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Form 990-PF Department of the Treasury

Internal Revenue Service

Name of foundation

For calendar year 2016 or tax year beginning

HATTIE A AND FRED C LYNAM TRUST

Number and street (or P O box number if mail is not delivered to street address)

Return of Private Foundation

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

, 2016, and ending

Room/suite

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www irs.gov/form990pf OMB No 1545-0052

Open to Public Inspection

A Employer identification number

B Telephone number (see instructions)

01-0222218

207-945-5244 135 HIGH STREET, P.O. BOX 1100 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here... ELLSWORTH, ME 04605-1100 Initial return Initial return of a former public charity G Check all that apply D 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Name change Address change computation H Check type of organization. X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method | X Cash | Accrual I Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here . > (Part I, column (d) must be on cash basis) *16)* ▶ \$ 5,128,122. (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per income ıncome purposes may not necessarily equal the amounts in books (cash basis only) column (a) (see instructions)) Contributions, gifts, grants etc , received (attach schedule) 2 Check > 3 Interest on savings and temporary cash investments. 161,058 161,058 Dividends and interest from securities . . 4 €3 b Net rental income or (loss) ن 81,731 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 2,716,708 81,731 7 Capital gain net income (from Part IV, line 2) . 8 Net short-term capital gain. . . . Income modifications . 10a Gross sales less returns and allowances **b** Less Cost of goods sold . c Gross profit or (loss) (attach schedule) 4,372 Other income (attach schedule) 11 242,789 247,161 12 16,460 16,460 13 NONE NONE Other employee salaries and wages . . . Pension plans employee benefits 0.17 . 14 spense NONE NONE 15 Legal fees (attach schedule) . . . 16a ŭ 395 NONE Accounting fees tattach scheduler ST 198 198 b Other professional-fees attach schedul c 2,516 2,516. Taxes (attach schedule) (see instructions, 2. Depreciation (attach schedule) and depletion. NONE NONE D 21 Travel, conferences, and meetings NONE NONE Printing and publications Operating 24 25 11,765 11,765 Other expenses (attach schedule) STMT. 3. Total operating and administrative expenses 47,597 30,939 NONE 16,658 Add lines 13 through 23.

254,437

302,034

-54,873

30,939

211,850

JSA For Paperwork Reduction Act Notice, see instructions. CLD287 976K 05/11/2017 12:58:31

Subtract line 26 from line 12

26

27

Contributions, gifts, grants paid

Total expenses and disbursements Add lines 24 and 25

a Excess of revenue over expenses and disbursements . .

b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

NONE

Form 990-PF (2016) 10

254.437

		Attached schedules and amounts in the	Beginning of year	End o	f year
ij	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		522.	522
ł	2	Savings and temporary cash investments	154,279.	231,300.	231,300
1		Accounts receivable			
1		Less allowance for doubtful accounts >			
}	4	Pledges receivable >			
ł		Less allowance for doubtful accounts >			
i	5	Grants receivable			
1	6	Receivables due from officers, directors, trustees, and other	ł		
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			<u></u>
		Less allowance for doubtful accounts ► NONE			
ţ		Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U S and state government obligations (attach schedule)			
		Investments - corporate stock (attach schedule) . STMT .4	2,652,637.	2,697,437.	
		Investments - corporate bonds (attach schedule) . STMT .6	1,650,346.	1,479,269.	1,488,318
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
i		Investments - other (attach schedule)			
		Land, buildings, and equipment basis			
		equipment basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers - see the			
	ļ. 	instructions Also, see page 1, item I)	4,457,262.	4,408,528.	5,128,122
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ë	19	Deferred revenue]
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iat	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
	22	Tabel habilising (add lang 17 shough 22)		NONE	
_	23	Total liabilities (add lines 17 through 22)		NONE	
s		Foundations that follow SFAS 117, check here . > and complete lines 24 through 26 and lines 30 and 31.			Ì
ည		•			
alances	24	Unrestricted			
ä	25	Temporarily restricted			
b	26	Permanently restricted			
교		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ō	2.	•	4,457,262.	4,408,528.	
ţ	27 28	Capital stock, trust principal, or current funds	1,151,202.	1,100,320.	
SSe	29	Retained earnings, accumulated income, endowment, or other funds	<u> </u>		
Net Assets or Fund Ba	30	Total net assets or fund balances (see instructions)	4,457,262.	4,408,528.	
<u>e</u>	31	Total liabilities and net assets/fund balances (see	1,131,202.	1,100,320.	
~	•	instructions)	4,457,262.	4,408,528.	
	art II				· · · · · · · · · · · · · · · · · · ·
		al net assets or fund balances at beginning of year - Part		must agree with	
•		of-year figure reported on prior year's return)			4,457,262.
2		er amount from Part I, line 27a			-54,873.
		er increases not included in line 2 (itemize) > SEE STA		3	13,644.
		lines 1, 2, and 3		4	4,416,033.
			TEMENT 8	5	7,505.

4,408,528. Form 990-PF (2016)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30.

	and Losses for Tax on Investigation of the kind(s) of property sold is	e g , real estate,	(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold
	rick warehouse, or common stock, 200	shs MLC Co)	D - Donation	(mo , day, yr)	(mo , day, yr)
a PUBLICLY TRADED	SECURITIES			ļ	
<u>b</u>					
<u>c</u>					
d				<u> </u>	
<u>e</u>		(1) (2)			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
2 716 700	(or unovable)			(c) plus (i) illino	
a 2,716,708.		2,634,977.			81,731.
<u>b</u>					
<u>c</u>		<u> </u>			
<u>d</u>		-			
Complete only for accets of	nowing gain in column (h) and award	by the foundation on 12/21/69			
Complete only for assets si	nowing gain in column (h) and owned	T		Gains (Col. (h) ga	
(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less to Losses (from col	
	0.0112,01,00	over ser (j), wany	 -		
a					81,731.
<u>b</u>		 			
<u>c</u>					·······
d					
<u>e</u>		<u> </u>			
Capital gain net income	or (not conital loce)	ain, also enter in Part I, line 7 oss), enter -0- in Part I, line 7	2		81,731
Net short-term capital g	ain or (loss) as defined in sections	1222(5) and (6)			
If gain, also enter in P	Part I, line 8, column (c) (see ins	structions) If (loss), enter -0- in 🕽			
David Die CO			1		
rarti, line 8		<u></u>	3		
art V Qualification U or optional use by domestic	Under Section 4940(e) for Red private foundations subject to the	luced Tax on Net Investment Inves		me.)	
Part V Qualification User optional use by domestic section 4940(d)(2) applies, as the foundation liable for	Inder Section 4940(e) for Red private foundations subject to the leave this part blank the section 4942 tax on the distril	luced Tax on Net Investment In e section 4940(a) tax on net investment butable amount of any year in the ba	nent Inco] Yes 🔲 N
art V Qualification User optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does in	Under Section 4940(e) for Red e private foundations subject to the leave this part blank the section 4942 tax on the distril not qualify under section 4940(e).	butable amount of any year in the barbon not complete this part	nent inco	d?	Yes X N
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Part V Qualification Use for optional use by domestic section 4940(d)(2) applies, was the foundation liable for "Yes," the foundation does in the foundation doe	Inder Section 4940(e) for Red private foundations subject to the leave this part blank the section 4942 tax on the distributed qualify under section 4940(e). Mount in each column for each year (b) Adjusted qualifying distributions 301, 926. 284, 636. 276, 967. 289, 293. 267, 752. (d) In of or the 5-year base period - dividendation has been in existence if legence and the concharitable-use assets for 2016 for the 10 for the	butable amount of any year in the bar boutable amount of any year in the bar bound complete this part ar; see the instructions before making (c) Net value of noncharitable-use assets 5,336,877. 5,495,916. 4,576,818. 5,216,343. 5,362,490. de the total on line 2 by 5, or by the ess than 5 years. from Part X, line 5	ase periong any en	d? tries. (d) Distribution ra (col (b) divided by	tio

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see in	struc	tions))
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		$\frac{4}{2}$	<u> 237.</u>
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			237.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			ONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		$\frac{4}{12}$	<u> 237.</u>
6	Credits/Payments			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 2,376.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		2,3	<u> 376.</u>
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		1,8	<u> 361.</u>
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 2017 estimated tax ► NONE Refunded ► 11			
Par	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		Yes	No
	participate or 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 or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS7	2		X
	If "Yes," attach a detailed description of the activities			Ì
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		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?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7_	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	ME			
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	<u>X</u>	ļ
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
_	names and addresses	10		X
		rm 9 9	0-PF	(2016)

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_ X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ BAR HARBOR TRUST SERVICES Telephone no ▶ (207) 945	-524	4	
	Located at ▶ POB 1100, 135 HIGH ST., ELLSWORTH, ME ZIP+4 ▶ 04605			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
,,	and enter the amount of tax-exempt interest received or accrued during the year	• • •	•	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16) X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of		_	
	the foreign country			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		L
ı aı			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		103	110
18	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days } Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			V
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			7/
	were not corrected before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		X
¢	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			}
	—————————————————————————————————————			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2016)	3b		ļ
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 2016?	4b	ا	<u> X</u>
	_	~ ~	A DE	

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Part	VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Req	uired (continued)						
5a	During the year did the foundation pay or incur any amount	unt to								
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (section	n 4945(e))?	. Yes X No	,					
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,									
	directly or indirectly, any voter registration drive?									
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No									
	(4) Provide a grant to an organization other than a charitable, etc., organization described in									
	section 4945(d)(4)(A)? (see instructions)	_			,					
	(5) Provide for any purpose other than religious, ch									
	purposes, or for the prevention of cruelty to children				, [
ь	If any answer is "Yes" to 5a(1)-(5), did any of the		·		,]]				
	Regulations section 53 4945 or in a current notice regar									
	Organizations relying on a current notice regarding disas	_								
С	If the answer is "Yes" to question 5a(4), does the				<u></u>					
·	because it maintained expenditure responsibility for the		•	<u> </u>	,	1				
	If "Yes," attach the statement required by Regulations sec	=								
6a	Did the foundation, during the year, receive any fur		ectly to nay promuir	ne						
Va	on a personal benefit contract?	=			.					
b	Did the foundation, during the year, pay premiums, direc			• — —	6ь	X				
	If "Yes" to 6b, file Form 8870	try or maneotry, on a	personar benent contro		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	21				
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tay	chalter transaction?	Ves X No						
/a b										
	Information About Officers, Directo					<u></u>				
	and Contractors		_							
	List all officers, directors, trustees, foundation ma	anagers and their ((b) Title, and average	(c) Compensation	instructions). (d) Contributions to						
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		se account, owances				
BAR H	ARBOR TRUST SERVICES	TRUSTEE	<u> </u>	and deterred dempendation						
	OX 1100, ELLSWORTH, ME 04605	15	32,921	-0~		-0-				
1 0 2	0.1 1200/ BBB0//0811/ 1.B 01000									
					· · · · · · · · · · · · · · · · · · ·					
		[
	Compensation of five highest-paid employees	(other than thos	e included on line	e 1 - see instruction	ns). If n	one, enter				
	"NONE."									
(2)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Expens	se account,				
(a)	Name and address of each employee paid more than \$50,000	devoted to position	(c) compensation	plans and deferred compensation	other all	owances				
										
NON	F.		NONE	NONE	N	ONE				
										
		1								
			<u> </u>							
		[
Total	number of other employees paid over \$50,000	<u></u>	L	1		ONE				
Total	number of other employees paid over \$50,000		 			OPE (2016)				

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE	NONE
otal number of others receiving over \$50,000 for professional services	NONE
art 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 NONE	
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 NONE	
2	
All other program-related investments. See instructions	
3 NONE	
otal. Add lines 1 through 3	
otal. Add lines 1 through 3	

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreisee instructions.)	gn foundation	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	1 1	
а	Average monthly fair market value of securities	1a	4,717,419.
b	Average of monthly cash balances	1b	401,816.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	5,119,235.
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	NONE
3	Subtract line 2 from line 1d	3	5,119,235.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	76,789.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,042,446.
6	Minimum investment return. Enter 5% of line 5 · · · · · · · · · · · · · · · · · ·	6	252,122.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	252,122.
	Tax on investment income for 2016 from Part VI, line 5 2a 4, 237 .		232,122.
	Income tax for 2016. (This does not include the tax from Part VI.)	i l	
		2c	4,237.
3	Add lines 2a and 2b	3	247,885.
3 4	Distributable amount before adjustments. Subtract line 2c from line 1	4	
5	Add lines 3 and 4	5	NONE
6		6	247,885.
7	Deduction from distributable amount (see instructions)	-0	<u>N</u> ONE
,		7	247 005
	line 1		247,885.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	271,095.
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	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	271,095.
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	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	271,095.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years	-	

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Par	t XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
•	line 7				247,885.
•	Undistributed income, if any, as of the end of 2016				02,,000.
	Enter amount for 2015 only			NONE	
	Total for prior years 20_14_,20,20		NONE	110114	
	Excess distributions carryover, if any, to 2016		110110		
	07 505	ļ	j		
				,	
	20.024	į		}	
_		141,686.	}		
	Total of lines 3a through e	141,000.			
4	Qualifying distributions for 2016 from Part XII, line 4 > \$ 271,095.		}		
_				NONE	
	Applied to 2015, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years		NONE		
	(Election required - see instructions)		NONU		
C	Treated as distributions out of corpus (Election	NONE	1		
	required - see instructions)	NONI			247,885.
	Applied to 2016 distributable amount	23,210.			211,005.
	Remaining amount distributed out of corpus	NONE		·····	NONE
Þ	Excess distributions carryover applied to 2016. (If an amount appears in column (d), the same	NONE			NONE
	amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
_		164,896.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	101,050.			
þ	Prior years' undistributed income Subtract		NONE		
c	Inne 4b from line 2b				
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
e	Undistributed income for 2015 Subtract line	 			
	4a from line 2a Taxable amount - see			NONE	
	instructions				
f	Undistributed income for 2016 Subtract lines			ì	
	4d and 5 from line 1. This amount must be distributed in 2017			Ì	NONE
_					
,	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)	NONE			
۰	Excess distributions carryover from 2011 not				
0	applied on line 5 or line 7 (see instructions)	NONE	.		
۵	Excess distributions carryover to 2017.				
3	Subtract lines 7 and 8 from line 6a	164,896.			
10	Analysis of line 9				
	Excess from 2012				
	Excess from 2013 55, 364.				
	Excess from 2014 18, 963.			}	
	Excess from 2015			}	
	Excess from 2016	}		1	
					5 OOO PE (0040)

Par	t XIV Private Ope	erating Foundations	(see instructions ar	nd Part VII-A, question	on 9)	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private opera	iting	
	foundation, and the ruling	•			·	
b	Check box to indicate v	whether the foundation	is a private operating t	oundation described in	section	4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 201	
	I or the minimum investment return from Part X for each		1	ı		
	year listed					
b	85% of line 2a	<u> </u>				
C	Qualifying distributions from Part				,	
4	XII, line 4 for each year listed .	<u> </u>				
u	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line				Į.	
3	2d from line 2c Complete 3a, b, or c for the				 	
	alternative test relied upon)	
a	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	under section)			ļ	
b	4942(j)(3)(B)(i) "Endowment" alternative test-					
	enter 2/3 of minimum invest-		!		İ	Í
	ment 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)),	1			ļ	1
	or royalties)			· 		
	(2) Support from general public and 5 or more	ĺ			1	
	exempt organizations as provided in section 4942				1	ł
	(j)(3)(B)(m)		<u> </u>	<u> </u>		
	(3) Largest amount of sup- port from an exempt					
	organization			 	 	
Pa	rt XV Supplement Supplement	ntary Information (Complete this part	only if the foundat	tion had \$5	,000 or more in assets at
L (d)		uring the year - see		omy in this rounds		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Information Regarding	g Foundation Manage	rs:			
а						ns received by the foundation
	before the close of an	y tax year (but only if th	ney have contributed r	nore than \$5,000) (S	ee section 50	/(a)(2).)
	NONE	. 				
b		the foundation who rship or other entity) o				n equally large portion of the
	• •	ising of other entity) o	Willer the loundation	inas a 10% of greater	meres	
	NONE					
2	Information Regarding	Contribution, Grant.	Gift, Loan, Scholarshi	p. etc., Programs:		
_	-	•		-	itable organis	zations and does not accept
		•		•	•	viduals or organizations under
	other conditions, com	plete items 2a, b, c, an	d d.			-
a	The name, address, ar	nd telephone number o	or e-mail address of the	person to whom app	lications shou	ld be addressed.
	SEE STATEMENT	9				
t	The form in which app	olications should be su	bmitted and information	on and materials they	should include	ė.
	SEE ATTACHED S	TATEMENT FOR L	INE 2			
-	: Any submission deadl	ines				
	SEE ATTACHED S	TATEMENT FOR L	INE 2			
	Any restrictions or I	imitations on awards	, such as by geogra	aphical areas, charita	able fields, k	inds of institutions, or other
	factors					
JSA		TATEMENT FOR L	LNG Z			Form 990-PF (2016)

3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	g the Year or Appr	oved for F	uture Payment	I
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
		ĺ		
SEE STATEMENT 19				254,437.
		}		
		<u> </u>	L	054 405
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	254,437.
b Approved for future payment				
			}	
	1			
			}	
	L	L	L	ļ
Total	<u></u>	<u></u>	<u>▶</u> 3b	L

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ter gross amounts unless otherwise indicated	Unrelat	ed business income	Excluded by	section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a					(
b					
c					
d					
e				,	
f					
g Fees and contracts from government agencies					· · · · · · · · · · · · · · · · · · ·
Membership dues and assessments	L				
Interest on savings and temporary cash investments •	ļ l				
Dividends and interest from securities			14	161,058.	
Net rental income or (loss) from real estate					
a Debt-financed property	1				
b Not debt-financed property · · · · · · ·	1				
Net rental income or (loss) from personal property. •	ļ	· · · · · · · · · · · · · · · · · · ·			
Other investment income			10	01 721	
Gain or (loss) from sales of assets other than inventor	1		18	81,731.	
Net income or (loss) from special events · · ·	 				
Gross profit or (loss) from sales of inventory					
b OTHER REVENUE			17	4 272	
			1/	4,372.	
d	+				
d	-				
0	l I				
Subtatal Add columns (b) (d) and (c)				247 161	
e Subtotal Add columns (b), (d), and (e)				247,161.	247,16
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Ac	complishment of	Exempt Purp	13	
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Act ty for which	complishment of	Exempt Purp	ooses of Part XVI-A contribu	ted importantly to
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Act ty for which	complishment of	Exempt Purp	ooses of Part XVI-A contribu	ted importantly to
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Act ty for which	complishment of	Exempt Purp	ooses of Part XVI-A contribu	ted importantly to
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Act ty for which	complishment of	Exempt Purp	ooses of Part XVI-A contribu	ted importantly to
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Act ty for which	complishment of	Exempt Purp	ooses of Part XVI-A contribu	ted importantly to
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Act ty for which	complishment of	Exempt Purp	ooses of Part XVI-A contribu	ted importantly to
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Act ty for which	complishment of	Exempt Purp	ooses of Part XVI-A contribu	ted importantly to
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Act ty for which	complishment of	Exempt Purp	ooses of Part XVI-A contribu	ted importantly to
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities ine No Explain below how each activities	ulations) s to the Act ty for which	complishment of	Exempt Purp	ooses of Part XVI-A contribu	ted importantly to
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Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities.	ulations) s to the Act ty for which	complishment of	Exempt Purp in column (e n by providing	ooses of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities.	ulations) s to the Act ty for which	complishment of income is reported purposes (other than	Exempt Purp in column (e n by providing	ooses of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities.	ulations) s to the Act ty for which	complishment of income is reported purposes (other than	Exempt Purp in column (e n by providing	ooses of Part XVI-A contribu	ted importantly to
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Act ty for which	complishment of income is reported purposes (other than	Exempt Purp in column (e n by providing	ooses of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities.	ulations) s to the Act ty for which	complishment of income is reported purposes (other than	Exempt Purp in column (e n by providing	ooses of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities.	ulations) s to the Act ty for which	complishment of income is reported purposes (other than	Exempt Purp in column (e n by providing	ooses of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities.	ulations) s to the Act ty for which	complishment of income is reported purposes (other than	Exempt Purp in column (e n by providing	ooses of Part XVI-A contribu	ted importantly to
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activities in the No Explain below how each activities.	ulations) s to the Act ty for which	complishment of income is reported purposes (other than	Exempt Purp in column (e n by providing	ooses of Part XVI-A contribu	ted importantly to
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Act ty for which	complishment of income is reported purposes (other than	Exempt Purp in column (e n by providing	ooses of Part XVI-A contribu	ted importantly to
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Act ty for which	complishment of income is reported purposes (other than	Exempt Purp in column (e n by providing	ooses of Part XVI-A contribu	ted importantly to
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Act ty for which	complishment of income is reported purposes (other than	Exempt Purp in column (e n by providing	ooses of Part XVI-A contribu	ted importantly to
2 Subtotal Add columns (b), (d), and (e)	ulations) s to the Act ty for which	complishment of income is reported purposes (other than	Exempt Purp in column (e n by providing	ooses of Part XVI-A contribu	ted importantly to

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

		Exempt Organ	iizations						
1	Did the	organization directl	y or indirectly	engage in any of the	following with	h any other orga	nization described	Yes	No
	ın secti	on 501(c) of the Co	de (other than	section 501(c)(3) org	anizations) or	in section 527, r	elating to political		
	organiz		•	. , , ,	·	·	• • • • • • • • • • • • • • • • • • • •		
а	_		foundation to	a noncharitable exem	nt organizatio	n of			
-			_					10/11	X
	• •								X
	• •			• • • • • • • • • • • •				1a(2)	<u> </u>
b		ransactions [,]							1
				pt organization					X
	(2) Pur	chases of assets fror	n a noncharitab	le exempt organization	n			1b(2)	X
	(3) Ren	ital of facilities, equip	oment, or other	assets				1b(3)	X
	(4) Reii	mbursement arrange	ements		. <i></i>			1b(4)	X
									X
				or fundraising solici					X
c				ts, other assets, or par					X
				s," complete the foll			· · · · · · · · · · · · · · · · · · ·		
u				ces given by the rep					
					-				
		 		jement, show in colu					
(a) L	пе по	(b) Amount involved	(c) Name of n	oncharitable exempt organ	zation (d) Description of transf	ers, transactions, and shari	ng arrangeme	ents
								•	
						•			
-									
		-							
	-					·			
-									
2a				filiated with, or relate					J
				ther than section 501	(c)(3)) or in se	ction 527?	<i></i> L	Yes	XI No
<u>b</u>	If "Yes,	<u>"complete the follow</u>							
		(a) Name of organizatio	n	(b) Type of org	anization		c) Description of relations	hıp	
		==							
	Under	penetives of periury. I decla	re that I have example	net this return, including acco	ompanying schedule	L s and statements, and t	o the best of my knowledge	and belief, it	is true
	correc	and complete Declar tion of		axpayer) is based on all informa			v, anomengi		
Sigi	ո 🔽	12011	/ / <i>//</i> 大	1 105/11/000	_		May the IRS	discuss this	return
Her	کے ا		· // /	V 05/11/20:		RUSTEE	with the pre	parer shown	below
1101	3/2	lature of officer or trustee		Date	Title		(see instructions	s)? XYes	No
	BA	R HARBOR TRUS	T SERVICES						
n.:-		Print/Type preparer's na	me	Reparer's signature		Date	Check If P	TIN	
Paic		JOSEPH B HUL	ıL	MY Pr	// _* ///	05/11/2		0013589	50
Prei	parer		NST & YOUN	IG U.S. LLP	140A			565596	
	Only			REET, STE 200			IMM SENT P	050000	
Joe	Citiy				42010			0 7000	
		I GR	ANDVIEW HE	IGHTS, OH	43212			2-7290	
							Fori	n 990-PF	(2016)

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	198.
ADJUSTED NET INCOME	========== =NON
NET INVESTMENT INCOME	198.
REVENUE AND EXPENSES PER BOOKS	395.
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC

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STATEMENT

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HATTIE A AND FRED C LYNAM TRUST

	REVENUE AND EXPENSES INVESTMENT PER BOOKS INCOME	1,897. 274. 345.	2,516. 2,516.
FORM 990PF, PART I - TAXES	DESCRIPTION	FOREIGN TAXES FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	TOTALS

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01-0222218

OTHER EXPENSES	
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NET INVESTMENT INCOME	11,488.
REVENUE AND EXPENSES PER BOOKS	11,488.
DESCRIPTION	OTHER NON-ALLOCABLE EXPENSE - OTHER NONALLOCABLE EXPENSES -

11,765.

11,765.

TOTALS

	STOCK	
M TRUST	ORPORATE	
LYNA	CO -	II II II II
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FRED	PART	11 14 11 11
AND		11 11 11
Ø	990PF	11
	9	W H
HATTIE	FORM	# # # #

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	!
(1	112,266.	132,100.
AMGEN INC APPLE INC		
BANK OF AMERICA CORPORATION		
BAR HARBOR BANKSHARES	442.	141,990.
BECTON DICKINSON & CO	54,733.	118,368.
TINC COM CE		
MGMT		
CHINA MOBILE LTD SPON ADR		
CISCO SYS INC	108,908.	113,325.
GOLDMAN SACHS		
JOHNSON & JOHNSON COM	7,5	0,97
MEAD JOHNSON NUTRITION CO	100,433.	91,988.
	2,1	8,56
NATIONAL GENERAL HOLDING CO	0,0	4,50
ATK INC		
PROCTER & GAMBLE CO COM	77,749.	126,120.
SEASFAN CORF INTTED PARCEI, SERVICE		
	167,088.	206,325.
		•
WELLS FARGO & COMPANY NEW		
MEDIRONIC PLC NPV Neterase inc and		
1	- (()
AIR LEASE CORF CL A AMERICAN EXPRESS CO COM	73,939. 101,550.	82,392. 114,824.

STATEMENT

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01-0222218

CORPORATE STOCK DART II FORM 990PF,

FORM 990PF, PART II - CORPORATE STOCK ====================================	ARCHER DANIELS MIDLAND CO COM ARCONIC INC BAYER AG-SP ADR CIT GROUP INC	EQUITY COMMLTH CUM PFD S D 6.5 GOODYEAR TIRE & RUBBER CO INSPERITY INC	LVMH MOET HENNESSYLOUIS VUITTO MEREDITH CORP MONSANTO COMPANY	OMEGA HEALTHCARE INVS INC VANGUARD PRECIOUS METAL & MINI VANGUARD EMERGING MKT STOCK IN	VISA INC VIVENDI SA W.P. CAREY INC EATON CORP PLC ALLIED WRLD ASSUR COM HLDG A
FOR I	ARC ARC BAY CIT	EQU GOO INS	LVM MER MON	OME VAN	VIS VIV W.P EAT ALL

ENDING FMV 	103,397. 98,262. 115,236. 95,310. 25,580. 74,088. 113,985. 118,300. 47,345. 58,613. 46,907. 184,361. 90,503. 92,647. 73,863. 105,667. 161,130. 3,407,982.
ENDING BOOK VALUE	76,751. 99,736. 48,435. 100,394. 94,748. 26,087. 73,924. 70,008. 96,788. 86,638. 47,069. 62,106. 50,201. 175,803. 97,649. 76,964.

TOTALS

SQ	11 #
BON	H H H
ΉE	H
ORA	# # #
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ΙI	11 H 11
ART	11 11
PA	11 11
PF,)) () () ()
990	11 11
RM	11
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IPTIO	B	ENDING OOK VALU	END I NG FMV
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ENT 1.2		7,12	6,60
BUY INC 5.5% 03/15/2		0,30	3,60
ACKSTONE MIG IR INC NOTE 5.		8,36	8,05
CORP 5.5% 11/01/22		1,85	5,34
NC 5.00% 05/15/20		81,351.	80,900.
CORP 5.375% 09/15/		1,40	3,62
NE TOTAL RETURN BOND		9,04	17,23
NTL LTD 6.375% 11/1			
WILSON INC 5.875% 04/		5,95	6,30
1.75% 05/15/		2,70	3,58
CORP 2.2% 05/26/2		39,951.	40,010.
AIRLINES 7.15% 10/0		1,95	9,23
% 09		0,64	0,25
P 5% 11/15/1		9,95	9,35
02/0		2,28	4,80
SPON A			
2 5.05			
I EMERGING MARKE			
6.75%		~	3,12
ABERDEEN ASIA PACIFIC INCOM		48,047.	46,300.
			1 1 1 1 1 1 1 1 1 1
TOTALS	Ø	1,479,269.	1,488,318.

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STATEMENT

FORM 990PF	', PART III -	OTHER	INCREASES	IN NET	WORTH	OR	FUND	BALANCES
========	=========	======		======	======	===	=====	=======

DESCRIPTION		AMOUNT
2015 TRANSACTIONS POSETD TO 2016 2015 ACCRUED INTEREST POSTING MUTUAL FUND FACTORED TO NONTAXABLE 2016 RETURN OF CAPITAL ROUNDING		4,200. 15. 1,238. 8,188. 3.
	TOTAL	13,644.

FORM 990PF,	PART III -	OTHER DECREASES	IN NET WORTH OF	R FUND BALANCES
========	==========	=======================================		=======================================

DESCRIPTION AMOUNT -**-**----2016 TRANSACTIONS POSTED TO 2017 3,716. ROC ADJUSTMENT FOR 2015 3,789. TOTAL 7,505. HATTIE A AND FRED C LYNAM TRUST FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

BAR HARBOR TRUST SERVICES ATTN: JULIE Z

ADDRESS:

PO BOX 1100

ELLSWORTH, ME 04605

RECIPIENT'S PHONE NUMBER: 207-667-6082

FORM, INFORMATION AND MATERIALS:

Scholarship-Common application form & Grant application form found on Maine Community website must be completed & submitted SUBMISSION DEADLINES:

Scholarship app due by May 1st Grant appl deadline is Sept 18

RESTRICTIONS OR LIMITATIONS ON AWARDS:

MUST BE MT DESERT ISLAND BASED GROUP

HATTIE A AND FRED C LYNAM TRUST 01-0222218 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

JESUP MEMORIAL LIBRARY

ADDRESS:

34 MT DESERT ST

BAR HARBOR, ME 04609

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

FOR ORGANIZATION'S GENERAL PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ST. SAVIOURS EPISCOPAL CHURCH

ADDRESS:

41 DESERT ST

BAR HARBOR, ME 04609

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

FOR ORGANIZATION'S GENERAL PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

MAINE PHILANTHROPY CENTER

ADDRESS:

314 FOREST AVE

PORTLAND, ME 04101

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

FOR ORGANIZATION'S GENERAL PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

 RECIPIENT NAME:

ACADIA SENIOR COLLEGE

ADDRESS:

105 EDEN ST

BAR HARBOR, ME 04609

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

FOR ORGANIZATION'S GENERAL PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

BAR HARBOR CONGREGATIONAL

CHURCH UCC

ADDRESS:

29 MOUNT DESERT STREET

BAR HARBOR, ME 04609

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

FOR ORGANIZATION'S GENERAL PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HULLS COVE NEIGHBORHOOD ASSOC.

ADDRESS:

ROUTE 3

HULLS COVE, ME 04644

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

FOR ORGANIZATION'S GENERAL PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

 RECIPIENT NAME:

ISLAND CONNECTIONS

ADDRESS:

15 EAGLE LAKE RD

BAR HARBOR, ME 04605

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

FOR ORGANIZATION'S GENERAL PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

MOUNT DESERT NURSERY SCHOOL

ADDRESS:

15 TRACY ST

NORTHEAST HARBOR, ME 04662

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

FOR ORGANIZATION'S GENERAL PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PUBLIC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

MOUNT DESERT NURSING ASSOC

ADDRESS:

12 SUMMIT RD

NORTHEAST HARBOR, ME 04662

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

FOR ORGANIZATION'S GENERAL PURPOSES

FOUNDATION STATUS OF RECIPIENT:

 HATTIE A AND FRED C LYNAM TRUST 01-0222218 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: MDI COMMUNITY SAILING PROGRAM ADDRESS: 168 CLARK POINT RD SOUTHWEST HARBOR, ME 04679 RELATIONSHIP: NONE PURPOSE OF GRANT: FOR ORGANIZATION'S GENERAL PURPOSES FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: NEIGHBORHOOD HOUSE CLUB ADDRESS: 1 KIMBALL ROAD NORTHEAST HARBOR, ME 04662 RELATIONSHIP: NONE PURPOSE OF GRANT: FOR ORGANIZATION'S GENERAL PURPOSES FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: SAFE FAMILY EXCHANGE ADDRESS: 1 LOPAUS POINT RD SOUTHWEST HARBOR, ME 04679 RELATIONSHIP:

AMOUNT OF GRANT PAID

STATEMENT 13

NONE

PURPOSE OF GRANT:

FOR ORGANIZATION'S GENERAL PURPOSES

FOUNDATION STATUS OF RECIPIENT:

5,000.

RECIPIENT NAME:
SOUTHWEST HARBOR PUBLIC LIBRARY
ADDRESS:

338 MAIN STREET

SOUTHWEST HARBOR, ME 04679

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

FOR ORGANIZATION'S GENERAL PURPOSES

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

ABBE MUSEUM

ADDRESS:

PO BOX 286

BAR HARBOR, ME 04609

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

ISLAND HOUSING TRUST

ADDRESS:

PO BOX 851

MOUNT DESERT, ME 04660

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT

FOUNDATION STATUS OF RECIPIENT:

РC

AMOUNT OF GRANT PAID 5,000.

HATTIE A AND FRED C LYNAM TRUST 01-0222218 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: KIDS CORNER ADDRESS: 81 MT DESERT ST BAR HARBOR, ME 04609 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOUNDATION STATUS OF RECIPIENT: N/AAMOUNT OF GRANT PAID 4,300. RECIPIENT NAME: MDI HISTORICAL SOCIETY ADDRESS: 373 SOUND DR MT DESERT, ME 04660 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: YWCA MDI ADDRESS: 36 MOUNT DESERT ST BAR HARBOR, ME 04609 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

PC

5,650.

HATTIE A AND FRED C LYNAM TRUST 01-0222218 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: NORTHEAST HARBOR LIBRARY ADDRESS: 1 JOY RD NORTHEST HARBOR, ME 04662 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID 1,319. RECIPIENT NAME: SUMMER FESTIVAL OF THE ARTS ADDRESS: 1081 EAGLE LAKE RD BAR HARBOR, ME 04609 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: MOUNT DESERT ISLAND HOSPITAL ADDRESS: 10 WAYMAN LANE BAR HARBOR, ME 04609 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT

AMOUNT OF GRANT PAID

STATEMENT 16

FOUNDATION STATUS OF RECIPIENT:

5,000.

RECIPIENT NAME:
LOCAL SOLUTIONS
DEE KARNOFSKY, PO

ADDRESS:
BOX 38
HULL'S COVE, ME 04644

RELATIONSHIP:
NONE
PURPOSE OF GRANT:
SUPPORT
FOUNDATION STATUS OF RECIPIENT:
PC
AMOUNT OF GRANT PAID

RECIPIENT NAME:

10,900.

MDI CAMPFIRE COALITION
C/O ANNE-MARIE HART, SEE COAST MISSION
ADDRESS:
127 WEST STREET
BAR HARBOR, ME 04609
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

10,000.

RECIPIENT NAME:

MOUNT DESERT SUMMER CHORALE
ADDRESS:

PO BOX 887

MOUNT DESERT, ME 04660
RELATIONSHIP:

NONE
PURPOSE OF GRANT:
GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT: PC

AMOUNT OF GRANT PAID 4,000.

HATTIE A AND FRED C LYNAM TRUST 01-0222218 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BAR HARBOR HISTORICAL SOCIETY ADDRESS: 33 LEDGELAWN AVE BAR HARBOR, ME 04609 RELATIONSHIP: NONE PURPOSE OF GRANT: SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: MAINE COMMUNITY FOUNDATION ADDRESS: 245 MAIN ST ELLSWORTH, ME 04605 RELATIONSHIP: NONE PURPOSE OF GRANT: FOR SCHOLARSHIP AWARDS FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 110,500. RECIPIENT NAME: CRITERION THEATER ADDRESS: 35 COTTAGE ST, PO BOX 642 BAR HARBOR, ME 04609

AMOUNT OF GRANT PAID

RELATIONSHIP: NONE

SUPPORT

PC

PURPOSE OF GRANT:

FOUNDATION STATUS OF RECIPIENT:

5,000.

HATTIE A AND FRED C LYNAM TRUST 01-0222218 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

BAR HARBOR FOOD PANTRY

ADDRESS:

36 MT DESERT ST

BAR HARBOR, ME 04609

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SUPPORT FOR CURRENT PGMS & NEW INITIATIVES

FOUNDATION STATUS OF RECIPIENT:

PC

TOTAL GRANTS PAID:

254,437.

=========



Fill out your Common Application Form

Last updated 01/04/2016

If field does not apply to you, please enter "N/A." All fields require a response.

Please make sure all sections are complete before submitting your application. The information you provide on this form will be transferred to all first-time applications you submit.

Personal	
Student Profile	
Student's Personal Information	
Name	Mary Testing
. Gender	Female
Date of Birth (mm/dd/YYYY)	15/02/1996
: Age·	20
Mantal Status	single
Number of Dependents	, 0
· Email	mtestinq@xyz com
Alternate Email Address	mtesting@college net
Home Address	
Physical Address:	123 Main St
Mailing Address if different, or P.O. Box	PO Box 123
City	Testingtown
State	Maine
Zıp Code	55555
Home Phone	207-555-5555
Cell Phone	2076555-5551
Permission to text you at this number?	Yes
Maine County	Hancock
How long have you lived at your current address?	7 years
Family Information	
Parents' Martial Status	Marned

Student's Dependency Status	My parents can declare me as a dependent on their taxes.	
Living with	both parents	
Who is responsible for student's support?	my mother	
Total residents in home	5	
Number of siblings	2	
Ages of siblings	12,18	
Number of family members attending college during the upcoming academic year	1	
Do either of your parents make a substantial part of their living working on a vessel on the water?	No	,

Education

Education Information

School Information:

High School or GED Program from which you graduated or will graduate	Mt. Desert
¹ City.	Bar Harbor
State	Maine
· County	Hancock
, Date of High School Graduation, GED or Adult College Transition Diploma:	June 2016
Class Rank (#/total number in class)	15/132
High School GPA (for graduating seniors only)	93.5

Test Scores:

Required of graduating seniors only

SAT Critical Reading.	660
SAT Writing	680
SAT Math	440
TOTAL SAT Score	1780

First-generation college student?

A student with neither parent having any education beyond high school

Yes

Are you an Adult Learner?

At the Maine Community Foundation, a student needs to meet at least one of the following criteria to be considered an adult learner be over the age of 25,

- have delayed enrollment in college after high school for more than one year,
- attend college part-time, work full-time (35 hours/week or more) while being enrolled.
- · have dependents other than a spouse,
- · be financially independent from parents, or
- did not receive a standard high school diploma (completed with a GED/HiSET or certificate of completion).

No

Post-secondary school for which aid is requested

Name of school	University of Maine
City and state of school	Orono, Maine
Major area of study	journalism
Degree program (if any) in which you will be enrolled next fall	Bachelor of Arts
Month and Year of expected graduation.	' June 2020

What year of college will you enter in the fall of 2016?

Freshman

College Information

For current college students and those returning to college only - all others enter N/A in each field

GPA from fall 2015 semester (or, for Adult Leamers, most recent college semester)	n/a	
	· · · · · · · · · · · · · · · · · · ·	
Cumulative GPA	n/a	
man		_

Extracurricular School & Community Activities (scroll across for more columns)

	Activity Name	Average # Hrs/ Month	Start, End dates	Leadership	Awards	,
1 1 1	Student Government	10	Sept 2012 to June 2016	none	none	:
<u> </u>	1	-		'		
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	•		í - -		
				• •		-

Work Experience (scroll across for more columns)

Job Title	Employer	Supervisor	Hours/ Week	Duration	Summer/School Year
Cashier	McDonalds	Joe Smithtest	25	September 2015 to present	school

OR NO Work Experience	e:	:
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No Responses Selected

Finance

Financial Information - Do not use punctuation when entering money. Ex. Enter 10000, not \$10,000.00

Financials Do not use punctuation when entering money. Ex. Enter 10000, not \$10,000.00

			,
	Name of parent(s) or guardian(s) who claimed student as a dependent on previous year's federal income tax return	Sara Test	
	Family Adjusted Gross Income (AGI) from Federal Income Tax return	45000	; }
	Name of parent(s) or guardian(s) who submitted the FAFSA on student's behalf	Sarah Test	-
1	Date FAFSA filed (mm/dd/yyyy)	01/25/2016	1
	EFC from FAFSA	459	

Funds available for your NEXT year of college (please be accurate. Entering "0" in each field does not increase your chances for a scholarship)

Do not use punctuation when entering money. Ex. Enter 10000, not \$10,000.00

Family Contribution (what you & your family expect to be able to pay)	500
Student's Personal Savings/Earnings	500
Grants and Scholarships awarded by your college or the government (these figures can be found on your financial aid letter if you've received it already)	2500
Outside scholarships (from organizations, foundations, high school, etc.)	0
College Work-Study	0
Stafford and /or Perkins Loans	; 3000
Other loans for school	1000
Total	7500 0

Outstanding loans for education to date:

•		-
0		
0		
	0	0

Name of the College - where will you be enrolled during the next academic year?

University of Maine at Orono

Full Year Cost of Attendance

Please complete the cost of attendance at your first choice college below. This information is available on the college's website and from the financial aid office. Please provide current-year numbers. These are often available on the college's website.

Do not use punctuation when entering money. Ex. Enter 10000, not \$10,000.00

Full Year Tuition and Fees	14200
Full Year Room and Board	12500
Full Year Books and Materials	2000
Full Year Transportation	100
Personal and other Expenses	2500
Unusual Expenses (i e childcare/medical)	2500
Total	33800.0

Description of unusual expenses:

I need a new laptop



HATTIE A. & FRED C. LYNAM TRUST GRANT APPLICATION

Application Format

Cover Letter

Include a basic one-page cover letter providing a brief description of the project and stating the requested amount.

Part 1: Grant Request Form

Fill out the attached Grant Request Form

Part 2: Proposal Attachments

Attach copies of the following:

- Most recent financial statement (audited if available).
- Current/Final 501 (c) (3) IRS determination letter.
- A list of the current Board Members including their employment and/or community affiliations
- A list of the current Staff Members
- Project Budget
- Completion Report if you received a Grant last year



HATTIE A. & FRED C. LYNAM TRUST GRANT REQUEST FORM

For questions that do not pertain to your organization please N/A on the application

D				
Date of Application:				
Organization name:				
Year of Establishment:				
Address:				
City:	State:	Zip Code:		
Telephone:	Fax:	Zip Couc.		
Website:	THA			
Websites	J			
Is your organization tax-exempt under 50	1 (c) (3)? Yes; Year Incorporated:	□ No		
Type of Request (Choose one)	Amount Requested	Total Proposed Budget 1		
Capital Campaign				
Operating Support				
Project/Program Request				
Other				
¹ If requesting operating support, enter the or	ganization's current budget. For all other requ	uests enter the specific project budget		
Purpose of the request (5 lines or less):				
Bushing Belgeting desiring product on partition of				
}				
Name of contact person:		Title:		
E-mail:		Telephone		
Organizational Background				
History/Background (5 lines or less)				
1				
<u>L</u>		 		
politic in the till				
Mission and current programs (5 lines or less):				
}				

Geographic Area(s) Served (5 lines or less):		
Application Authorization and Assuran	ces	
The applicant hereby attests that:		
	his application is true and correct to the best of my knowledge.	
Name:	Signature:	
Title:	Date:	

Grant Document Checklist

Organization Name:	
Eligible	Not Eligible
1. Cover Letter	
2. Grant Request Form	
3. Most Recent Financial St	ratements (audited, if available)
4. Current/final 501(c)(3) II	RS determination letter
5. A list of current board me	embers including their employment and/or
community affiliations.	
6. A list of current staff mer	nbers
7. Project budget	
8. Prior year completion rep	oort