from Part V	lina E					4	120 510
Enter the net value of noncharita	able-use assets	s for 2015 from Part X	line 5					4	120,510
								5	
Multiply line 4 by line 3								5	119,120
Multiply line 4 by line 3									119,120
Multiply line 4 by line 3	 ome (1% of Pa	rt I, line 27b)						5	119,120. 23.
Enter the net value of noncharita Multiply line 4 by line 3 Enter 1% of net investment inco Add lines 5 and 6	 ome (1% of Pa	rt I, line 27b)						5	120,510. 119,120. 23. 119,143.
Multiply line 4 by line 3 Enter 1% of net investment inco	ome (1% of Pa	rt I, line 27b)						5 6 7	119,120 23. 119,143.
Multiply line 4 by line 3	ome (1% of Pa	rt I, line 27b)						5	119,120. 23.

CICERO KASS L'DOR V'DOR CHARITABLE Form 990-PF (2015) FOUNDATION, INC. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: ______ (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | L | and enter 1% 46. c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 6b **b** Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 46. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X 1a any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b 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. \mathbf{X}_{-} c Did the foundation file Form 1120-POL for this year? 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ 0 . (2) On foundation managers. ▶ \$ _ 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a b If "Yes." has it filed a tax return on Form 990-T for this year? N/A 4b

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

remain in the governing instrument?

of each state as required by General Instruction G? If "No," attach explanation

6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:

By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law

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) None

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV

If "Yes," attach the statement required by General Instruction T.

By language in the governing instrument, or

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 X 10

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8b

X

X

X X

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2015.)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

X

3b

4a

Yes X No

N/A

during the year?

CHARTTABLE			
1700 11 7		<u>20-84809</u>	01 Page 6
Form 4720 May Be I	Required (contin	ued)	
	•	s LX No	
	· · · · · · · · · · · · · · · · · · ·		1 1
	L Ye	s X No	1 1
n described in section			
		s X No	
or educational purposes, or			
	•••	s X No	1 1
der the exceptions described	ın Regulations		
ictions)?	•	N/ <u>A</u>	5b
		▶∟_	
rom the tax because it mainta	ined	\	1 1
	√A L Ye	s L No	
5-5(d).			
pay premiums on			1 1
	. L Ye	s X No	1 1
personal benefit contract?		L	6b X
shelter transaction?	Ye	s X No	
utable to the transaction?		N/A	7b
ees, Foundation Ma	nagers, Highly	/	
compensation.	1	(a) a	
	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
(b) Title, and average hours per week devoted	(If not paid, enter -0-)	Courpensation	allowances
(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
(b) Title, and average hours per week devoted	(If not paid, enter -0-)	Courpensation	allowances
(b) Title, and average hours per week devoted	(If not paid, enter -0-)	Courpensation	allowances
(b) Title, and average hours per week devoted	(If not paid, enter -0-)	Courpensation	allowances
(b) Title, and average hours per week devoted	(If not paid, enter -0-)	Courpensation	allowances
(b) Title, and average hours per week devoted	(If not paid, enter -0-)	Courpensation	allowances
(b) Title, and average hours per week devoted	(If not paid, enter -0-)	Courpensation	allowances
(b) Title, and average hours per week devoted	(If not paid, enter -0-)	Courpensation	allowances
(b) Title, and average hours per week devoted	(If not paid, enter -0-)	Courpensation	allowances
(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	Courpensation	allowances
(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	O •	allowances 0.
(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average	(If not paid, enter -0-) O .	O •	allowances 0.
(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	O •	allowances 0.
(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(b) Title, and average hours per week devoted to position luded on line 1). If none, (b) Title, and average hours per week	(If not paid, enter -0-) O .	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	Form 4720 May Be In 4945(e))? or to carry on, directly or indirectly or	Form 4720 May Be Required (continued in 4945(e))? In 4945(e))? In to carry on, directly or indirectly, In the described in section In described in section In or educational purposes, or for Indirectly, In the described in section In the exceptions described in Regulations arctions)? In the exceptions described in Regulations arctions arctions are the exceptions described in Regulations arctions. In the exception of the exc	or to carry on, directly or indirectly,

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

CICERO KASS L'DOR V'DOR CHARITABLE FOUNDATION, INC.

Form 990-PF (2015) FOUNDATION, INC.	20-	8480901 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, e	nter "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 Part IX-A Summary of Direct Charitable Activities		▶ 0
• • • • • • • • • • • • • • • • • • • •		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st number of organizations and other beneficiaries served, conferences convened, research papers	atistical information such as the produced, etc.	Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		

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Total. Add lines 1 through 3

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	art X		0400901 Fage 0
Ľ	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee 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	119,984.
	Average of monthly cash balances	1b	2,361.
C	Fair market value of all other assets	1c	
ď		1d	122,345.
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	0.
3	Subtract line 2 from line 1d	3	122,345.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,835.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	120,510.
6	Minimum Investment return. Enter 5% of line 5	6	6,026.
F	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	id certain	
	foreign organizations check here and do not complete this part.)		5 005
1	Minimum investment return from Part X, line 6	1	<u>6,026.</u>
2a	· · · · · · · · · · · · · · · · · · ·		
þ	Income tax for 2015. (This does not include the tax from Part VI.)	İ	
C	Add lines 2a and 2b	_2c	46.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,980.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	_5	5,980.
6	Deduction from distributable amount (see instructions)	_6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,980.
L	art XII Qualifying Distributions (see instructions)		
-	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a		1a	5,194.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a		3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	5,194.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<u> </u>
•	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,194.
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	4940(e) reduction of tax in those years.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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Part XIII Undistributed Income (see instructions)

				
	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	00/pus	10010 prior to 2014	2014	2010
line 7				5,980.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 . 16,559.				
b From 2011 12,843.				
c From 2012				
dFrom 2013 7,158.				
e From 2014	36 560	ĺ		
f Total of lines 3a through e	36,560.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶\$ 5,194.				
			0.	
a Applied to 2014, but not more than line 2a b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				5,194.
e Remaining amount distributed out of corpus	0.		· ·· -	3,134
5 Excess distributions carryover applied to 2015	786.			786.
(If an amount appears in column (d), the same amount must be shown in column (a))		-		
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e. Subtract line 5	35,774.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		_		
assessed	<u> </u>	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line			^	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract			-	
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2016				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election		1		
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	15,773.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	20,001.	1		
10 Analysis of line 9:				
a Excess from 2011 12,843.		ĺ		
b Excess from 2012			1	
c Excess from 2013 7,158.				
d Excess from 2014				
e Excess from 2015				

CICERO KASS L'DOR V'DOR CHARITABLE FOUNDATION, INC.

Form 990-PF (2015) FOUNDA	rion, inc.				180901 Page 10
Part XIV Private Operating F			I-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	or 2015, enter the date of	the ruling	▶ └		
b Check box to indicate whether the found	idation is a private operatir	ng foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed .					
b 85% of line 2a					
c 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					<u></u>
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year					
listed		 		- 	
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)			<u>-</u>		
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Info	ermetion (Comple	to this part only	if the foundation	had \$5 000 or m	oro in acceta
at any time during					
1 Information Regarding Foundation	_				
 List any managers of the foundation will year (but only if they have contributed) 			ributions received by the	foundation before the clo	se of any tax
None	·				····
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large porti	on of the ownership of a p	artnership or
None					
2 Information Regarding Contribut	tion, Grant, Gift, Loan,	, Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	nber or e-mail address of t	the person to whom appli	cations should be addre	ssed:	
b The form in which applications should	be submitted and information	tion and materials they sl	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by geographica	al areas, charitable fields,	kınds of institutions, or	other factors:	

FOUNDATION, INC.

20-8480901 P

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor a Paid during the year NONE THE DERRYFIELD SCHOOL DRG SCHOLARSHIP 2108 RIVER ROAD 180. MANCHESTER NH_03104 NONE SPONSOR SUMMER LUNCH GOT LUNCH LACONIA brg PROGRAM 18 VETERANS SQ 120. LACONIA, NH_03246 BREAKTHROUGH MANCHESTER NONE brg ANNUAL FUND 2108 RIVER ROAD 100. MANCHESTER, NH 03104 JOHNS HOPKINS UNIVERSITY NONE DRG SUPPORT FOR SCHOOL OF MEDICINE 3400 N. CHARLES ST 200. BALTIMORE MD 21218 LAKES REGION BUILDERS & REMOLDELERS NONE ASSOCIATION SPONSOR GOLF TOURNAMENT ASSOCIATION PO BOX 105 250. NEW HAMPTON NH 03256 See continuation sheet(s) ▶ 3a Total 5.194. **b** Approved for future payment None Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Exclud	ded by section 512, 513, or 514	(0)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
8	Code		2000		
b		· · · · · · · · · · · · · · · · · · ·			
c					
d	ļ		L		
ß	 				<u>.</u>
1					
g Fees and contracts from government agencies	 	·		·	<u>-</u>
2 Membership dues and assessments 3 Interest on savings and temporary cash	1		 		
	1				
investments	+		14	2,098.	·
5 Net rental income or (loss) from real estate:	1				
a Debt-financed property		····			
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					200.
8 Gain or (loss) from sales of assets other	1 1]]		
than inventory			14	2,224.	<u>-2,627.</u>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory	 				
11 Other revenue:	1 1				
a	-				
b					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		4,322.	-2,427.
40 - 4 4 4 4 P - 40 1 (5) (4) 4 (-)	, , , ,			13	
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Accor	mplishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which incor the foundation's exempt purposes (other than I			contribi	uted importantly to the accom	plishment of
3 PROVIDES FUNDS TO ACCOM	PLISH T	HE EXEMPT P	URPO	OSE OF CONTRI	BUTING TO
SELECTED NON-PROFIT ORG	ANIZATI	ONS			
					
			· · ·		· · · · · · · · · · · · · · · · · · ·
			 -		
					
			·		
					
I					

CICERO KASS L'DOR V'DOR CHARITABLE

Form 990-PF (2015) FOUNDATION, INC. 20-8480901

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

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		Exempt Organ	izations				•			
1	Did the or	rganization directly or indi	rectly engage in an	y of the following	ng with any other organizati	on described in sec	tion 501(c) of		Yes	No
		•			27, relating to political orga					
a	Transfers	from the reporting found	ation to a nonchari	table exempt or	ganization of:					1
	(1) Cash	١,		•				1a(1)		Х
	(2) Othe	r assets			• • • • • • •			1a(2)		X
b	Other tran									ĺ
	(1) Sales	s of assets to a noncharital	ble exempt organiz	zation				1b(1)		_X
	(2) Purc	hases of assets from a no	ncharitable exemp	t organization				1b(2)		X
	(3) Rent	al of facilities, equipment,	or other assets					1b(3)		X
	(4) Reim	bursement arrangements						. 1b(4)		X
	(5) Loan	is or loan guarantees			••			1b(5)		X
	(6) Perfo	ormance of services or me	mbership or fundr	aising solicitation	ons			1b(6)		X
		of facilities, equipment, ma						1c		X
d					edule. Column (b) shouid a				ets,	
		es given by the reporting fo d) the value of the goods, (red less than fair market val	ue in any transactio	n or sharing arrangeme	ent, show in		
a)L	ine no.	(b) Amount involved			e exempt organization	(d) Description	n of transfers, transactions,	and sharing an	angeme	nts
		_ ``	``	N/A	· · · · · · · · · · · · · · · · · · ·					
				-1,	 					

		-								
			. <u></u>							
					· · · · · · · · · · · · · · · · · · ·					
							-			
2a			•	=	or more tax-exempt organ	izations described			r 	3
		501(c) of the Code (other	•	c)(3)) or in sect	tion 527?	•		Yes	LX] No
<u>b</u>	If Yes, co	omplete the following sche			Ta	1				
		(a) Name of orga	anization		(b) Type of organization		(c) Description of relati	ionship	_	
		N/A		.						
				····						
					<u></u>					
	Under	penalties of perjury, I declare t	that I have examined to	his return, includin	l g accompanying schedules and	statements, and to the	best of my knowledge			
Sig	44.				n taxpayer) is based on all inform			May the IRS d return with the	prepare	er l
Нe	re	Shu n Ba	o lia		1 5/15/204	6 Presido	ax +TTFF	shown below to X Yes	see inst	7 .
	Sign	nature of officer or trustee			Date	Title	10011102	LA Tes	<u> </u>	No
		Print/Type preparer's na	me .	Preparer's si		Date	Check if PT	IN		
			•	(7)	• //		self- employed			
Pa	id	PAMELA A RI	TICC	Hal	aky	05/10/16	· · · · · · · · · · · · · · · · · · ·	200244	770	
	parer	Firm's name ► MUL		RUGG AN	D COMPANY, P	03/10/10/	Firm's EIN ▶ 56-			
	e Only	Time and P MODE	**************	W DOO!			Time Scin P 30	5004T		
	,	Firm's address ▶ 88	NASHIIA I	ROAD	<u></u>					
		b .	NDONDERRY		3053		Phone no. 6034	134614	1	
								Form 990		20151

Continuation for 990-PF, Part IV 20-8480901 Page 1 of 1

o and out out out out of the co	OCCUPATION TO A COLUMN TO					
(a) List and 2-story bi		(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a IVY ASSET	<u> </u>			P	Various	12/11/15
b LOOMIS SAYLES				P		12/11/15
c PIMCO				P		
d IVY ASSET		·		P		12/11/15
e LOOMIS SAYLES				P		12/11/15
f PIMCO				P		12/11/15
g IVY ASSET				P		12/11/15
h LOOMIS SAYLES				P		12/11/15
i PIMCO				P	<u>Various</u>	12/11/15
<u> Capital Gains</u>	Dividends					
<u>k</u>						
						
<u>m</u>						
<u>n</u>						
0				<u> </u>		<u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) (e) p	Gain or (loss) lus (f) minus (g)	
a 1,603.		1,785.				-182.
b 553.		600.				-47.
c 291.		342.				-51.
d 887.		1,032.				-145.
e 1,548.		1,683.				-135.
f 897.		1,055.				-158.
0.040		8,601.				-552.
g 8,049. h 12,804.		13,263.				-459.
i 5,957.		6,855.				-898.
2,224.		0,833.				
						2,224.
<u>k</u>						
<u> </u>						
<u>m</u>						
<u>n</u>						
Complete only for accets showin	ig gain in column (h) and owned by t	he foundation on 12/21/60				
Complete only for assets shown				(I) LOS	ses (from col. (h)) if col. (h) gain over	col (k)
(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		but no	ot less than "-0-")	co. (k),
a	as 01 12/3 1/09	Over con (j), it ally	**			-182.
b			**			-47.
C			**			-51.
d						-145.
e				,		-135.
f						-158.
						<u>-156.</u> -552.
<u>g</u>						-459·
<u>h</u>				 		
<u> </u>						-898.
! 						2,224.
<u>k</u>						
<u> </u>						
<u> </u>					-	
n						
0						
	- If ann also order	un Part I line 7				
2 Capital gain net income or (net ca	pital loss) { If gain, also enter -0-	in Part I, line 7	2			-403.
	s) as defined in sections 1222(5) and	d (6):	- 1			
If gain, also enter in Part I, line 8, of (loss), enter "-0-" in Part I, line 8		<i></i>	3			-280.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient NONE brg ANNUAL FUND THE DERRYFIELD SCHOOL 2108 RIVER ROAD MANCHESTER, NH 03104 1,000. ODABORO FOUNDATION NONE DRG SUPPORT FOR CORE PO BOX 8182 PROGRAM - MEDICAL CINCINNATI , OH 45208 SUPPLIES AND EQUIPMENT 100. FOR NEWBORN BABIES LAKES REGION COMMUNITY SERVICES NONE brg SUPPORT FOR CORE 719 NO MAIN ST PROGRAMS - PROMTE LACONIA, NH 03246 INDEPENDENCE, DIGNITY AND OPPRTUNITY FOR THOSE IN THE COMMUNITY 250. EMPOWERMENT HEALTH NONE brg SUPPORT CORE PROGRAM -PO BOX 6048 PROVIDING BALTIMORE , MD 21231 DIGNIFIED EQUITABLE AND EXCELLENT **HEALTHCARE** 250. UNION CEMETARY ASSOCIATION NONE assn ANNUAL APPEAL PO BOX 6812 LACONIA, NH 03247 500. WINNEPESAUKEE PLAYHOUSE NONE DRG SUPPORT FOR CORE PROGRAM - COMMUNITY 50 RESERVOIR ROAD MEREDITH, NH 03253 THEATRICAL PROGRAMS 500. TEMPLE B'NAI ISREAL NONE brg GENERAL SUPPORT 210 COURT STREET LACONIA, NH 03246 1,600. TEMPLE B'NAI ISREAL BUILDER ASSOC NONE DRG GENERAL SUPPORT 210 COURT STREET LACONIA, NH 03246 144. Total from continuation sheets 4.344.

	n! . ! a a .			£ 0		
Form 990-PF	Dividends	and Inte	rest	from Secu	rities 5	tatement 1
Source	Gross Amount	Capita Gains Dividen		(a) Revenue Per Books	(b) Net Invest- ment Income	
HTK	4,322.	2,2	24.	2,098	2,098.	2,098.
To Part I, line 4	4,322.	2,2	24.	2,098	2,098.	2,098.
Form 990-PF		Other	Inco	me	S	tatement 2
Description			Re		(b) Net Invest- ment Income	(c) Adjusted Net Income
12B-1 FEES		_		200.	200.	200.
Total to Form 990-PF,	Part I,	line 11		200.	200.	200.
Form 990-PF		Lega	l Fe	es	S	tatement 3
Description		(a) Expenses Per Books		(b) t Invest- nt Income	(c) Adjusted Net Income	(d) Charitable Purposes
LEGAL	`	345	•	0.	0.	0.
To Fm 990-PF, Pg 1, 1	n 16a	345	 =	0.	0.	0.
Form 990-PF		Account:	ing 1	?ees	S	tatement 4
Description		(a) Expenses Per Books		(b) : Invest- nt Income	(c) Adjusted Net Income	(d) Charitable Purposes
ACCOUNTING		610		0.	0.	0.
To Form 990-PF, Pg 1,	In 16h	610		0.	0.	0.

Form 990-PF	Tax	Statement					
Description	(a) Expenses Per Books	(b) Net Inves ment Inco		(c) Adjusted Net Incom		(d) Charita Purpos	
EXCISE	123. 0.		0.		0.		
To Form 990-PF, Pg 1, ln 18 =	123.		0.		0.		0.
Form 990-PF	Other E	xpenses			St	atement	6
Description	(a) Expenses Per Books	(b) Net Inves ment Inco		(c) Adjusted Net Incom		(d) Charita Purpos	
INVESTMENT FEES	1,264.	•	0.		0.		0.
To Form 990-PF, Pg 1, ln 23	1,264.	· 	0.		0.		0.
Form 990-PF	Other Inv	estments			St	atement	7
Description		luation ethod	Вос	ok Value	Fa	ir Marke Value	t
MUTUAL FUNDS		COST		111,415.		111,2	35.
Total to Form 990-PF, Part II	, line 13	=		111,415.		111,2	35.
Form 990-PF Depreciation of	Assets Not	Held for	Inve	stment	St	atement	8
Description		-		mulated eciation	В	ook Value	e
COMPUTER		1,582.		1,582.			0.
Total To Fm 990-PF, Part II,	ln 14	1,582.		1,582.			0.

	st of Officers, Di		State	ement 9
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
LORI N BOELIG 53 CAPTAINS WALK LACONIA, NH 03246	PRESIDENT 1.50	0.	0.	0.
MATTHEW BOELIG 906 SOUTH 12TH ST PHILADELPHIA, PA 19147	VICE PRESIDENT 0.00	0.	0.	0.
SARAH CATAGNO 1-3 MERLOT COURT CONCORD, NH 03303	VICE PRESIDENT 0.00	0.	0.	0.
DEREK BOELIG 933 GARDEN ST #1L HOBOKEN, NJ 07030	TREASURER 0.00	0.	0.	0.
LONNIE WOLLIN 124 PROSPECT ST RIDGEWOOD, NJ 07450	SECRETARY 0.00	0.	0.	0.
Totals included on 990-PF, Page	6, Part VIII	0.	0.	0.

2015 DEPRECIATION AND AMORTIZATION REPORT
FORT 990-PF Page 1

990-PF

Current Year Deduction	0 0	
Current Sec 179	0	
Accumulated Depreciation	1,582.	
Basis For Depreciation	1,582.	
Reduction In Basis	° C	
Bus % Excl		
Unadjusted Cost Or Basis	1,582.	
No.	19	
Life	5.00	
Method		
Date Acquired	071808SL	
Description	1COMPUTER * Total 990-PF Pg 1 Depr	
Asset		

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed