Form 990-PF

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

OMB No. 1545-0052

2015

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection Internal Revenue Service 2015, and ending AUGUST For calendar year 2015 or tax year beginning SEPTEMBER 01 31 A Employer identification number Name of foundation 22-2474302 INTER-LAKES SCHOLARSHIP FOUNDATION B Telephone number (see instructions) Room/suite Number and street (or P.O. box number if mail is not delivered to street address) (603) 279-0134 PO BOX 545 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here MEREDITH NH 03253 D 1. Foreign organizations, check here G Check all that apply Initial return Initial return of a former public charity Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Name change Address change E If private foundation status was X Section 501(c)(3) exempt private foundation H Check type of organization terminated under section 507(b)(1)(A), check here Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust X Cash Fair market value of all assets at end of Accounting method If the foundation is in a 60-month Other (specify) year (from Part II, col (c), line 16) termination under section (Part I, column (d) must be on cash basis.) 507(b)(1)(B), check here 308,265 (d) Disbursements Part | Analysis of Revenue and Expenses (a) Revenue and (b) Net investment (c) Adjusted net for charitable (The total of amounts in columns (b), expenses per purposes (cash basis only) (c), and (d) may not necessarily equal the income income amounts in column (a) (see instructions).) books 16,000 Interest on savings and temp, cash investments 20,375 20,375 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 3,862 6a Net gain/(loss) from sale of assets not on line 10 **b** Gross sales price for 46,040 all assets on line 6a 3,862 Capital gain net income (from Part IV, line 2) . 0 Net short-term capital gain. Income modifications . 10a Gross sales less returns & allowances
b Less Cost of
goods sold c Gross profit or (loss) (attach schedule) 788 Other income (attach schedule) #1 41,028 24,240 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 13 Other employee salaries and wages $\cdot \cdot$ 14 Pension plans, employee benefits 16a Legal fees (attach schedule) 3,011 **b** Accounting fees (attach schedule) #2 c Other professional fees (attach schedule) 17---Interest 904 Taxes (attach schedule) (see instructions# 3 Depreciation (attach sch.) and depletion 20 Occupancy 7 2317

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26

24,400 24,400 Form **990-PF** (2015)

c Adjusted net income (if neg., enter -0-) For Paperwork Reduction Act Notice, see instructions.

b Net investment income (if neg., enter -0-

21 Travel, conferences, and meetings 22 Printing and publications

23_Other expenses (attach schedule) #4 Total operating and administrative

expenses. Add lines 13 through 23

Contributions, gifts, grants paid

Total exp. & disbursements.

Subtract line 26 from line 12: a Excess of revenue over expenses

Add lines 24 and 25

and disbursements

5,564

9,479

24,400

33**,**879

7,149

2,923

2,923

2,923

21,317

P	art (Balance Sheets description column should be for end-of-year amounts only. (See inst.)	Beginning of year	End o	of year	
	т	end-of-year amounts only. (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash non-interest-bearing	4,121	4,954	4,954	
	2	Savings and temporary cash investments	5,490	33,613	33,613	
	3	Accounts receivable		man en er ar ar ar		
)	Less allowance for doubtful accts. ▶				
	4	Pledges receivable ▶				
	j	Less allowance for doubtful accts. ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	7	disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts		- /		
ιχ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments U.S. and state govt. obligations (attach schedule)				
	ь	Investments corporate stock (attach schedule)				
	C	Investments — corporate bonds (attach schedule)				
	11	Investments — land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)			•	
	12	Investments mortgage loans				
	13	Investments other (attach schedule) . #5	229,545	207,738	269,698	
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)	- nem		n -v m	
	15	Other assets (describe				
	16	Total assets (to be completed by all filers see the				
		instructions. Also, see page 1, item l)	239,156	246,305	308,265	
	17	Accounts payable and accrued expenses		210,000	300,203	
	18	Grants payable			ı	
ies	19	Deferred revenue			,	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
į	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe	-			
	23	Total liabilities (add lines 17 through 22)				
		Foundations that follow SFAS 117, check here				
w		and complete lines 24 through 26 and lines 30 and 31.				
alances	24	Unrestricted	239,156	246,305		
ılar	25	Temporarily restricted	239,130	240,303		
Ř	26	Permanently restricted				
Ľ,		Foundations that do not follow SFAS 117, check here ▶			3	
Ī		and complete lines 27 through 31.				
S	27	Capital stock, trust principal, or current funds			,	
Net Assets or Fund B		Leave the second of the second			-	
AS		Paid-in or capital surplus, or land, bldg., and equipment fund			v	
Š	29	Retained earnings, accumulated income, endowment, or other funds	220 156	016 305		
_		Total net assets or fund balances (see instructions) .	239,156	246,305		
		Total liabilities and net assets/fund balances (see instructions)	239,156	246,305		
		Analysis of Changes in Net Assets or Fund Bala				
1		net assets or fund balances at beginning of year Part II, column	(a), line 30 (must agree		^^	
_		of-year figure reported on prior year's return)	•	· · · · 1	239,156	
		amount from Part I, line 27a		2	7,149	
3		r increases not included in line 2 (itemize)		3		
		lines 1, 2, and 3		4	246,305	
		eases not included in line 2 (itemize)		5		
6_	Iotal	net assets or fund balances at end of year (line 4 minus line 5) F	Part II, column (b), line 3	0 6	246,305	

Part IV Capital Gains	s and Losses for Tax on Inv	estment Incom	е		
	the kind(s) of property sold (e.g., rea		(b) How acquired	(c) Date acquired	(d) Date sold
2-story brick warel	house, or common stock, 200 shs Mi	LC Co.)	P Purchase D Donation	(mo., day, yr.)	(mo , day, yr.)
1a SEE ATTACHMENT	Г #6				
b			1		
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o			n or (loss) f) minus (g)
a					
b					
С			<u></u>		<u> </u>
<u>d</u>			***		
е					
Complete only for assets sh	nowing gain in column (h) and owned	by the foundation or	n 12/31/69	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. (h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col. (``		less than -0-) or rom col. (h))
a					
b					
<u>c</u>			···		
d			<u> </u>		
е	<u> </u>				
2 Capital gain net income or ((net capital loss)	also enter in Part I, lin , enter -0- in Part I, lii	ne 7		2 2 2
· -	-		ne 7j	2	3,862
	or (loss) as defined in sections 1222(_		
	line 8, column (c) (see instructions). If	(loss),	>	_	1 (
enter -0- in Part I, line 8 Part V Qualification	Under Section 4940(e) for	 		3	-19
If section 4940(d)(2) applies, lea	private foundations subject to the sect ave this part blank.	1011 4340(a) tax 011 116	st investment med		
Was the foundation liable for the	e section 4942 tax on the distributable	e amount of any year	in the base neric	nd?	∏Yes ∏No
	ot qualify under section 4940(e). Do n		•		
	ount in each column for each year; see			ntries.	
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beginnii	Adjusted qualifying distributi	ions nonch	Net value of aritable-use assets		stribution ratio divided by col. (c))
2014	1.9.11/				· · · · · · · · · · · · · · · · · · ·
2013					
2012					
2011					
2010					
2 Total of line 1, column (d)	• • • • • • • • • • • • • • • • • • • •			2	
3 Average distribution ratio f	or the 5-year base period divide t	he total on line 2 by 5	5, or by the numb	er	
of years the foundation ha	s been in existence if less than 5 year	rs · · · · ·		. 3	——————————————————————————————————————
				} }	
4 Enter the net value of none	charitable-use assets for 2015 from F	Part X, line 5		. 4	
5 Multiply line 4 by line 3 .				5	
6 Enter 1% of net investmen	t income (1% of Part I, line 27b)		• • • • • • • • • • • • • • • • • • • •	. 6	
7 Add lines 5 and 6 .				. 7	
8 Enter qualifying distribution				. 8	D-237
· · · · · · · · · · · · · · · · · · ·	ter than line 7, check the box in Part \	vi, line 1b, and comp	nete that part usir	ig a 1% tax rate. See	e me Part VI
instructions.					

Fal		e instruc	iions)_		
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 inst.)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			426
	here ▶ ☐ and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%				
	of Part I, line 12, col. (b).	ļ			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0
3	Add lines 1 and 2	3			426
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			426
6	Credits/Payments		1		
а	2015 estimated tax payments and 2014 overpayment credited to 2015 · · · · · 6a 300				
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 6d				
7	Total credits and payments. Add lines 6a through 6d	7			300
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			126
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 ▶ Refunded ▶	11			
Pai	t VII–A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participal	te or		Yes	No
	intervene in any political campaign?		1a		X
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	ed			
	or distributed by the foundation in connection with the activities.			ĺ	l
С	Did the foundation file Form 1120-POL for this year?		1c	ĺ	x '
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. ▶ \$)			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-		1	
	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			ĺ	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	[X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/Æ	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	5		Х
	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			1	
	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 remain in the governing instrument?		6	Х	1
7	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), & Pa	rt XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
Ja	NH				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or				
U	designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Х	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1	
9	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," com	nnlete		-	-1
		PICO	9	1	x
40	Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their name:	 e	<u> </u>	\vdash	+
10			10		x
ED.	and addresses	Forr	n 990	-PF	(2015)
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		1	1 '	E .
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	-		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			'
	▶ 20 , 20 , 20 , 20 , 20 , 20 , 20 , 20			ŀ
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?	-	ļ.	•
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			i
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			ľ
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)	1		
	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		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable		_]	
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		Х
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Par	t VI	B Statements Regarding Ac	tivities for Which	Form 4720 May B	e Required (co	ntinued)			
5a	Dur	ing the year did the foundation pay or incur							
	(1)	Carry on propaganda, or otherwise attemp	ot to influence legislation	on (section 4945(e))?	Yes	X No			
	(2)	Influence the outcome of any specific pub	lic election (see section	1 4955); or to carry	-	_			
		on, directly or indirectly, any voter registra	tion drive?		Yes	⊠ No			
	(3)	Provide a grant to an individual for travel,	study, or other sımılar ı	purposes?	Yes	⊠ No	· [·		
	(4)	Provide a grant to an organization other th			_	_		1	
		in section 4945(d)(4)(A)? (see instructions)		☐Yes	No No			
	(5)	Provide for any purpose other than religion	us, charitable, scientific	c, literary, or	_	_			
		educational purposes, or for the preventio	n of cruelty to children	or animals?	Yes	⊠ No			
b	If ar	ny answer is "Yes" to 5a(1)-(5), did any of t	the transactions fail to o	qualify under the exception	ons described in	_			. 1
	Reg	julations section 53.4945 or in a current noti	ce regarding disaster a	assistance (see instruction	ıs)? .	N/A	5b		
	Org	anizations relying on a current notice regard	ding disaster assistance	e check here	•	▶ 🗌			
С	If th	e answer is "Yes" to question 5a(4), does the	ne foundation claim exe	emption from the tax	_				
	bec	ause it maintained expenditure responsibilit	y for the grant?		. N / A 🗌 Yes	☐ No			
	lf "Y	es," attach the statement required by Regu	lations section 53.4945	-5(d).	_	_			
6a	Dıd	the foundation, during the year, receive any	/ funds, directly or indir	rectly, to pay premiums	_	_			
	on a	a personal benefit contract?			· ···· 📙 Yes	⊠ No			
ь		the foundation, during the year, pay premiu	ims, directly or indirect	ly, on a personal benefit (contract? .		6b		Χ
		'es" to 6b, file Form 8870.			_	_			
		ny time during the tax year, was the founda				⊠ No			
		es," did the foundation receive any proceed				N/A	7b		
Par	t VI		Directors, Trust	ees, Foundation M	anagers, High	ly Paid	Emplo	yees	,
		and Contractors							
	List	all officers, directors, trustees, foundati		1					
		(a) Name and address	(b) Title, and avg. hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions employee benefit p	dane (C)	Expense		
CEE	7\	TTACHMENT #8	devoted to position	(ii not paid, enter -0-)	and deferred cor	np. '	other allo	wance	S
SEE		TIACHMENI #0							
2	Cor	npensation of five highest-paid employe	es (other than those	included on line 1 si	ee instructions).				
		one, enter "NONE."	(0						
			(b) Title, and avg.		(d) Contributions				
(a) Nai	me and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee bene plans and defer	···.	Expense		
		more than \$50,000	devoted to position	., .	compensation		other allo	wance	S
NON	ΙE								
						İ			
			-						
Total		ber of other employees paid over \$50,000	•		•••	•	•		0
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Part VIII Information About Officers, Directors, Trustees	s, Foundation Managers, Hig	hly Paid Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	}	
	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 of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the confe		Expenses
1		
2		
3		
	i	
4		
Part IX-B Summary of Program-Related Investments (see in	astructions)	l
Describe the two largest program-related investments made by the foundation d		Amount
1		75
^		

Total. Add lines 1 through 3

3

All other program-related investments. See instructions

•

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations,	
1	see instructions.) 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	277,787
b	Average of monthly cash balances	1b	23,699
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	301,486
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	
3	Subtract line 2 from line 1d	3	301,486
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	4,522
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	296,964
6	Minimum investment return. Enter 5% of line 5	6	14,848
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	14,848
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)		
С	Add lines 2a and 2b	2c	426
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,422
4	Recoveries of amounts treated as qualifying distributions .	4	
5	Add lines 3 and 4	5	14,422
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	14,422
Pa	rt XII Qualifying Distributions (see instructions)	<u>, </u>	
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	24,400
b	Program-related investments total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	* ***	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	24,400
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	<u> </u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	24,400
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation	
	qualifies for the section 4940(e) reduction of tax in those years.		

Part XIII	Undistributed Income (see	e instructions)			Page \$
1 Distribu	ľ	(a)	(b)	(a)	
lusingu	table amount for 2015 from Part XI,	Corpus	Years prior to 2014	(c) 2014	(d)
line 7 .				2014	2015
Chaisting	uted income, if any, as of the end of 2015:			 	14,422
a Enter a	mount for 2014 only			*** ***	
	prior years 20, 20, 20				
S Excess d	stributions carryover, if any, to 2015			 	
a From 20					}
b From 20			`		-
	12				
d From 20	•				
e From 20			•		
4 Qualifying	lines 3a through e	0			
4 Qualitying	distributions for 2015 from Part XII,				
line 4					
a Applied t	o 2014, but not more than line 2a			s 7 s	
O Applied to	undistributed income of prior years				
(Election re	equired see instructions)				ŀ
C Treated a	as distributions out of corpus				
(Election	required see instructions)			_	
• Applied to	2015 distributable amount .				
e Remaining	amount distributed out of corpus .	9,765			14,635
5 Excess dist	tributions carryover applied to 2015 .				ļ
(ir an amou	nt appears in column (d), the same				
	st be shown in column (a).)				
6 Enter the	net total of each column as		ļ		
indicated		_			
at Corpus. Add	lines 3f, 4c, and 4e. Subtract line 5	9,765	,		
D Prior years	s' undistributed income. Subtract				
line 4b fro				* - 12	
C Enter the an	nount of prior years' undistributed				
income for v	which a notice of deficiency has been				
issued, or or	which the section 4942(a) tax has			,	
Deen previou	isly assessed		}	,	
u Subtract lir	ne 6c from line 6b. Taxable				
	see instructions				
e Undistribut	ed income for 2014. Subtract				
iiile 4a iron	n line 2a. Taxable amount		1	-	
see instruct			,		
i Unaistributi	ed income for 2015. Subtract				
ines 40 and	5 from line 1. This amount]		j	
	tributed in 2016				
/ Amounts tre	eated as distributions out of				
corpus to sa	atisfy requirements imposed		-		
by section 1	70(b)(1)(F) or 4942(g)(3) (Elec-				1
lion may be	required-see instructions) .			-	
8 Excess distr	butions carryover from 2010				
	on line 5 or line 7 (see			,	
instructions)	, , , , , , , , , , , , , , , , , , , ,				
Excess dist	ributions carryover to 2016.				
Subtract line	s 7 and 8 from line 6a	9,765			
Analysis of li					
a Excess from	<u> </u>	1		1	
b Excess from	- I				
c Excess from					
d Excess from		1	1	·	
e Excess from		1			

Par	Private Operating Fou	ındations (see ıı	nstructions and Part V	II-A, question 9)		
1a	If the foundation has received a ruling o	r determination lett	ter that it is a private of	perating		
	foundation, and the ruling is effective for	2015, enter the da	ate of the ruling	. •		
b	Check box to indicate whether the found	dation is a private i	operating foundation	described in section	4942(j)(3) or	4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Total
	Income from Part I or the minimum Investment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	year listed					0
b	85% of line 2a					0
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					0
d	Amounts included in line 2c not used					
	directly for active conduct exempt act.					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities.]]
_	Subtract line 2d from line 2c		<u> </u>			0
3	Complete 3a, b, or c for the alternative					
	test relied upon.					
а	"Assets" alternative test enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					0
þ	section 4942(j)(3)(B)(i) . ["Endowment" alternative test enter					0
	2/3 of min investment return shown in					0
_	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)					0
	(5)), or royalties) (2) Support from general public and		 			†
	5 or more exempt organizations					1
	as provided in section 4942(j)(3) (B)(iii)					0
	(3) Largest amount of support from		-	<u> </u>		
	an exempt organization					0
	(4) Gross investment income .					0
Pai	t XV Supplementary Inform	ation (Comple	ete this part only	if the founda	tion had \$5,000	or more in assets
	at any time during the		instructions.)			
1	Information Regarding Foundation M	-				
а	List any managers of the foundation who				received by the found	ation before the
	close of any tax year (but only if they ha	ve contributed moi	re than \$5,000). (See	section 507(d)(2).)		
<u> 101</u>						
b	List any managers of the foundation who				ally large portion of th	ie ownership
	of a partnership or other entity) of which	the foundation ha	is a 10% or greater int	erest.		
101		Count Cift Loop	Cabalamahin ata D			
2	Information Regarding Contribution, Check here		• • • • • • • • • • • • • • • • • • • •	-	on and door not accor	at uncollected
	requests for funds. If the foundation mal			_		
	complete items 2a, b, c, and d.	kes gilis, granis, ei	.c. (see ms.ructions) to	individuals of orga	unizations under other	conditions,
	The name, address, and telephone num	her or e-mail of th	e nerson to whom an	nlications should h	e addressed	
	E ATTACHMENT # 9	ibei oi e-man oi iii	ie person to whom ap	plicadoris silodid b	e addressed	
ابتار	ATTACHMENT # 5					
h	The form in which applications should b	e submitted and in	formation and materi	als they should incli	ıde:	
J	term at which applications should b	- Jaan miles and II		Griodia irloit		
С	Any submission deadlines:	····				
-						
d	Any restrictions or limitations on awards,	such as by geogr	aphical areas, charital	ole fields, kinds of i	nstitutions, or other fac	ctors

Form 990-PF (2015) INTER-LAKES S	CHOLARSH	IP FO 222	2474302		Page 12
Part XVI-A Analysis of Income-Pro	ducing Activi	ties			
Enter gross amounts unless otherwise indicated.		business income	Excluded by	section 512, 513, or 514	(e)
	(a)	(b)	(c)	(d)	Related or exempt
	Business	Amount	Excl.	Amount	function income (See instructions.)
1 Program service revenue.	code		code		
a					
b					
c					
d					
e					
f					
9 Fees & contracts from government agencies	L				
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	3	
4 Dividends and interest from securities			14	20,375	
5 Net rental income or (loss) from real estate:					
a Debt-financed property		-			
b Not debt-financed property	L				
6 Net rental income or (loss) from personal property					
7 Other investment income	L				
8 Gain or (loss) from sales of assets other than inventory			18	3,862	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory .					
11 Other revenue a					,
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	<u>. </u>		0	24,240	
13 Total. Add line 12, columns (b), (d), and (e)			•	· 13	24,240
(See worksheet in line 13 instructions to verify calcula					
Part XVI-B Relationship of Activities	s to the Acco	omplishment o	f Exempt F	urposes	·
Line No. Explain below how each activity for v accomplishment of the foundation's a					
SEE ATTACHMENT #11					

FDA

Ра	rt XVII	Information Reg Exempt Organia	-	sfers To and T	ransactions a	and Relatio	nships With N	onchar	itable	!
1	Did the or	ganization directly or in		any of the followin	g with any other of	organization de	scribed in section	T	Yes	No
		the Code (other than se			- ·	_				
а		from the reporting four					-		.'	
	(1) Cash							1a(1)		Х
	(2) Other	assets .						1a(2)		X
b	Other tran	sactions:								
	(1) Sale	s of assets to a noncha	ritable exempt org	janization				1b(1)		Х
	(2) Purc	hases of assets from a	noncharitable exe	mpt organization				1b(2)		X
	(3) Rent	al of facilities, equipme	nt, or other assets				•	1b(3)		Х
	(4) Rem	bursement arrangeme	nts					1b(4)		X
	(5) Loar	s or loan guarantees						1b(5)		X
	(6) Perfo	rmance of services or	membership or fu	ndraising solicitatio	ns			1b(6)		X
C	Sharing o	f facilities, equipment, r	nailing lists, other	assets, or paid em	oloyees			1c		X
d	If the answ	ver to any of the above	s "Yes," complet	e the following sch	edule. Column (l	b) should alway	s show the fair mai	ket value	of the	
	goods, ot	her assets, or services	given by the repor	ting foundation. If t	he foundation red	eived less than	ı fair market value ir	any tran	saction	ı
	or sharing	arrangement, show in	column (d) the va	alue of the goods,	other assets, or se	ervices received	1 .			
<u>(a)</u> ∟	ine no. (b)	Amount involved (c)	Name of nonchar	itable exempt orga	nization (d) Des	cription of transfe	ers, transactions, and st	arıng arran	gements	5
	1				İ					
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							·			
2a		ndation directly or indire				npt organizatioi	ns described in	п.,		a
_		1(c) of the Code (other		(c)(3)) or in section	5277		• • • • • • • • • • • • • • • • • • • •	∐ Y€	₃s <u>K</u>	No
b		omplete the following s	chedule.				·			
	(a)	Name of organization		(b) Type of ord	janization	 	c) Description of re	lationship		
						1				
			1			1				
						1				
			Ì			1				
	helief	r penalties of perjury, I decl , it is true, correct, and com								nd
Sig	n		2	property (state that the	•					*rn
Her	e 👠 _	Cynthia a	. Keil	1/20/1	7 TRE	ASURER	with the	IRS discus: preparer si	hown be	low
		gnature of officer or tru		Date	Title		(see instr	uctions)?	Yes	X No
De!		Print/Type preparer's na	ame Py	parer's signature		Date /	_ Check _ if	PTIN		
Pai		JODAI BUL		· mu	1	7/8//	self-employe	d B000	<u>)690</u>	42
rre	parer	irm's name ► H AN	D R BLOCK				Firm's EIN ▶ 020	34112	27	

Phone no. 6035240951

2015 FORM 990 SCHEDULE OF OTHER INCOME

ATTACHMENT 1: PAGE 1 - 990-PF PAGE 1, PART I, LINE 11 OPEN TO PUBLIC INSPECTION For calendar year 2015, or tax period beginning 09-01-2015, and ending 08-31-2016. Name of Organization Employer Identification Number INTER-LAKES SCHOLARSHIP FOUNDATION 22-2474302 Net Investment Adjusted Revenue Description of Other Income and Expenses Income Net Income SCHOLARSHIP DINNER 788 **Totals:** 788

FDA

2015 FORM 990 SCHEDULE OF ACCOUNTING FEES

2: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16B ATTACHMENT OPEN TO PUBLIC INSPECTION For calendar year 2015, or tax penod beginning 08-31-2016. 09 - 01 - 2015, and ending Name of Organization Employer Identification Number INTER-LAKES SCHOLARSHIP FOUNDATION 22-2474302 Disbursements for Net Investment Adjusted **Accounting Category Amount** Income Net Income Charity TAX SERVICES 3,011 3,011 Total:

2015 FORM 990 SCHEDULE OF TAXES PAID

ATTACHMENT 3: PAGE 1 - 990 - PF PAGE 1, PART I, LINE 18

OPEN TO PUBLIC

INSPECTION For calendar year 2015, or tax period beginning 09-01-2015, and ending 08-31-2016.

Name of Organization Employer Identification Number

INTER-LAKES SCHOLARSHIP FOUNDATION 22-2474302

Category Amount Net Investment Income Net Income Charity

INTER-LAKES SCHOLARSHIP FOUNDATION 22-2474302						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity		
FEDERAL TAX Y/E 2015	604					
FEDERAL ESTIMATED TAXES Y/E	300					
				}		
			i			
			i			
			1			
			•			
	•					
	1		•			
Total:	904					

2015 FORM 990 OTHER EXPENSES SCHEDULE

ATTACHMENT 4: PAGE 1 990-PF PAGE 1, PART I, LINE 23

OPEN TO PUBLIC

INSPECTION For calendar year 2015, or tax period beginning
Name of Organization

09 - 01 - 2015, and ending

08-31-2016. Employer Identification Number

INTER-LAKES SCHOLARSHIP FOU	NDATION		22-24743	102
Description of Activity	Revenue and Expenses	Net Investment Income	Adjusted Net Income	Disbursements for Charity
BANK CHARGES INVESTMENT ADVISORY POSTAGE SCHOLARSHIP AWARDS DINNER STATE ANNUAL FEE	90 2,923 50 2,401 100	2,923		
STATE ANNUAL FEE	100			
Total:	5,564	2,923		

2015 FORM 990 SCHEDULE OF INVESTMENTS - OTHERS

ATTACHMENT 5: PAGE 1 - 990-PF PAGE 2, PART II, LINE 13 OPEN TO PUBLIC INSPECTION For calendar year 2015, or tax period beginning 09 - 01 - 2015, and ending 08-31-2016 Name of Organization Employer Identification Number INTER-LAKES SCHOLARSHIP FOUNDATION 22-2474302 FMV at Fair Market Value Description Cost **Book Value** Year End 269,698 LPL FINANCIAL MUTUAL FUNDS 207,738 \overline{X} Х Total: 207,738 269,698

2015 FORM 990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

		E 1 - 990-PF PAGE	3, PART IV	, LINE 1		
	PEN TO PUBLIC SPECTION For calendar	year 2015, or tax period beginning	00-01	2015, and endin	og 08-31-	2016
	e of Organization	year 2015, or tax period beginning	09-01-2	OTO, and endin	Employer Identific	
	-	ARSHIP FOUNDATION			22-247430	
	(a) List and Describe	the Kind(s) of Property Sold (e.g., Rehouse, or Common Stock, 200 shs.		(b) How Acquired P Purchase D Donation	(c) Date Acquired (mo., day, yr.)	(d) Date Sold (mo., day, yr)
1	BLACKROCK HIGH	YIELD		P		12-04-2015
2	CRM MID CAP VA	— - —		P	03-22-2011	
3	BLACKROCK HIGH			P	12-23-2014	
4	FIDELITY ADVIS			P	03-21-2011	
5	TOUCHSTONE SAN FIDELITY ADVOS			P P		03-03-2016 06-27-2016
7		HEALTH SCIENCES		P		06-27-2016
8	VANGUARD INTL		P		06-21-2016	
9	VANGUARD INTL			P		06-21-2016
	(e) Gross Sales Price	(6) Depreciation Allowed	(a) Cost or Other	Day Range	(b) Compa	(1000)
	(e) Gross Sales Price	(f) Depreciation Allowed (or allowable)	(g) Cost or Other		(h) Gain o (e) Plus (f)	r (loss)) Minus (g)
1	4,681	(0.0000000)	1 100 220,001	5,246	(0) (100 (1)	-565
2	14,000			14,959		-959
3	342	1		361		-19
4	10,000		1	7,284		2,716
5	6,000			5,796		204
6	2,500 1,500			1,863 1,133		637 367
8	6,920			5,439		1,481
9	97			97		
	Complete only for assets sh	owing gain in column (h) and owned (j) Adjusted Basis	by the foundation of (k) Excess if			Less Than -0-) or
		as of 12/31/69	Over Col.	(j), if Any	Losses (fr	om col. (h))
1			}			-565
2				[-959 -19
3						2,716
4 5			}	1		204
6				İ		637
7						367
8			1	1		1,481
9						
L	<u> </u>		L			

2015 FORM 990 BOOKS ARE IN CARE OF

ATTA		<u>7 – 990-</u>	-PF P	AGE 5	PAR'	r VII	-A,	LINE	14				
	TO PUBLIC												
INSPE	CTION F	or calendar ye:	ar 2014, o	r tax perio	od beginning	g	09-0	1-201	5, and end	ling ()	8-31-2	016.	
	Organization									Employ	er Identificat	ion Number	
	R-LAKES	SCHOLA	RSHIP	FOUN	IDATIO	N				22-2	474302		
Part VII-	-A - Line 14												
Individua	al Name	•	•	•			<u>CY</u>	THIA	REID				
or													
Business	s Name												
											 		
													
Ctrast A.							4	TIN TINE	, , , , , , , , , , , , , , , , , , ,	r CIIMC			
Street Ad	aaress		•	•			4	FAIKW	AY HE	LGHTS			
U.S. Add	dress:												
	3. 500												
	Zip code ()	3226		Chu C	CENTER	нург	RUD.			State NH			
	or	5220		City C	>PIAT DIV	IIAIXL	JOIN			State IVII			
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i	Province or Sta	ate .											
(Country	•											
1	Postal code												
i	Phone Number	r .				•			٠			····	<u> </u>
1	Fax Number	•	٠			•							<u>_</u>

2015 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 8: PAGE 1 - 990-PF PAGE 6, PART VIII OPENTO PUBLIC

OPEN TO PUBLIC INSPECTION For calendar year 2015, or ta	x period heginning ∩	9~01-2015, and	ending 08-31-	2016.
Name of Organization		5 01 2010, 4110	Employer Ident	ification Number
INTER-LAKES SCHOLARSHIP E			22-24743	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
DONNA ONEIL 185 CENTER RD MEREDITH, NH 03253	CORRESP'G SEC 1.00			
CYNTHIA REID 4 FAIRWAY ESTATES CENTER HARBOR, NH 03226	TREASURER			
BETH HAMBLET 11 AMBROSE RD MEREDITH, NH 03253	CO-PRESIDENT			
MICHELLE MARTIN 207 TATERBORO RD SANDWICH, NH 03227	CO-PRESIDENT			
CHRISTINA GRIBBEN INTERLAKES HIGH SCHOOL 1 LAKER LN MEREDITH, NH 03253	DIRECTOR 1.00			
GRACE AINSWORTH INTERLAKES HIGH SCHOOL 1 LAKER LANE MEREDITH, NH 03253	DIRECTOR 0.00			
CHRISTINE BREWER 127 NEEDLE EYE RD MEREDITH, NH 03253	DIRECTOR 1.00			
LISA PENDERGAST 220 MEREDITH NECK RD MEREDITH, NH 03253	DIRECTOR 1.00			
CRYSTAL FURNEE 31 WINDSONG PL MEREDITH, NH 03253	DIRECTOR 0.00			
LUCY GLENDAY PO BOX 229 SANDWICH, NH 03227	DIRECTOR 0.00			

2015 FORM 990 APPLICATION SUBMISSION INFORMATION

7	l
LINE	
XV	
PART	
10,	
PAGE	
990-PF	
Н	l
PAGE	
9	
ATTACHMENT	

OPEN TO PUBLIC	OPEN TO PUBLIC For Calendar year 2015, or tax year period beginning	ng 09-01-2015	and ending	08-31-2016
Name of Organization			نِ	on Number
INTER-LAKES SCHOLARSHIP	HIP FOUNDATION		22-2474302	
Name	Phone Number or E-mail	Info and Matenals Included	Submission Deadlines	Restrictions on Awards
INTER LAKES SCHOLARSHIP FD CINDY REID C/O DONNA DEPOIAN, ESQ PO BOX575 LACONIA, NH 03246	603-279-0134	APPLICATION	FRIDAY BEFORE APRIL SCHOOL VACATION WEEK. NEXT 04/21/2017	GRADUATE OF INTER LAK

15_EOPFGR01L

2015 FORM 990 GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 10: PAGE 1 990-PF PAGE 11, PART XV LINE 3A OPEN TO PU INSPECTION For calendar year 2015, or tax period beginning 09 - 01 - 2015, and ending 08-31-2016 Name of Organization Employer Identification Number INTER-LAKES_SCHOLARSHIP FOUNDATION 22-2474<u>3</u>02 If Recipient is an Individual, Foundation Recipient Purpose of Grant or Show any Relationship to **A**mount Status of Contribution Any Foundation Manager Recipient Name and Address (home or business) or Substantial Contributor SEE ATTACHED NONE COLLEGE SEE ATTACHED SCHOLARSHIP VARIOUS 24,400 24,400 Total:

2015 FORM 990 SCHEDULE OF RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

ATTACH OPEN TO	MENT PUBLIC	11:											PURP		-				
INSPECTI			lendar v	vear 201	15, or ta	y perio	d hegin	חחח	٢	19N1	-2	015.a	and ending	1	08-	31-2	016		
Name of Org	ganizatio		<u>Cridar y</u>	Cui 201	10, 01 14	x peno	u ocgin	ııııg		7 01		010,4					ation Nu	mber	
INTER-	LAKE	S SC	HOL	<u>ARSH</u>	IP F	OUN	DATI	ON						22-	247	4302			
Line			Bri	efly Des	scribe H	low the	Activity	Reporte	ed In C	Column (E) of	Part VII	Specifical	y Contr	buted	to the			ĺ
Number													oviding fur						
Number 7 , 8		INCC	ocompli OME I	ishment EARN	t of the	Organiz BY T	zation's HE I	Exempt	Purpo	ses (oth	er tha	ovid	oviding fur E THE	nds for s	such p	urposes		FINU	ING
																			Í
	}																		i
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