

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Extended to November 15, 2016 Return of Private Foundation

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

Department of the Treasury Into nat 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.lrs.gov/form990pf.

For calendar year 2015 or tax year beginning SEI	2 3, 2015	, and ending	DEC 31, 2015	
Name of foundation			A Employer identification	number
The Isabelle Aranosian Hoo	dgson			
Foundation of 2015			47-7223861	
Number and street (or P O box number if mail is not delivered to street	t address)	Room/suite	B Telephone number	
900 Elm Street			603-224-75	00
City or town, state or province, country, and ZIP or foreign	postal code		C If exemption application is p	ending, check here
Manchester, NH 03105				
G Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organizations	, check here 🕒 🗀
Final return	X Amended return			
Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H Check type of organization: X Section 501(c)(3) e	xempt private foundation		E If private foundation state	us was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)	. 1
Fair market value of all assets at end of year J Account	ting method: X Cash	Accrual	F If the foundation is in a (60-month termination
(from Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1)	
▶\$ 688,023. (Part I, cold	umn (d) must be on cash i	basis)		
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	690,383.			
2 Check I d the foundation is not required to attach Sch. B				
Interest on savings and temporary cash investments	5.	5.	5.	Statement 1
4 Dividends and interest from securities	1,686.	1,686.	1,686.	Statement 2
5a Gross rents				
Net rental income or (loss)				<u> </u>
6a Net gain or (loss) from sale of assets not on line 10				
Gross sales price for all b assets on line 6a				
b Gross sales price for all assets not on line to assets on line to assets not on line to		0.		
8 Net short-term capital gain				
9 Income modifications				
Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income				
12 Total. Add lines 1 through 11	692,074.	1,691.	1,691.	
13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees Stmt 3	11,653.	0.	0.	0
b Accounting fees				
ம் C Other professional fees Stmt 4	461.	0.	0.	C
<u>\$</u> 17 Interest				
18 Taxes ECENTED				
19 Depreciation and depletion				
20 Occupancy 213 Travensconferences, and meetings				
₹ 21₺ Travenconterences, and meetings				
Rrinting and publications				
23 Other expenses		·		
24_Total operating and administrative				
b Accounting fees c Other professional fees Stmt 4 17 Interest 18 Taxes 19 Depreciation and depletion 20 occupancy 21 Tavety conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23	12,114.	0.	0.	0
25 Contributions, gifts, grants paid	0.			0
26 Total expenses and disbursements.				
Add lines 24 and 25	12,114.	0.	0.	<u> </u>
27 Subtract line 26 from line 12:				
Excess of revenue over expenses and disbursements	679,960.			
b Net investment income (if negative, enter -0-)		1,691.		
c Adjusted net income (if negative, enter -0-)			1,691.	<u> </u>
c Adjusted net income (if negative, enter -0-)	<u> </u>		1,691.	<u> </u>

The Isabelle Aranosian Hodgson Foundation of 2015

Fo	rm 99	90-PF (2015) Foundation of 2015		47-	7223861 Page 2
F	art	Balance Sheets Atlached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	•	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		4,766.	<u>4,766.</u>
	2	Savings and temporary cash investments			
	3	Accounts receivable -			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	-	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
Ŋ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	1	Investments - U.S. and state government obligations			
		Investments - corporate stock Stmt 5	0.	340,804.	342,053.
	1	Investments - corporate bonds		<u> </u>	<u></u>
	11				
	1	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other Stmt 6	0.	345,193.	341,204.
	14	Land, buildings, and equipment: basis		343,433.	341/2041
	'	Less accumulated depreciation	[
	15	Other assets (describe)			
	1	Total assets (to be completed by all filers - see the			
	.0	instructions. Also, see page 1, item 1)	0.	690,763.	688,023.
_	17	Accounts payable and accrued expenses		000,700.	000,023.
	18	Grants payable			
"	19	Deferred revenue			
Liabilities	20			10 803	Statement 7
ij	21	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable		10,003.	Deacement /
Ë	1	Other liabilities (describe >			
	22	Other madrities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	10,803.	
	25	Foundations that follow SFAS 117, check here	0.	10,005.	
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
anc	25	Temporarily restricted			
3al		Permanently restricted			
ā	20	Foundations that do not follow SFAS 117, check here			
Ξ		and complete lines 27 through 31			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	0.	679,960.	
et	30	Total net assets or fund balances	Ŏ.	679,960.	
Z	**	Total not about of fond balances		01973001	
	31	Total liabilities and net assets/fund balances	0.	690,763.	
				05077051	
Ľ	art	Analysis of Changes in Net Assots or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		1	0.
2	Enter	amount from Part I, line 27a		2	679,960.
		increases not included in line 2 (itemize)		3	0.
_		ines 1, 2, and 3		4	679,960.
		eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	679,960.
					Form 990-PF (2015)

	arehouse; or common stock, 200 st	g., real estate, ns. MLC Co.)	1,21	How acquired - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
a						
b NO	NE					
<u>c</u>	·					
<u>d</u>						
e		7			<u> </u>	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or othe plus expense o			(h) Gain or (loss (e) plus (f) minus	
1						
G						
<u> </u>						
Complete only for assets shown	ng gain in column (h) and owned by			, ا	(I) Gains (Col. (h) gair col. (k), but not less that	n minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of o over col. (j), if			Losses (from col.	(h))
L						
)				<u> </u>		_,,,
<u> </u>		ļ				
<u> </u>		 				
l	l			 		
Capital gain net income or (net ca	If gain, also ente	er in Part I, line 7 0- in Part I, line 7	}	2		
Net short-term capital gain or (los	ss) as defined in sections 1222(5) a		,			
If gain, also enter in Part I, line 8,		114 (0).	J			
If (loss), enter -0- in Part I, line 8				3		
Part V Qualification U	Inder Section 4940(e) fo	r Reduced Tax o	on Net In	vestment lı	ncome	
or optional use by domestic private						
z. spaistar and by dominatio privati	e foundations subject to the section	4940(a) tax on net inve		ne.)		
		4940(a) tax on net inve		ne.)		
section 4940(d)(2) applies, leave t	his part blank.		stment incom	·		
section 4940(d)(2) applies, leave the section 4940(d)(2) applies, leave the sec	his part blank. tion 4942 tax on the distributable ar	nount of any year in the	stment incom	·		Yes X
section 4940(d)(2) applies, leave the secase the foundation liable for the secary the foundation does not qua	his part blank. tion 4942 tax on the distributable ar lify under section 4940(e). Do not c	nount of any year in the omplete this part.	stment incom	,		Yes X
section 4940(d)(2) applies, leave the as the foundation liable for the sec Yes," the foundation does not qual Enter the appropriate amount in	his part blank. tion 4942 tax on the distributable ar lify under section 4940(e). Do not c each column for each year; see the	nount of any year in the omplete this part.	stment incom base period? ing any entrie	s.		(d)
section 4940(d)(2) applies, leave the as the foundation liable for the sec "Yes," the foundation does not quation the appropriate amount in (a) Base period years	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the	nount of any year in the omplete this part. instructions before maki	stment incom base period? ing any entrie	s	Distr.	(d) Yes X
section 4940(d)(2) applies, leave the section 4940(d)(2) applies, leave the section for the section for the section for the foundation does not quate the appropriate amount in the section for the section fo	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the	nount of any year in the omplete this part. instructions before maki	stment incom base period? ing any entrie	s.	Distr ts (col. (b) di	(d)
section 4940(d)(2) applies, leave the section 4940(d)(2) applies, leave the section of the secti	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the	nount of any year in the omplete this part. instructions before maki	stment incom base period? ing any entrie	s	ts (col. (b) di	(d)
section 4940(d)(2) applies, leave the as the foundation liable for the sections, the foundation does not quate the appropriate amount in Base period years Calendar year (or tax year beginning 2014 2013	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the	nount of any year in the omplete this part. instructions before maki	stment incom base period? ing any entrie	s	ots (col. (b) di	(d)
section 4940(d)(2) applies, leave to as the foundation liable for the sectives," the foundation does not quate the appropriate amount in the section of the	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the	nount of any year in the omplete this part. instructions before maki	stment incom base period? ing any entrie	s	ts (col. (b) di	(d)
section 4940(d)(2) applies, leave to as the foundation liable for the sec "Yes," the foundation does not quate the appropriate amount in (a) Base period years Calendar year (or tax year beginn) 2014 2013 2012 2011	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the	nount of any year in the omplete this part. instructions before maki	stment incom base period? ing any entrie	s	ts (col. (b) di	(d) Ibution ratio
section 4940(d)(2) applies, leave to as the foundation liable for the sec "Yes," the foundation does not quate the appropriate amount in a Base period years Calendar year (or tax year beginning 2014 2013 2012	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the	nount of any year in the omplete this part. instructions before maki	stment incom base period? ing any entrie	s	ts (col. (b) di	(d)
section 4940(d)(2) applies, leave the as the foundation liable for the sec "Yes," the foundation does not quate the appropriate amount in Base period years Calendar year (or tax year beginni 2014 2013 2012 2011 2010	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the	nount of any year in the omplete this part. instructions before maki	stment incom base period? ing any entrie	s	(col. (b) di	(d)
section 4940(d)(2) applies, leave the as the foundation liable for the sectives," the foundation does not quate the appropriate amount in Base period years Calendar year (or tax year beginning 2014 2013 2012 2011 2010 Total of line 1, column (d)	his part blank. Ition 4942 tax on the distributable ar Iify under section 4940(e). Do not continue to the column for each year; see the least column for each year; see the least column for each year; see the least column for each year. (b) Adjusted qualifying distributable ar	mount of any year in the omplete this part. instructions before making the stributions Net va	stment incom base period? ing any entrie (c) ilue of noncha	s.) ardable-use asse	ts (col. (b) di	(d)
section 4940(d)(2) applies, leave the as the foundation liable for the sectives," the foundation does not quate the appropriate amount in the approp	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the (b) ng in) Adjusted qualifying distributable ar divide the total	mount of any year in the omplete this part. instructions before making the stributions Net va	stment incom base period? ing any entrie (c) ilue of noncha	s.) ardable-use asse	(col. (b) d	(d)
section 4940(d)(2) applies, leave the section 4940(d)(2) applies, leave the section of the secti	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the (b) ng in) Adjusted qualifying distributable ar divide the total	mount of any year in the omplete this part. instructions before making the stributions Net va	stment incom base period? ing any entrie (c) ilue of noncha	s.) ardable-use asse	(col. (b) di	(d)
section 4940(d)(2) applies, leave the as the foundation liable for the sectives," the foundation does not quate the appropriate amount in (a) Base period years Calendar year (or tax year beginni 2014 2013 2012 2011 2010 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the (b) ng in) Adjusted qualifying distributable ar Adjusted qualifying distributable ar life in the column for each year; see the (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	nount of any year in the omplete this part. Instructions before make stributions Net va	stment incom base period? ing any entrie (c) ilue of noncha	s.) ardable-use asse	(col. (b) d	(d)
section 4940(d)(2) applies, leave the as the foundation liable for the sectives," the foundation does not quate the appropriate amount in (a) Base period years Calendar year (or tax year beginni 2014 2013 2012 2011 2010 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the (b) ng in) Adjusted qualifying distributable ar divide the total	nount of any year in the omplete this part. Instructions before make stributions Net va	stment incom base period? ing any entrie (c) ilue of noncha	s.) ardable-use asse	2 3	(d)
section 4940(d)(2) applies, leave the ast the foundation liable for the sec "Yes," the foundation does not quate the appropriate amount in the sec (a) Base period years Calendar year (or tax year beginning 2014 2013 2012 2011 2010 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe.	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the (b) ng in) Adjusted qualifying distributable ar Adjusted qualifying distributable ar life in the column for each year; see the (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	nount of any year in the omplete this part. Instructions before make stributions Net va	stment incom base period? ing any entrie (c) ilue of noncha	s.) ardable-use asse	2 3	(d)
section 4940(d)(2) applies, leave the ast the foundation liable for the sec "Yes," the foundation does not quate the appropriate amount in the sec (a) Base period years Calendar year (or tax year beginning 2014 2013 2012 2011 2010 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe.	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the (b) ng in) Adjusted qualifying distributable ar Adjusted qualifying distributable ar life in the column for each year; see the (b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	nount of any year in the omplete this part. Instructions before make stributions Net va	stment incom base period? ing any entrie (c) ilue of noncha	s.) ardable-use asse	2 3 4	(d)
section 4940(d)(2) applies, leave to as the foundation liable for the sec "Yes," the foundation does not quate the appropriate amount in (a) Base period years Calendar year (or tax year beginn) 2014 2013 2012 2011 2010 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharitate Multiply line 4 by line 3	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the (b) ang in) Adjusted qualifying distributed process that the column for each year; see the (b) ang in) 5-year base period - divide the total nice if less than 5 years ole-use assets for 2015 from Part X,	nount of any year in the omplete this part. Instructions before make stributions Net va	stment incom base period? ing any entrie (c) ilue of noncha	s.) ardable-use asse	2 3 4	(d)
section 4940(d)(2) applies, leave the as the foundation liable for the sectives," the foundation does not quate the appropriate amount in (a) Base period years Calendar year (or tax year beginni 2014 2013 2012 2011 2010 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe. Enter the net value of noncharitate Multiply line 4 by line 3	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the (b) ang in) Adjusted qualifying distributed process that the column for each year; see the (b) ang in) 5-year base period - divide the total nice if less than 5 years ole-use assets for 2015 from Part X,	nount of any year in the omplete this part. Instructions before make stributions Net va	stment incom base period? ing any entrie (c) ilue of noncha	s.) ardable-use asse	2 3 4 5 5	(d)
section 4940(d)(2) applies, leave the as the foundation liable for the sectives," the foundation does not quate the appropriate amount in (a) Base period years Calendar year (or tax year beginni 2014 2013 2012 2011 2010 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe. Enter the net value of noncharitate. Multiply line 4 by line 3 Enter 1% of net investment income.	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the (b) ang in) Adjusted qualifying distributed process that the column for each year; see the (b) ang in) 5-year base period - divide the total nice if less than 5 years ole-use assets for 2015 from Part X,	nount of any year in the omplete this part. Instructions before make stributions Net va	stment incom base period? ing any entrie (c) ilue of noncha	s.) ardable-use asse	2 3 4 5 5	(d)
section 4940(d)(2) applies, leave the as the foundation liable for the sectives," the foundation does not quate the appropriate amount in (a) Base period years Calendar year (or tax year beginni 2014 2013 2012 2011 2010 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe. Enter the net value of noncharitate. Multiply line 4 by line 3 Enter 1% of net investment income.	tion 4942 tax on the distributable ar lify under section 4940(e). Do not cleach column for each year; see the (b) ang in) Adjusted qualifying distributed process that the column for each year; see the (b) ang in) 5-year base period - divide the total nice if less than 5 years ole-use assets for 2015 from Part X,	nount of any year in the omplete this part. Instructions before make stributions Net va	stment incom base period? ing any entrie (c) ilue of noncha	s.) ardable-use asse	2 3 4 5 6	(d)
section 4940(d)(2) applies, leave to as the foundation liable for the sec Yes," the foundation does not qua Enter the appropriate amount in (a) Base period years Calendar year (or tax year beginn) 2014 2013 2012 2011 2010 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe	tion 4942 tax on the distributable are lify under section 4940(e). Do not cleach column for each year; see the mag in) Adjusted qualifying distributed and ince if less than 5 years ole-use assets for 2015 from Part X, and (1% of Part I, line 27b)	nount of any year in the omplete this part. Instructions before make stributions Net va	stment incom base period? ing any entrie (c) ilue of noncha	s.) ardable-use asse	2 3 4 5 6	(d)

The Isabelle Aranosian Hodgson Form 990-PF (2015) Foundation of 2015 47-7223861 Page 4 Part VI' 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 and enter 1% 34. 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 0. 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 34. 3 0. Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 34. Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-Credits/Payments: a 2015 estimated tax payments and 2014 overpayment credited to 2015 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 6d 7 Total credits and payments Add lines 6a through 6d Tax Paid w/ O.R. 34 34, Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 0. 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 Refunded > 11 Enter the amount of line 10 to be: Credited to 2016 estimated tax 11 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 any political campaign? 1a Х b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b X If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities Х 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: 0 . (2) On foundation managers. ▶ \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation Х 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 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 Х 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? X 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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: · By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? Х 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)

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

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

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

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

X

X

8b

10

The Isabelle Aranosian Hodgson

	1990-17 (2015) Foundation of 2015 47	<u>7-7223861</u>		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			-
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	j		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privile	eges?		
	If "Yes," attach statement (see instructions)	12		Σ̄
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		X
	Website address ► <u>N/A</u>			
14	The books are in care of ▶ William Zorn Telephone no. ▶			
	Located at ▶ 900 Elm Street, Manchester, NH	P+4 ▶ 03105	5	
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	5 N	1/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16] :	Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
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.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
		X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
		X No		
		X No		
		X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
		X No		
	(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			
		X No		
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)?	N/A 1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 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)):			
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			
		X No		
	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			
		N/A 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.			
	>		1 .	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	į		
		X No		
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	se		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2015.)	N/A 3b		!
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		1	
_	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	" 4b		х
		Form 99	0-PF	
		, 5/11/50		(. 2 (0)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	The Isabelle Aranosian Form 990-PF (2015) Foundation of 2015	Hodgson		A7 72220	C1 Don
So During the year did the foundation pay or mour any amount to: (1) Carry on prospands, or otherwise attempt to mitimize legistation (section 4945(s))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration direc? (3) Provide a grant to an organization offer than a charabable, etc., organization described in section 4945(g)(4)? (See instructions) (3) Provide a grant to an organization offer than a charabable, etc., organization described in section 4945(g)(4)? (See instructions) (5) Provide for any purpose offer than religious, charabable, scentific, literary, or educational purposes, or for that provestion of cruely to children or animals? b) If any answer is Yes' to Soi; (Y-G), did say of the transactions fail to qualify under the exceptions described in Regulations section 58,494-50 or in a current notice regarding dissaster assistance flee instructions)? Organizations relying on a current notice regarding dissaster assistance from the tax because it maintained evoponditure responsibility for the grant? If Y-Sos, "attach the statement required by Pagulationors section 53,494-5(d) 8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Y-Sos, "attach, during the year, receive any funds, directly or indirectly, on a personal benefit contract? If Y-Sos, "attach, during the year, receive any processes or have any retirectly, to pay premiums on a personal benefit contract? Yes [X] No 1 If Yes, "attach, during the year, receive any processes or have any retirection, the transaction? Yes [X] No 2 In Y-Sos, "attaching the xy-year, was the foundation a party to a cribitate of the transaction? Yes [X] No 1 If Yes, "attaching the xy-year, was the foundation and party to a cribitate of the transaction? Yes [X] No 2 In Yes, "attaching the xy-year, was the foundation and year of the transaction? Yes [X] No 2 In Yes, "attaching the xy-yea	Part VII-B Statements Regarding Activities for Which	h Form 4720 May Re I	Required (contin	41-122300	JI ray
(1) Carry on propaganda, or otherwess attento to influence legislation (section 4945(s))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, deectly or indirectly, any voter registration drive? (3) Provide a grant to an animal and an individual for fravel, study, or other similar purposes? (4) Provide a grant to an animal ani		11 1 OIIII 47 20 May Be I	required (contin	ueu)	$\neg \neg \neg$
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter operation drive? (3) Provide a grant to an organization of the than a charitable, etc., organization described in section 4945(6)(4)(4)? Gee institutions) (3) Provide or any purpose other than religious, charitable, seed, organization described in section 4945(6)(4)(4)? Gee institutions or any purpose other than religious, charitable, seed, organization described in section 4945(6)(4)(4)? Gee institution or animals? (5) Provide for any purpose other than religious, charitable, seed, organization described in Regulations 50 organization of cruelly to children or animals? (5) If any answer is Yes' to Sci (1)(-5), did any of the transactions fail to qualify under the exceptions described in Regulations 50 organizations relying on a current notice regarding disaster assistance check here (6) If the server is Yes' to see the foundation claim exemption into into the tax because it maintained experience esponsibility for the grant? (7) If Yes's, attach the statement required by Regulations section 53-4945-5(d) (8) But the foundation, during the yes, reverse any function of the foundation of the grant? (9) But the foundation, during the yes, reverse any function, directly or indirectly, to any perintume on a personal benefit contract? (9) Yes's To 80, the Form 8870 71 At any time during the tax yes, was the foundation a party to a problibited tax sheller fransaction? (9) The secondation described the foundation receive any crossed so have any net accome attributable to the transaction? (9) The secondation described the foundation receive any crossed so have any net accome attributable to the transaction? (9) The secondation described the foundation received any crossed so have any net accome attributable to the transaction? (9) The secondation described to the foundation aparty to a problem to the property of the secondation of the foundation received any crossed so the secondati		ction 4045(a)\2		00 V No	
any voter registration dime? Provide a grant to an individual for travel, study, or other similar purposes? Ves No	•	` ''		ONLALS	
(a) Provide a grant to an individual for travel, study, or other similar purposes?	•	o), or to carry on, directly or mail		V N.	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(4)? (see instructions) (5) Provide to any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? It any answer is Yes 15 obj(1)(5) did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.946 or in a current notice regarding dissaler assistance (see instructions)? Organizations relying on a current notice regarding dissaler assistance (see instructions)? Organizations relying on a current notice regarding dissaler assistance (see instructions)? N/A sb Organizations relying on a current notice regarding dissaler assistance (see instructions)? N/A see No N/A yes No N/A ye		coco			
4945(d)(4)A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the provention of cruely to children or animals? It is any answer is "Yes" to \$4(1)*(5), did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding dessets assistance check here if the answer is "Yes" to question \$6(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grain? If "Yes," attach the statement required by Regulations section \$3.4945-5(d) If "Yes," attach the statement required by Regulations section \$3.4945-5(d) If "Yes," attach the statement required by Regulations section \$3.4945-5(d) If "Yes," attach the statement required by Regulations section \$3.4945-5(d) If "Yes," attach the statement required by Regulations section \$3.4945-5(d) If "Yes," attach the statement required by Regulations section \$3.4945-5(d) If "Yes," attach the statement required by Regulations section \$3.4945-5(d) If "Yes," attach the statement required by Regulations section \$3.4945-5(d) If "Yes," attach the statement required by Regulations section \$3.4945-5(d) If "Yes," attach the statement required by Regulations section \$3.4945-5(d) If "Yes," attach the statement required by Regulations section \$3.4945-5(d) If "Yes," attach the statement required by Regulations sections \$3.4945-5(d) If "Yes," attach the statement required by Regulations sections and particular transaction? Yes \(\times \) No B D of the foundation, during the year, pay premiums, directly, on a personal benefit contract? Yes \(\times \) No A To a state of the statement required by the statement required			ا السا	ES LALINO	
(6) Provide for any purpose other than reliquous, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? It is any answer is "Yes" to Sa(1)-(15), and any of the transactions fail to quality under the exceptions described in Regulations section 53-4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b So Differential or a control of the control o		ation described in Section		V	1 [
b if any answer is "Yes" to 36, 11)-(5), did any of the transactions fail to quality under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here If we say that the statement required by Regulations section 53.4945-5(d) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," at a fact the statement required by Regulations section 53.4945-5(d) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes to 6b, file Form 8870 At a lary time during the tax year, was the foundation a party to a prohibited tax sheller transaction? If Yes is did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address Treasurer Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoked (in a large of the party of		nn, ar aduantunni augustun ar		es LAJ NO	
section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice reparding disaster assistance check here of it the answer is "or 10 question 53.49, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A	the prevention of cruelty to children or animals?		Y	es X No	
Compensation relying on a current notice regarding disaster assistance check here c if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d) B Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes' to 6b, Iffe Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shefer transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (b) Tite, and average of the form 800 of			ın Regulations		
e if the answer is "Yes" to guestion 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes No If "Yes," attach the statement required by Regulations section 53.4945-5(d) 5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a Na ny time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" to 6b, file Form 8870 7a Na ny time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors Ust all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. Information About Officers, Coundation managers, Highly Paid Employees, and Contractors (a) Name and address On Country of the North About Officers, Coundation managers, Highly Paid Employees, Coundation Managers, Highly Pa		•		N/A 5	<u>b</u>
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (a) Name and address (b) Titls, and average boundation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of the line of the line	Organizations relying on a current notice regarding disaster assistance chec	ck here			
If "Yes," attach the statement required by Regulations section 53.4945-5(d) So Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes \(\frac{1}{N} \) No B Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes \(\frac{1}{N} \) No If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes \(\frac{1}{N} \) No If "Yes," did the foundation, eveneval any proceeds or have any net income attributable to the transaction? Yes \(\frac{1}{N} \) No Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (b) Title, and average hours per week devoted the position (find paid, dependent as a find determined and directly position (find paid, dependent as a find determined and device the position (find paid, dependent as a find determined and device the position (find paid, dependent as a find determined and device the position (find paid, dependent as a find determined and device the position (find paid, dependent as a find determined and device the position (find paid, dependent as a find determined and device the position (find paid, dependent as a find determined and device the position (find paid, dependent as a find device the position (find paid, dependent as a find device the paid and device the position (find paid, dependent as a find device the position (find paid, dependent as a find device the paid and device the position (find paid, dependent as a find paid and device the position (find paid, dependent as a find paid and device the position (find paid, dependent as a find paid and device the paid and de	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	on from the tax because it mainta	ined		
Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 At all any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes" to 6b, file Form 8870 At all any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes to 6b, file Form 8870 At all any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes to 6b, file Form 8870 At all any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes to 6b, file Form 8870 At all any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes to 6b, file Form 8870 At all any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes to 6b, file Form 8870 At all any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes to 6b, file Form 8870 At all any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? At all any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? At all any time during the tax year, was the foundation and the file transaction? At all any time during the tax year, was the foundation and the file transaction? At all any time during the tax year, was the foundation and the file transaction? At all any time during the tax year, was the foundation and the file transaction? At all any time during the tax year, was the foundation and the file to the transaction? At all any time during the tax shelter transaction? At all any time during the tax year, was the file to the transaction? At all any time during the file tax	expenditure responsibility for the grant?	ľ	1/A Y	es No	
a personal benefit contract? D Dd the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 65, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? A D	If "Yes," attach the statement required by Regulations section 53.4	945-5(d)			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to Br. file Form 8870 To At Air yttem during the tax year, was the foundation a party to a prohibited tax shetter transaction? If "Yes" X No	6a Did the foundation, during the year, receive any funds, directly or indirectly,	, to pay premiums on			
If "Yes" to 6b, file Form 8870 7a A lary time during the taxyear, was the foundation a party to a prohibited tax shelter transaction? If yes I have I have I have I have any not income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours give week devoted to position Treasurer Treasurer Oncord, NH 03301 O.25 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours give week devoted to position O.25 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation employees to the importance of the importanc	a personal benefit contract?		Y	es X No	
// "Yes" to 6b, file Form 8870 7a A lary time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No	b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?		e	ib 2
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (a) Name and address (b) Title, and average (b) (e) Compensation (H and paid, enter 4) Treasurer Treasurer Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average (b) (F) Title, and average (b) (F) Title, and average (b) Title, and average (c) Compensation (c		•		<u> </u>	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (a) Name and address (a) Name and address (a) Name and address (b) Title, and average (b) (e) Compensation (H and paid, enter 4) Treasurer Treasurer Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average (b) (F) Title, and average (b) (F) Title, and average (b) Title, and average (c) Compensation (c	7a At any time during the tax year, was the foundation a party to a prohibited tr	ax shelter transaction?	Y	es X No	
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers and their compensation. List all officers, directors, trustees, foundation managers. Highly managers are described in the compensation of the paid, enter -0-) Compensation of the paid, enter -0-) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." Compensation of five highest-paid employees (other th					'b
(a) Name and address (b) Title, and average hours per week devoted (in to pastion (in to pastion (in to pastion)) (in the paid, either 49-) (in the	Part VIII Information About Officers, Directors, Tru		nagers, Highl		
Treasurer Treasurer Oncord, NH 03301 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Trite, and average hours per week devoted to position (c) Compensation (d) Compensation employee based plasts account, other allowances (e) Expense employee based plasts account, other devoted to position (e) Compensation (f) Compensation employee based plasts account, other allowances (c) Compensation employees allowances (e) Compensation employees paid over \$50,000	List all officers, directors, trustees, foundation managers and the	eir compensation.			
Treasurer 57 N State Street Concord, NH 03301 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (d) Combutions to employee the employee to the employee paid more than \$50,000 NONE (e) Compensation (c) Compensation (d) Combutions to employee the employee to the emp	(a) Name and address	(b) Title, and average hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	account, oth
State Street Suncord, NH 03301 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Combutulons to employee paid more than \$50,000 (c) Compensation (d) Combutulons to employee employee paid more than \$50,000 account, other account, other accounts, other ac	Floyd Haves	··· ··· - · · · · · · · · · · · · ·	5.11.57		
Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position NONE (c) Compensation (c) Compensation (d) Combututors to enable and address of each employee paid more than \$50,000 (a) None and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Compensation (d) Compensation (d) Compensation (d) Compensation (d) Compensation (d) Compensation (e) Expense address of each employee paid over \$50,000					
Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Cantibutions to employee benefit plans account, other allowances. (c) Compensation (d) Cantibutions to employee benefit plans account, other allowances. (e) Expense account, other allowances.		0.25	0.	0.1	(
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense expense expense account, othe allowances (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense exp					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense expense expense account, othe allowances (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense exp					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense expense expense account, othe allowances (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense exp					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense expense expense account, othe allowances (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense exp		·····			
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense expense expense account, othe allowances (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense exp					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense expense expense account, othe allowances (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense exp		_			
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense expense expense account, othe allowances (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense exp				 	
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense expense expense account, othe allowances (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense exp					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense expense expense account, othe allowances (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense exp					
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense expense expense account, othe allowances (c) Compensation (d) Contributions to employee benefit plans account, othe allowances (e) Expense exp	Company tion of five high and resident least of the standard section of the st	:	and a HALONIE H	ll	
(a) Name and address of each employee paid more than \$50,000 NONE (c) Compensation (c) Compensation (d) Compensation (e) Compensation (f) Compensation (f) Compensation (h) Compensation	2 Compensation of tive highest-paid employees (other than those		enter NONE."	(d) Contributions to	(e) Evnano
NONE devoted to position compensation allowances	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans l	account, oth
otal number of other employees paid over \$50,000		devoted to position	<u> </u>	compensation	allowance
	NONE	_]	
				1	
			ļ		
				1	
	Fotal number of other employees paid over \$50,000	,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	<u>, </u>	
	Otor Hamber of other employees paid ever querous			Form	990-PF (2)

The Isabelle Aranosian Hodgson

Form 990-PF (2015) Foundation of 2015	47-7	<u> 1223861 Page 7</u>
Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) 1) po 0. 00. 100	
NONE	-	
	1	
		
	1	
	1	
Total number of others receiving over \$50,000 for professional services		> (
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	al information such as the	F
number of organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
N/A		
2		
3		
Deat IV D. Co.		
Part IX-B Summary of Program-Related Investments	110	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lin	ies i and z.	Amount
N/A		
1		
)		
All other program-related investments. See instructions.		
An unter program-related investments. See instructions.		
		
Total. Add lines 1 through 3		0
<u></u>		Form 990-PF (201

<u> </u>	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	, 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	168,974.
b	Average of monthly cash balances	1b	260,569.
C	Fair market value of all other assets	1c	341,204.
d	Total (add lines 1a, b, and c)	1d	770,747.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	770,747.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	11,561.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	759,186.
6	Minimum investment return. Enter 5% of line 5 Adjusted for Short Tax Period	6	12,479.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	12,479.
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	34.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	12,445.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	12,445.
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	12,445.
P	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	0.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	or the section

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, line 7		·		12,445.
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:		<u>0.</u>		
a From 2010				
b From 2011				,
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$0				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)	•	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015	0.	······································		0.
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	_			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		_0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		······································		
amount - see instructions		0.		
e Undistributed income for 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				
be distributed in 2016				12,445.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015			<u> </u>	<u> </u>

The Isabelle Aranosian Hodgson Form 990-PF (2015) Foundation of 2015 47-7223861 Part XIV Private Operating Foundations (see instructions and Part VII-A question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(1)(5) 2 a Enter the lesser of the adjusted net Tax year Prior 3 years (a) 2015 (b) 2014 (c) 2013 (d) 2012 income from Part I or the minimum (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 e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon; a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest. dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Fig. 1 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines:

The Isabelle Aranosian Hodgson

Form 990-PF (2015) Foundation of 2015
Part XV Supplementary Information (continued) 3. Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution **Amount** Name and address (home or business) a Paid during the year None ➤ 3a Total b Approved for future payment None Total

47-7223861 Page 11

iter arase amailate linlese atherwise indicated	Unrelated b	usiness income	Excluded	by section 512, 513, or 514	(0)
iter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
Program service revenue:	code		code	Amount	
p	1 1				
d					
е	1 1				
1					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments				}	
Dividends and interest from securities					1,68
Net rental income or (loss) from real estate:	ļ				1,00
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					·
Other investment income					
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory Other revenue:					
				}	
ab					
С	i i				
d					
е					
Subtotal. Add columns (b), (d), and (e)			0.	0.	1,69
Total. Add line 12, columns (b), (d), and (e)				13	1,69
ee worksheet in line 13 instructions to verify calculations.)				13	1,0

	-
	Form 990-PF (2015)
523621 11-24-15	Form 990-FF (2015)

The Isabelle Aranosian Hodgson Form 990-PF (2015) Foundation of 2015 47-7223861 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X 1a(1) (2) Other assets X 1a(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization Х 16(1) X (2) Purchases of assets from a noncharitable exempt organization 15(2) (3) Rental of facilities, equipment, or other assets X 1b(3) X (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees Х 1b(5) (6) Performance of services or membership or fundraising solicitations X 16(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees X d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes X No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of periory, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this lete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? Sign Here X Yes Signature of officer or trustee Title Date

Preparer's signature

CPA

CONCORD, NH 03301

Firm's name ANDERSON & LOVES,

Firm's address ▶ 13 GREEN STREET

Date

Check **x** If self- employed

Phone no. (603)224-5339 Form **990-PF** (2015)

P00556626

Firm's EIN $\triangleright 02-0231821$

Paid

Preparer

Use Only

Print/Type preparer's name

Craig A. Ripel

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

Department of the Treasury Internal Revenue Service

➤ 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 .

Schedule of Contributors

OMB No 1545-0047

Employer identification number

Name of the organization

The Isabelle Aranosian Hodgson

Foundation of 2015 47-7223861

Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note. Only a section 501(c)	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor Complete Parts I and II See instructions for determining a contributor's total contributions					
Special Rules						
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II					
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III					
year, contributions is checked, enter h purpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.					
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990 EZ, or 990 PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
The Isabelle Aranosian Hodgson
Foundation of 2015

Employer identification number

47-7223861

Part I (Contributors	(see instructions)	Use duplicate cop	oies of Part I if additional	space is needed.
----------	--------------	--------------------	-------------------	------------------------------	------------------

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Isabelle Hodgson 557 N State Street Concord, NH 03301	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	s	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Person Payroll
	Name, address, and ZIP + 4 Isabelle Hodgson 557 N State Street Concord, NH 03301 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Name, address, and ZIP + 4 Total contributions

Name of organization

Employer identification number

The Isabelle Aranosian Hodgson Foundation of 2015

47-7223861

Part II	Noncash Property	(see instructions). Use	duplicate copies of F	Part II if additional	space is needed.
---------	------------------	-------------------------	-----------------------	-----------------------	------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule I	R	/Form	aga	990.F7	01 990 DE	1/2015
Scredule i	_	(LOHII	990,	990 EZ.	or 990-PF	1 (2015

Page 4

	abelle Aranosian Hodgs <u>tion</u> of 2015	47-7223861	
art III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	tributions to organizations described in	section $501(c)(7)$ (8) or (10) that total more than \$1,000 for
	completing Part III, onter the total of exclusively religiou	is, charitable, etc., contributions of \$1,000 or le	ess for the year (Enter this late once)
) No.	Use duplicate copies of Part III if addition	ial space is needed	
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
-			
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No.			
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
		```	

Form 990-PF Intere	st on Savir	ngs and Tem	porary	Cash In	vestments	Statement	1
Source	Reve			(b) vestment come	(c) Adjusted Net Income		
UBS		5.				5.	
Total to Part I, li	ne 3		5.		5.		5.
Form 990-PF	Dividends	and Inter	est fro	om Secur	ities	Statement	2
Source	Gross Amount	Capital Gains Dividend	Re	(a) evenue Books	(b) Net Inves ment Inco		ted
UBS	1,686.	•	0.	1,686.	1,68	6. 1,	686.
To Part I, line 4	1,686	•	0.	1,686.	1,68	6. 1,	686.
Form 990-PF		Legal	Fees	······································		Statement	3
Description		(a) Expenses Per Books	(b Net In ment I	vest-	(c) Adjusted Net Incom		able
Legal fees	<del></del>	11,653.	·	0.		0.	0.
To Fm 990-PF, Pg 1,	ln 16a =	11,653.	-	0.		0.	0.
Form 990-PF	Ot	her Profes	sional	Fees		Statement	4
Description		(a) Expenses Per Books	(b Net In ment I	vest-	(c) Adjusted Net Incom		able
Investment fees		461.	·	0.		0.	0.
To Form 990-PF, Pg	1, ln 16c	461.	<del></del>	0.		0.	0.
	_				=======================================		

Form, 990-PF	Corpo	rate Stock		Statement	5
Description			Book Value	Fair Marke Value	t
UBS		•	340,804.	342,0	53.
Total to Form 990-PF, Part II	, line 1	0b	340,804.	342,0	53.
Form 990-PF	Other	Investments		Statement	6
Description		Valuation Method	Book Value	Fair Marke Value	t
Description			Book Value 345,193.		,

Form, 990-	·PF Loa	ns Payable	to Officers,	Directors	s, Etc.	Statement	
Lender's	Name and I	itle					
Isabelle	Hodgson	<del></del> _					
Date of Note	Maturity Date	Interest Rate	Terms of Re	payment			
08/08/15	02/01/16	.00%					
Security	Provided b	y Borrower	Purpo	se of Loar	ı		
			Legal	fees	_		
Descripti	on of Cons	ideration	FMV o Consider		Original oan Amount	Balance Due	е
				0.	10,803.	10,8	03
Motal to	Form 990 I	Dort II	line 20, Co	Jump P		10,8	U 3