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For calendar year 2015, or tax year beginning 10-01-2015 , and ending 09-30-2016

Name of foundation ALEXANDER EASTMAN FOUNDATION C/O ROBERT McDONALD TREASURER		<b>A Employer identification number</b> 02-0222124	
Number and street (or P O box number if mail is not delivered to street address) SQUARETAIL 120 MAIN ST No 110		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code NASHUA, NH 03060		<b>B</b> Telephone number (see instructions)  (603) 434-9519	
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 10,924,724		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>J</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	78,775			
	<b>2</b> Check ▶ <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments . . . . .	73	73		
	<b>4</b> Dividends and interest from securities . . . . .	157,595	157,595		
	<b>5a</b> Gross rents . . . . .				
	<b>b</b> Net rental income or (loss) _____				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 _____	122,587			
	<b>b</b> Gross sales price for all assets on line 6a _____ 435,851				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . . . .		122,587		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances _____				
Operating and Administrative Expenses	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . .				
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	359,030	280,255		
	<b>13</b> Compensation of officers, directors, trustees, etc . . . . .	0	0		0
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule). . . . .	 522	0		522
	<b>b</b> Accounting fees (attach schedule). . . . .	 13,000	2,250		10,750
	<b>c</b> Other professional fees (attach schedule) . . . . .	 82,000	40,000		42,000
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . . . .	 2,386	0		0
	<b>19</b> Depreciation (attach schedule) and depletion . . . . .				
	<b>20</b> Occupancy . . . . .				
	<b>21</b> Travel, conferences, and meetings. . . . .	4,314	0		4,314
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . .	 2,616	0		2,616
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	104,838	42,250		60,202
	<b>25</b> Contributions, gifts, grants paid . . . . .	593,493			610,493
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	698,331	42,250		670,695
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	-339,301			
	<b>b Net investment income</b> (if negative, enter -0-)		238,005		
	<b>c Adjusted net income</b> (if negative, enter -0-)				

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	386,635	35,545	35,545
	<b>2</b>	Savings and temporary cash investments . . . . .			
	<b>3</b>	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b>	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b>	Grants receivable . . . . .			
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b>	Inventories for sale or use . . . . .			
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			
	<b>10a</b>	Investments—U S and state government obligations (attach schedule)			
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b>	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b>	Investments—mortgage loans . . . . .			
	<b>13</b>	Investments—other (attach schedule) . . . . .	10,204,790	10,887,259	10,887,259
	<b>14</b>	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>15</b>	Other assets (describe ▶ _____)	7,460	1,920	1,920
	<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	10,598,885	10,924,724	10,924,724
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	118	29	
	<b>18</b>	Grants payable . . . . .	169,000	152,000	
	<b>19</b>	Deferred revenue . . . . .			
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b>	Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b>	Other liabilities (describe ▶ _____)			
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	169,118	152,029	
<b>Net Assets or Fund Balances</b>		<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b>	Unrestricted . . . . .	5,025,630	5,066,531	
	<b>25</b>	Temporarily restricted . . . . .			
	<b>26</b>	Permanently restricted . . . . .	5,404,137	5,706,164	
		<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b>	Capital stock, trust principal, or current funds . . . . .			
	<b>28</b>	Paid-in or capital surplus, or land, bldg, and equipment fund			
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	10,429,767	10,772,695	
	<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	10,598,885	10,924,724	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	10,429,767
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	-339,301
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	682,229
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	10,772,695
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	10,772,695

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase D—Donation (b)	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1 a	Vanguard 500	P	2007-09-30	2015-12-17
b	Vanguard Short-term Bond	P	2007-09-30	2016-02-03
c	Van Eck Global	P	2007-09-30	2016-07-01
d	Capital Gains Dividends	P		
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 99,980		40,928	59,052
b 74,980		74,799	181
c 179,980		197,537	-17,557
d 80,911			80,911
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			59,052
b			181
c			-17,557
d			80,911
e			

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	122,587
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	636,303	9,981,738	0 063747
2013	591,582	10,532,506	0 056167
2012	605,060	10,364,270	0 058379
2011	624,858	9,755,900	0 064049
2010	551,129	9,554,445	0 057683

2	Total of line 1, column (d).	2	0 300025
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 060005
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	9,512,101
5	Multiply line 4 by line 3.	5	570,774
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	2,380
7	Add lines 5 and 6.	7	573,154
8	Enter qualifying distributions from Part XII, line 4.	8	670,695

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the 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)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

3

Add lines 1 and 2.

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

5

Tax based on investment income.Subtract line 4 from line 3 If zero or less, enter -0-

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

4,200

b

Exempt foreign organizations—tax withheld at source

6b

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.

8

Enter any penalty for underpayment of estimated tax Check here ☐ if Form 2220 is attached

9

Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed

10

Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.

11

Enter the amount of line 10 to be Credited to 2015 estimated tax 1,820 Refunded

1

2,380

2

0

3

2,380

4

0

5

2,380

6a

4,200

6b

6c

6d

7

4,200

8

9

10

1,820

11

0

Part 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 participate or intervene in any political campaign?

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?  
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

1b

No

c

Did the foundation file Form 1120-POL for this year?

1c

No

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 \$ 0

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0

2

Has the foundation engaged in any activities that have not previously been reported to the IRS?  
If "Yes," attach a detailed description of the activities

2

No

3

Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes

3

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4a

No

b

If "Yes," has it filed a tax return on Form 990-T for this year?

4b

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year?  
If "Yes," attach the statement required by General Instruction T

5

No

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 remain in the governing instrument?

6

Yes

7

Did the foundation have at least \$5,000 in assets at any time during the year?If "Yes," complete Part II, col (c), and Part XV

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions)  
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 designate) of each state as required by General Instruction G? If "No," attach explanation

8b

Yes

9

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?  
If "Yes," complete Part XIV

9

No

10

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

10

No

Form 990-PF (2015)

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>www.alexandereastman.org</u>	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► <u>ROBERT MCDONALD</u> Telephone no ► <u>(603) 434-9519</u> Located at ► <u>SQUARETAIL 120 MAIN ST 110 NASHUA NH</u> ZIP+4 ► <u>03060</u>			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	<b>16</b>	<b>Yes</b>	<b>No</b>

**Part 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
<b>1a</b>	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? . . . . . <b>1b</b>		
	Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>		
<b>c</b>	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? . . . . . <b>1c</b>		<b>No</b>
<b>2</b>	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))		
<b>a</b>	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i> ). . . . . <b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>No</b>
<b>b</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?	<b>4b</b>	<b>No</b>

**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))? ☐ Yes ☒ No

**(2)** Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

**(3)** Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

**(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No

**(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No **5b**

Organizations 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? ☐ Yes ☒ No

*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? ☐ Yes ☒ No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **6b** **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 ☒ No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b**

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000. ☐ **0**

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. 0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0



**Part X Minimum Investment Return**

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	9,445,864
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	211,091
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	9,656,955
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	9,656,955
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	144,854
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	9,512,101
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	475,605

**Part 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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	475,605
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	2,380
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	2,380
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	473,225
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	473,225
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	473,225

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	670,695
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	670,695
<b>5</b>	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). . . . .	<b>5</b>	2,380
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	668,315

**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 instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				473,225
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .	93,159			
b From 2011. . . . .	144,637			
c From 2012. . . . .	99,125			
d From 2013. . . . .	76,458			
e From 2014. . . . .	145,348			
f Total of lines 3a through e. . . . .	558,727			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 670,695				
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. . . . .				473,225
e Remaining amount distributed out of corpus	197,470			
5 Excess distributions carryover applied to 2015 (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	756,197			
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 instructions . . . . .			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
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 (see instructions). . .	93,159			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .	663,038			
10 Analysis of line 9				
a Excess from 2011. . . .	144,637			
b Excess from 2012. . . .	99,125			
c Excess from 2013. . . .	76,458			
d Excess from 2014. . . .	145,348			
e Excess from 2015. . . .	197,470			

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

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 organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
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 . . . . .				

3

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 listed. . . . .

c

"Support" alternative test—enter

(1)

Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .

(2)

Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .

(3)

Largest amount of support from an exempt organization

(4)

Gross investment income

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

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

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ 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

PAUL HEBERT SEE ATTACHED  
SQUARETAIL 120 MAIN ST 110  
NASHUA, NH 03060  
(603) 417-3328  
paul@squaretailcfo.com

b

The form in which applications should be submitted and information and materials they should include

SEE ATTACHED

c

Any submission deadlines

SEE ATTACHED

d

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

SEE ATTACHED

Form 990-PF (2015)

Part XV

Supplementary Information(continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data TableSee Additional Data Table				
Total . . . . . ▶ 3a				610,493
b Approved for future payment GREATER DERRY COMMUNITY HEALTH SERVICES 14 TSIENNETO RD SUITE 301 DERRY, NH 03038		ORG	TO PROVIDE ACCESS TO HEALTH CARE NETWORK FOR LOW-INCOME OR UNINSURED	91,500
GREATER DERRY ORAL HEALTH COLLABORATIVE 28 SOUTH MAIN STREET DERRY, NH 03038		ORG	TO PROVIDE SUPPORT FOR THE CHILDREN'S DENTAL NETWORK	60,500
Total . . . . . ▶ 3b				152,000

Enter gross amounts unless otherwise indicated

## Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)

**1.** 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?

<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of		
<b>(1)</b> Cash. . . . .	<b>1a(1)</b>	<b>No</b>
<b>(2)</b> Other assets. . . . .	<b>1a(2)</b>	<b>No</b>
<b>b</b> Other transactions		
<b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .	<b>1b(1)</b>	<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .	<b>1b(2)</b>	<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets. . . . .	<b>1b(3)</b>	<b>No</b>
<b>(4)</b> Reimbursement arrangements. . . . .	<b>1b(4)</b>	<b>No</b>
<b>(5)</b> Loans or loan guarantees. . . . .	<b>1b(5)</b>	<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .	<b>1b(6)</b>	<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .	<b>1c</b>	<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> the value of the goods, other assets, or services received.		

[illegible]

**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  
☒ No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="border-bottom: 1px solid black; height: 30px; width: 100%;"></div> Signature of officer or trustee	<div style="border-bottom: 1px solid black; height: 30px; width: 100%;"></div> Date	<div style="border-bottom: 1px solid black; height: 30px; width: 100%;"></div> Title

May the IRS discuss this return with the preparer shown below?  
 (see instr.)? ☐ Yes ☒ No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Judith E Emery-David	Preparer's Signature	Date 2017-01-30	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00951716
	Firm's name ▶ Edward C David & Company CPAs PLLC			Firm's EIN ▶ 26-0598962	
	Firm's address ▶ PO Box 925 Hampstead, NH 03841			Phone no (603) 893-0594	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Earle Rosse	Chair 1 50	0	0	0
9 Anderson Lane Londonderry, NH 03053				
Jen Hamilton	Vice Chair 1 50	0	0	0
37 Meadow Brook Crossing Sandown, NH 03873				
Robert McDonald	Treasurer 2 50	0	0	0
49 Forest Street Londonderry, NH 03053				
Larry VanDeventer	Clerk 1 50	0	0	0
PO Box 240 Windham, NH 03087				
Jill Hartmann	Trustee 1 50	0	0	0
212 Jennifer Drive Chester, NH 03036				
William Burdin Esq	Trustee 1 50	0	0	0
PO Box 44 Windham, NH 03087				
Katherine Boutin JD	Trustee 1 50	0	0	0
348 Meadow Fox Lane Chester, NH 03036				
Craig Bulkley	Trustee 1 50	0	0	0
25 Gervaise Drive Derry, NH 03038				
Dr John Lombardi DMD	Trustee 1 50	0	0	0
127 Riverwalk Way Manchester, NH 03053				
John Vaccarezza	Trustee 1 50	0	0	0
83 Royal Range Road Sandown, NH 03873				
Susan Linehan RN BSN	Trustee 1 50	0	0	0
4 Diamond Drive Derry, NH 03038				
William Lonergan	Trustee 1 50	0	0	0
96 Harantis Lake Road Chester, NH 03036				
David McPherson	Trustee 1 50	0	0	0
7 Colony Brook Lane Derry, NH 03038				
Dr Chnstopher Peterson MD	Trustee 1 50	0	0	0
58 Floyd Road Derry, NH 03038				
Headmaster Griffin Morse	Trustee 1 50	0	0	0
5 Pinkerton Street Derry, NH 03038				
Dr John Moody PhD	Trustee 1 50	0	0	0
3 Horseshoe Drive Derry, NH 03038				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
COMMUNITY ALLIANCE FOR TEEN SAFETY 11 PEABODY RD 1 DERRY,NH 03038		ORG	PROMOTING SAFE HABITS FOR ALL YOUTH BY INCREASED AWARENESS OR HIGH-RISK BEHAVIOR AND HEALTHY CHOICES	11,500
COMMUNITY CAREGIVERS OF GREATER DERRY 58 EAST BROADWAY DERRY,NH 03038		ORG	TO PROVIDE SUPPORT AND ASSISTANCE TO HELP PEOPLE MAINTAIN INDEPENDENCE IN THEIR HOME ENVIRONMENT	25,000
COPPER CANNON CAMP 124 GALE RIVER ROAD FRANCONIA,NH 03580		ORG	SCHOLARSHIPS FOR 8 LOW-INCOME DERRY AREA CAMPERS	8,500
FAMILY PROMISE OF GREATER ROCKINGHAM COUNTY 145 HAMPSTEAD RD DERRY,NH 03038		ORG	TO HELP HOMELESS CHILDREN AND FAMILIES GET BACK ON THEIR FEET	25,000
FRIENDS PROGRAM 202 NORTH STATE STREET CONCORD,NH 03301		ORG	STRENGTHENS COMMUNITIES BY BUILDING RELATIONSHIPS THAT EMPOWER, ENCOURAGE COMMUNITY SERVICE AND RESTORE FAITH	7,000
GATEWAYS COMMUNITY SERVICE 144 CANAL STREET NASHUA,NH 03064		ORG	TO SUPPORT THE PARTNERS IN HEALTH FLEX FUNDS PROGRAM	10,000
CHILD AND FAMILY SERVICES 112 WEST PEARL ST NASHUA,NH 03060		ORG	TO SUPPORT THE COUNTING THE DAYS PROGRAM FOR CHILDREN OF INCARCERATED PARENTS	5,800
GREATER DERRY COMMUNITY HEALTH SERVICES 14 TSIENNETO RD SUITE 301 DERRY,NH 03038		ORG	TO PROVIDE ACCESS TO HEALTH CARE NETWORK FOR LOW-INCOME OR UNINSURED	214,000
GREATER DERRY ORAL HEALTH COLLABORATIVE 28 SOUTH MAIN STREET DERRY,NH 03038		ORG	TO PROVIDE SUPPORT FOR THE CHILDREN'S DENTAL NETWORK	119,500
NH CATHOLIC CHARITIES 215 MYRTLE STREET MANCHESTER,NH 03104		ORG	TO SUPPORT COST OF STAFF TO REJUVENATE AND STABLIZE THE LONDONDERRY MEALS ON WHEELS SITE	25,000
PLANNED PARENTHOOD OF NEW ENGLAND 14 MANNING STREET DERRY,NH 03038		ORG	TO SUPPORT AFFORDABLE REPRODUCTIVE AND SEXUAL HEALTH	25,000
ROCKINGHAM NUTRITION & MEAL ON WHEELS 106 NORTH ROAD BRENTWOOD,NH 03833		ORG	TO SUPPORT COST OF FOOD PURCHASED BY NH FOOD BANK AND FOOD PANTRIES	30,000
SALVATION ARMY 18 FOLSOM RD DERRY,NH 03038		ORG	PROVIDES MEALS TO THE COMMUNITY FOOD PANTRY, SUMMER FEEDING PROGRAM, CHRISTMAS BASKETS, AND AFTERSCHOOL CLUB	5,000
SONSHINE SOUP KITCHEN 4 CRYSTAL AVENUE DERRY,NH 03038		ORG	TO SUPPORT THE ADDITION OF HEALTHIER, FRESH FOODS TO THE SOUP KITCHEN MENU	7,500
THE UPPER ROOM A FAMILY RESOURCE CENTER 36 TSIENNETO DR DERRY,NH 03038		ORG	TO SUPPORT COSTS OF GREATER DERRY FAMILY OUTREACH PROGRAM	40,000
<b>Total . . . . . ▶ 3a</b>				610,493



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
DERRY COOPERATIVE SCHOOL DISTRICT - SECOND STEP 18 SOUTH MAIN STREET DERRY,NH 03038		ORG	TO SUPPORT SECOND STEP PROGRAM FOR MIDDLE SCHOOL ADOLESCENTS	12,693
GREATER DERRY-SALEM CART - SHOPPER SHUTTLE 33 GEREMONTY DRIVE SALEM,NH 03079		ORG	TO SUPPORT CART PROGRAM WHICH PROVIDES RELIABLE, SAFE AND AFFORDABLE PUBLIC TRANSPORTATION	6,500
CRYSTAL ROMAIN AND MANCHESTER COMMU 26 RESERVOIR AVENUE APT 2 MANCHESTER,NH 03014		IND	SCHOLARSHIP	2,500
ELIZABETH KANE AND LABOURE COLLEGE 24 LINLEW DRIVE APT 9 DERRY,NH 03038		IND	SCHOLARSHIP	2,500
ELYSE BOUCIER AND SIMMINS SCHOOL OF 7 DANIEL ROAD DERRY,NH 03038		IND	SCHOLARSHIP	2,500
LAURIE GODIN AND THE SALTER SCHOOL 121 SMITH ROAD CHESTER,NH 03036		IND	SCHOLARSHIP	2,500
MEAGAN LAMOTHE AND UNIVERSITY OF NH 19 PUTNAM ROAD HUDSON,NH 03051		IND	SCHOLARSHIP	2,500
SHIRLEY DAWSON AND FRANKLIN PIERCE 34 ELM STREET PLAISTOW,NH 03865		IND	SCHOLARSHIP	2,500
APRIL BEGLEY AND THE SALTER SCHOOL 3 LINLEW DRIVE APT 1 DERRY,NH 03038		IND	SCHOLARSHIP	2,500
BRIAN CROTEAU AND NE EMS INSTITUTE 33 GERVAISE DRIVE DERRY,NH 03038		IND	SCHOLARSHIP	3,000
CRYSTAL ROMAIN AND MANCHESTER COMMU 26 RESERVOIR AVENUE APT 2 MANCHESTER,NH 03014		IND	SCHOLARSHIP	3,000
DESIREE DAIGLE AND SALTER SCHOOL OF 4 ISINGLASS LANE CHESTER,NH 03036		IND	SCHOLARSHIP	3,000
ELIZABETH KANE AND LABOURE COLLEGE 24 LINLEW DRIVE APT 9 DERRY,NH 03038		IND	SCHOLARSHIP	3,000
LISA TEMPLE AND RIVIER UNIVERSITY 6 LAWRENCE RD APT 103B DERRY,NH 03038		IND	SCHOLARSHIP	3,000
<b>Total . . . . . ▶ 3a</b>				610,493

**TY 2015 Accounting Fees Schedule**

**Name:** ALEXANDER EASTMAN FOUNDATION  
C/O ROBERT MCDONALD TREASURER

**EIN:** 02-0222124

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING SERVICES	3,000	2,250		750
AUDIT EXPENSE	10,000	0		10,000

**TY 2015 Investments - Other Schedule**

**Name:** ALEXANDER EASTMAN FOUNDATION  
C/O ROBERT MCDONALD TREASURER

**EIN:** 02-0222124

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	9,761,397	9,761,397
BENEFICIAL INTEREST IN TRUSTS	FMV	1,125,862	1,125,862

## TY 2015 Legal Fees Schedule

**Name:** ALEXANDER EASTMAN FOUNDATION  
C/O ROBERT MCDONALD TREASURER  
**EIN:** 02-0222124

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	522	0		522

**TY 2015 Other Assets Schedule**

**Name:** ALEXANDER EASTMAN FOUNDATION  
C/O ROBERT MCDONALD TREASURER

**EIN:** 02-0222124

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PREPAID FEDERAL TAX	7,460	1,820	1,820
DUE FROM HAT	0	100	100

**TY 2015 Other Expenses Schedule**

**Name:** ALEXANDER EASTMAN FOUNDATION  
C/O ROBERT MCDONALD TREASURER  
**EIN:** 02-0222124

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Bank Fees	110	0		110
NH Filing Fee	100	0		100
Office Expense	215	0		215
Web Design	2,191	0		2,191

## TY 2015 Other Increases Schedule

**Name:** ALEXANDER EASTMAN FOUNDATION  
C/O ROBERT MCDONALD TREASURER

**EIN:** 02-0222124

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	682,229

**TY 2015 Other Professional Fees Schedule**

**Name:** ALEXANDER EASTMAN FOUNDATION  
C/O ROBERT MCDONALD TREASURER

**EIN:** 02-0222124

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADMINISTRATIVE SERVICES	42,000	0		42,000
INVESTMENT MANAGEMENT FEES	40,000	40,000		0



**TY 2015 Taxes Schedule**

**Name:** ALEXANDER EASTMAN FOUNDATION  
C/O ROBERT MCDONALD TREASURER  
**EIN:** 02-0222124

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	2,386	0		0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>ALEXANDER EASTMAN FOUNDATION</div> <div>C/O ROBERT MCDONALD TREASURER</div>	<div>Employer identification number</div> <div>02-0222124</div>
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div>
Form 990-PF	<div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> ALEXANDER EASTMAN FOUNDATION C/O ROBERT McDONALD TREASURER	<b>Employer identification number</b> 02-0222124
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LEON P WIDGER TRUST	\$ 31,855	Person <input checked="" type="checkbox"/>
	C/O BANK OF AMERICA		Payroll <input type="checkbox"/>
	NASHUA, NH 03064		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2	HARRISON ALEXANDER TRUST	\$ 42,131	Person <input checked="" type="checkbox"/>
	SQUARETAIL 120 MAIN ST 110		Payroll <input type="checkbox"/>
	NASHUA, NH 03060		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

**Employer identification number**

02-0222124

## Noncash Property

[illegible]

<b>Name of organization</b> ALEXANDER EASTMAN FOUNDATION C/O ROBERT MCDONALD TREASURER	<b>Employer identification number</b> 02-0222124
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	--	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	--	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	--	_____	
	_____	_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	
	_____	_____	
	--	_____	
	_____	_____	