

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



# Form 990-PF

#### **Return of Private Foundation**

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

20**16** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2016 or tax year beginning , 2016, and ending Name of foundation A Employer identification number PROTEIN FOUNDATION 06-1046591 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 10 MOULTON ST 207-771-0965 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ PORTLAND, MAINE 04101 G Check all that apply: ☐ Initial return Initial return of a former public charity D 1. Foreign organizations, check here ☐ Amended return Final return 2. Foreign organizations meeting the 85% test, ☐ Address change □ Name change check here and attach computation E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here . ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), ▶□ Other (specify) line 16) ▶ \$ (Part I, column (d) must be on cash basis.) 210,440 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes (cash basis only) books the amounts in column (a) (see instructions).) 1 Contributions, gifts, grants, etc., received (attach schedule) 465,000 2 Check ► ☐ if the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments 0 59 Dividends and interest from securities . . . 0 0 0 Gross rents . . . . . Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) . 8 Net short-term capital gain . . . . . 0 Income modifications 0 10a Gross sales less returns and allowances **b** Less: Cost of goods sold . . . 0 Gross profit or (loss) (attach schedule) . . 0 11 Other income (attach schedule) . . . . . . 0 0 Total. Add lines 1 through 11 . . . 12 0 465,059 0 13 Compensation of officers, directors, trustees, etc. 0 0 79,780 0 Other employee salaries and wages Pension plans, employee penefits RECEIVED 14 0 0 0 0 15 30,610 0 0 0 Legal fees (attach schedule) . . . . . . 16a 0 0 0 ပ္တ 0 Accounting fees (attach schedule) pp 2 8 2017 Other professional fees (attach schedule) 2017 0 0 0 0 Š Administrative C 0 0 0 0 17 Interest . . . . . 0 0 0 0 Taxes (attach schedule) (see Instructions) DEN. UT 18 4,945 0 0 0 Depreciation (attach schedule) and depletion . 19 0 0 0 20 Occupancy . . . . . . . . . 0 0 0 0 21 Travel, conferences, and meetings 9,302 0 0 0 Operating and 22 Printing and publications 0 0 ß 23 Other expenses (attach schedule) 3,597 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . . . . . . . 128,234 25 Contributions, gifts, grants paid . . . . . . 606,000 26 Total expenses and disbursements. Add lines 24 and 25 734,234 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements (269, 175)Net investment income (if negative, enter -0-) . c Adjusted net income (if negative, enter -0-)

1.

Form **990-PF** (2016)

Page **2** 

Part II		Attached schedules and amounts in the description column Beginning of year	End of	f year
Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions) (a) Book Value (b) Book Value	ue	(c) Fair Market Value
	1		0,569	210,569
	2	Savings and temporary cash investments	0	0
	3	Accounts receivable ▶0		
		Less: allowance for doubtful accounts ▶ 0 0	0	0
	4	Pledges receivable ▶0	~	, 4
		Less: allowance for doubtful accounts ▶ 0 0	0	0
	5	Grants receivable	0	0
	6	Receivables due from officers, directors, trustees, and other		
		disqualified persons (attach schedule) (see instructions)	0	0
	7	Other notes and loans receivable (attach schedule) ▶ 0		
		Less: allowance for doubtful accounts ▶ 0 0	n	n
Ś	8	Inventories for sale or use	0	- 0
Assets	9	Prepaid expenses and deferred charges	0	0
SS	10a	Investments—U.S. and state government obligations (attach schedule)	0	0
4		Investments—corporate stock (attach schedule)	0	<del>                                     </del>
	b	Investments—corporate stock (attach schedule)	0	<del></del>
	C		U	, U
	11	Investments—land, buildings, and equipment: basis > 0  Less: accumulated depreciation (attach schedule) > 0	_	
	40	according to the state of the s	0	<del></del>
	12	Investments – mortgage loans	0	0
	13	Investments—other (attach schedule)	<u>ó</u>	0
	14	Land, buildings, and equipment: basis ▶0		, ,
		Less: accumulated depreciation (attach schedule) ▶ 0 0	0	0
	15	Other assets (describe ► NONE ) 0	0	0
	16	Total assets (to be completed by all filers—see the		
	L		10,569	210,569
	17	Accounts payable and accrued expenses	0	
Ś	18	Grants payable	0	
ij	19	Deferred revenue	0	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons 0	0	
<u>.</u>	21	Mortgages and other notes payable (attach schedule) 0	0	
_	22	Other liabilities (describe ▶ 0 ) 0	0	
	23	Total liabilities (add lines 17 through 22)	0	-
w		Foundations that follow SFAS 117, check here ▶ 📝		1
alances	,	and complete lines 24 through 26 and lines 30 and 31.		
ä	24	Unrestricted	10,569	
Bal	25	Temporarily restricted	0	]
_	26	Permanently restricted	0	]
Net Assets or Fund		Foundations that do not follow SFAS 117, check here ▶ □		1
Ĭ.	}	and complete lines 27 through 31.		
5	27	Capital stock, trust principal, or current funds		
ets.	28	Paid-in or capital surplus, or land, bldg., and equipment fund		]
SS	29	Retained earnings, accumulated income, endowment, or other funds		,
ä	30	Total net assets or fund balances (see instructions) 479,744	10.569	`
重	31	Total liabilities and net assets/fund balances (see	,	1
2		instructions)	210,569	
Pa	art III		,	
		al net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with	T	
		l-of-year figure reported on prior year's return)	1	479,744
:		er amount from Part I, line 27a	2	(269,175)
	3 Oth	there increases not included in line 2 (itemize)		(269,179)
	4 Add	d lines 1, 2, and 3	4	
			5	210,569
	6 Tota	creases not included in line 2 (itemize) ► al net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	210 569

Page 3

art I\	Capital Gains and	Losses for Tax on Investm	ent Income	NOT	APPLICABLE	
	(a) List and describe the	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co )			(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr.)
а						
b						
<u>c</u>					ļ. <u> </u>	
<u>d</u>					<u> </u>	
<u>e</u>					410	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		n or (loss) ) minus (g)
a						
<u>b</u>					ļ <u></u>	
<u> </u>						
d e						
	Complete only for assets sho	wing gain in column (h) and owned h	by the foundation	on 12/31/69	// Gains (Col	. (h) gain minus
	i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i) I (j), if any	col (k), but not	: less than -0-) or rom col (h))
a					<u> </u>	
b						
С						
d						
е					<del>}</del>	
2	Capital gain net income o	r (net canital ines) {	also enter in Pa , enter -0- in Pa		2	
1		n or (loss) as defined in sections I, line 8, column (c) (see instruc				
		<u> </u>		<u> }</u>	<u> </u> 3 <u> </u>	
art.		er Section 4940(e) for Redu				
r op	tional use by domestic pri	ivate foundations subject to the s	section 4940(a)	tax on net inves	stment income.)	
ecti	on 4940(d)(2) applies, leav	e this part blank.		N	OT APPLICA	BLE
ıs th	e foundation liable for the	section 4942 tax on the distribu			base period?	☐ Yes ☐
165		qualify under section 4940(e). Dount in each column for each year			naking any antron	<del></del>
<u>-</u>	(a)		ar, see trie insti		naking any entries.	(d)
Caler	Base penod years dar year (or tax year beginning in	(b) Adjusted qualifying distributions	s Net value o	(c) of noncharitable-use		tribution ratio divided by col (c))
04.0.	2015	<del>'</del>	<del></del>		(COI (D)	divided by Cor (C))
	2014					
	2013			········		
	2012					
	2011					
					T	
2	Total of line 1, column (d)				2	
3		for the 5-year base period—divi			1 1	
	number of years the foun	dation has been in existence if le	ess than 5 years	s	· ·   3	
ı	Enter the net value of nor	ncharitable-use assets for 2016 f	rom Part X, line	e 5	4	
5	Multiply line 4 by line 3				5	
6	Enter 1% of net investme	ent income (1% of Part I, line 27b	o)		6	
7	Add lines 5 and 6				7	
8	Enter qualifying distribution	ons from Part XII, line 4			8	
		ater than line 7, check the box is				1% tax rate. Se

Part \		struc	tion	s)
	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.		T	
	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		0	
	here ▶ ☐ and enter 1% of Part I, line 27b		]	
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of ) Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
3	Add lines 1 and 2		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	
6	Credits/Payments:			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a		1	
b	Exempt foreign organizations—tax withheld at source 6b		ļ	
С	Tax paid with application for extension of time to file (Form 8868) . 6c 6c			
d	Backup withholding erroneously withheld	-		-
7	Total credits and payments. Add lines 6a through 6d		0	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ 11		0	
11 Post	Enter the amount of line 10 to be: Credited to 2017 estimated tax ► Refunded ► 11   VII-A Statements Regarding Activities		0	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
·u	participate or intervene in any political campaign?	1a		<del>\</del>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			Ť
	Instructions for the definition)?	1b		1
	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		<b>√</b>
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	ł		,
е	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?	2		<b>1</b>
	If "Yes," attach a detailed description of the activities.			-
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	-	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		7
b	If "Yes," has it filed a tax return on Form 990-T for this year? NOT APPLICABLE	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1
	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	~		٠.
	conflict with the state law remain in the governing instrument?	6	1	<u> </u>
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	1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
L	Connecticut  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	]	]	}
b		٠	-	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation by AG office	8b	<del> </del> -	<b>↓ ✓</b>
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	1	1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	-	<del>                                     </del>	+
	names and addresses	10	1	
			D-DI	

Par	VII-A Statements Regarding Activities (continued)		<u> </u>	
			Yes	No
11	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)	11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			<u> </u>
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	L
	Website address ► None			
14	The books are in our of a	7-771- 0410		·
15	Located at ▶ 10 Moulton St., Portland, Maine ZIP+4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	0410		▶ □
10	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
	over a bank, securities, or other financial account in a foreign country?	16	l	<b>✓</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	4	ر خی د ا	
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<u> </u>	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	,	Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	];;; {	11	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1.3	1	1.
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	£ '	37	- 4
	(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		1	
	termination of government service, if terminating within 90 days.)	1		. ".
b			1.	\
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	z -	<u>.</u> .	-
С	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 2016?	10		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	-	<del>                                     </del>	<del>  •</del> ••
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			1 -
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?	-	-	
h	If "Yes," list the years ▶ 20, 20		}	-
U	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	}	1.	
	all years listed, answer "No" and attach statement—see instructions.)	2b	1	-
C				-
30	► 20 , 20 , 20 , 20 None  Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1	1 3	
3a	at any time during the year?	(:	100	-
b			-	
~	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		1	1.
	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.) not applicable			
4a		3b 4a	-	+
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	} .	1

EIN: 06-1046591

' Page **6** 

Statements Regarding Activities for Which Form 4720 May Be Required (continued) Part VII-B 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))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? . . . . . . . . . . . . . . Yes V No ☐ Yes ✓ No (3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . . (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, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . . . . . . . . . . . . . b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in 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 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? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b 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? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? . Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors List all officers, directors, trustees, foundation managers and their compensation (see instructions). (c) Compensation (ff not paid, enter -0-) (d) Contributions to (b) Title, and average (e) Expense account, employee benefit plans and deferred compensation hours per wee (a) Name and address other allowances devoted to position SEE SCHEDULE ATTACHED FOR INFORMATION Compensation of five highest-paid employees (other than those included on line 1-see instructions). If none, enter "NONE." (d) Contributions to (b) Title, and average (e) Expense account, employee benefit (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation plans and deferred other allowances compensation NONE Total number of other employees paid over \$50,000 . . .

Form 990-PF (2016)

EIN: 06-1046591

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	d Employees,
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
NON	<u></u>	
Tota	I number of others receiving over \$50,000 for professional services	. ▶
Pai	t IX-A Summary of Direct Charitable Activities	
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the numb ganizations and other beneficianes served, conferences convened, research papers produced, etc.	per of Expenses
1	THE FOUNDATION HAS ONE OVERARCHING CHARITABLE ACTIVITY: IDENTIFY, EVALUATE AND APPROVE	
	GRANTS TO QUALIFYING GRANTEES THAT FUTHER THE MISSION OF THE FOUNDATION. THE MISSION OF	<u></u>
2	PROTEIN IS TO "GLORIFY GOD BY FOLLOWING HIM AS HE LEADS FOR THE PURPOSE OF PROVIDING FUN TO GRANTEES WHICH FEED PEOPLE SPIRITUALLY WITH A SPECIAL EMPHASIS ON THOSE THAT ALSO FEE	
	PHYSICALLY AND BY TEACHING THE WORD OF GOD AS WITNESSES FOR JESUS CHRIST. DURING 2016,	<u></u>
	GRANTS WERE DISBURSED TO 26 QUALIFYING GRANTEES	
3		
4		
Pai	TIX-B Summary of Program-Related Investments (see instructions)	
D	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	NONE	
_		
2		
A	other program-related investments. See instructions	
3	NONE	
Tota	al. Add lines 1 through 3	. ▶
		- 000 DE

^ Page **8** 

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn founda	tions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	211,000
C	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	211,000
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	211,000
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	211,000
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► □ and do not complete this part.)	oundation	IS
1	Minimum investment return from Part X, line 6	1	0
2a	Tax on investment income for 2016 from Part VI, line 5	4 1	
b	Income tax for 2016. (This does not include the tax from Part VI.)	~ ~	
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
Parl	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	734,234
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	ſ
3	Amounts set aside for specific charitable projects that satisfy the:	1-	
а	Suitability test (prior IRS approval required)	3a	(
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	734,234
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	<del>                                     </del>	734,23
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	734,234
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years.	ia mireniei	ine roundation

art :	Undistributed Income	(see instruction	s)			
1	Distributable amount for 2016	from Part XI,	(a) Corpus	(b) Years pnor to 2015	(c) 2015	(d) 2016
_	line 7			<del></del>		0
2	Undistributed income, if any, as of the	<b>I</b>		1	٠, ا	
a	Enter amount for 2015 only				0	
b	Total for prior years: 20,20			0		
3	Excess distributions carryover, if		ļ			,
a	From 2011	105,050		*		
b	From 2012	244,370			]	
C	From 2013	338,437	]			•
d	From 2014	264,226 572,157				
e	From 2015					•
f 4	<b>Total</b> of lines 3a through e Qualifying distributions for 2016	from Port VII	1,524,240			
4	1 A N A	iloni Fait All,				
_	104,204	l 0-		•	آ ا	•
a b	Applied to 2015, but not more the Applied to undistributed income				. 0	
D	(Election required—see instruct)		ļ			
_	Treated as distributions out of c	· _		0		
С	required—see instructions)				-	-
4		ļ	0			
d	Applied to 2016 distributable an Remaining amount distributed o	P	734.234			
е 5	Excess distributions carryover a		734,234			0
3	(If an amount appears in column		<u></u>	<del></del>	<del></del>	<u> </u>
	amount must be shown in colun		٠	•	,	
6	Enter the net total of each		į	i	-	
•	indicated below:			•		
а	Corpus. Add lines 3f, 4c, and 4e.	Subtract line 5	2,258,474			-
b	Prior years' undistributed inco		- 2,230,474			
	line 4b from line 2b			0		
С	Enter the amount of prior years	' undistributed	<del></del>	<del>_</del>		,
J	income for which a notice of		*		*	
	been issued, or on which the s					
	tax has been previously assesse	ed		0		
d	Subtract line 6c from line	6b. Taxable				
	amount - see instructions .			0		
е	Undistributed income for 2015	. Subtract line				
	4a from line 2a. Taxable	amount-see		i		ļ
	instructions				0	
f	Undistributed income for 2016.	Subtract lines			-	
	4d and 5 from line 1. This an					1
	distributed in 2017	[			<u> </u>	0
7	Amounts treated as distribution	s out of corpus			Ì	
	to satisfy requirements impos				1	
	170(b)(1)(F) or 4942(g)(3) (Ele					
_	required—see instructions) .		0			
8	Excess distributions carryover					_
_	applied on line 5 or line 7 (see in	· L	105,050		<u> </u>	ļ <u>.</u>
9	Excess distributions carryo			1		
	Subtract lines 7 and 8 from line	ъа	2,153,424	<u> </u>		<u> </u>
10	Analysis of line 9	J	-			
a	Excess from 2012	244,370				
þ	Excess from 2013	338,437		]		
C	Excess from 2014	264,226		}		
d	Excess from 2015	572,157		1		
e	Excess from 2016	734,234		<u> </u>	<u> </u>	<u> </u>

ale:	4	
Page	1	Į

Part	XIV Private Operating Foundating	tions (see instru	ctions 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	<sup>2016</sup> , enter the da	te of the ruling	▶		
b	Check box to indicate whether the four	idation is a private	operating foundat	ion described in se	ction	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		(e) Total
income from Part I or the minim investment return from Part X		(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) rotal
	each year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,		· · · · · · · ·			
	line 4 for each year listed				11	
d	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 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					•
	(1) Value of all assets			<u></u>		
	(2) Value of assets qualifying under					
L	section 4942(j)(3)(B)(i)					
þ	of minimum investment return shown in	}				
	Part X, line 6 for each year listed			<del>-</del>		
С	"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					<del> </del>
	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	· .	•	he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation	who have contribu	uted more than 29	% of the total cont	ributions received	by the foundation
	before the close of any tax year (but o	only if they have co	ontributed more ti	nan \$5,000). (See s	section 507(a)(2).)	
b	List any managers of the foundation	bo. over 100/ o	r mara of the ate	ale of a name matic	- /	
U	List any managers of the foundation ownership of a partnership or other e					arge portion of the
	omercing or a partitioning or other o	many) or willow the	roundation nas a	1070 or greater in	orost.	
2	Information Regarding Contributio Check here ▶ ☐ If the foundation					d dans ask
	unsolicited requests for funds. If the					
	other conditions, complete items 2a,		girto, grainto, oto.	(SOO IIIO II GOLIOTIO)	to marriadalo or e	nganizations ander
а		···	ddress of the pers	son to whom applic	cations should be	addressed:
				an		
b	The form in which applications shoul	d be submitted an	d information and	materials they sho	ould include:	
	A					
С	Any submission deadlines:					
d	•	wards, such as t	by geographical a	areas, charitable f	ields, kinds of in	stitutions, or other
	factors:					

Part XV Supplementary Information (con	tinued)			
3 Grants and Contributions Paid During	the Year or Approv	ed for Futi	ure Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	COMMISSION	
a Paid during the year				
SEE SCHEDULE ATTACHED FOR DETAILS				
Total			<u>.</u> <b>&gt;</b> (	Ba 606,000.0
b Approved for future payment				
NONE				
Total				3h

	t XVI-						
nter	gross	amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	on 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exempt function income
	_		Business code	Amount	Exclusion code	Amount	(See instructions.)
1	•	am service revenue:					
	а ь						
	с —				<del>                                     </del>		
	<u>а</u> –				-		
						<del></del>	<del> </del>
	e 						
	<u>'</u> =						
^		ees and contracts from government agencies				<del>.</del>	
_		bership dues and assessments					
3		st on savings and temporary cash investments		·			
4		ends and interest from securities	<u> </u>				
5		ental income or (loss) from real estate:			<del> </del>		ļ
		ebt-financed property			<del> </del>		
6		ot debt-financed property	<b></b>	-	1		
7		r investment income	}	<del> </del>	<del>- </del>		<del> </del>
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events			<del></del>		-
10		s profit or (loss) from sales of inventory			+	····	
							<del> </del>
•	b						ļ
	- c		<del></del>				<del> </del>
	d –		<b></b>	-			<del> </del>
							<del> </del> -
12	Subto	otal. Add columns (b), (d), and (e)		-			<del> </del>
13	Total	l. Add line 12, columns (b), (d), and (e)			<u> </u>	13	
See		sheet in line 13 instructions to verify calculation					
		sheet in line 13 instructions to verify calculation	ns.)				
Pa Lin	works rt XVI e No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to th
Pa Lin	works	sheet in line 13 instructions to verify calculation	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to th
Pa Lin	works rt XVI e No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to th
Pal Lin	works rt XVI e No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to tr
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pal Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pa Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pa Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pai Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the
Pai Lin	works rt XVI e No.	Breationship of Activities to the Activities to the Activities to the Activities to the Activity for which accomplishment of the foundation's exempt pure	ns.) <b>Accomplishm</b>	ent of Exem	pt Purposes		importantly to the

EIN: 06-1046591

Part	XVII			sfers To and Transac	ctions and R	elationships W	ith Noncha	ritabl	е	
			ganizations				n densember 3		Yes	No
1	Did th	ne organization d	irectly or indirectly e	ngage in any of the follo	wing with any	otner organizatio	n described	12.	165	140
			e Code (other than s	ection 501(c)(3) organiz	ations) or in se	Cuon 527, relating	y to political	·	-	
	_	nizations?				. r		<b>,</b> ,		
а		•	_	a nonchantable exemp				1:		<b> </b>
								1a(1)	-	<u> </u>
		ther assets .	· · · · · · ·					1a(2)	<u> </u>	<b>√</b>
þ		r transactions:						1. 6	·· ~	1,000
				mpt organization				1b(1)	<u> </u>	<b> </b>
				ble exempt organization				1b(2)		<b>✓</b>
			· ·	rassets				1b(3)	<del></del>	<b>/</b>
			-					1b(4)	<del>}</del>	1
		oans or loan gua						1b(5)		1
				p or fundraising solicita				1b(6)	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
С				ts, other assets, or paid				1c	<u> </u>	✓
d				," complete the follow						
				ces given by the reporti						
				ement, show in column						
(a) Line	e no	(b) Amount involved	(c) Name of nonch	aritable exempt organization	(d) Descri	ption of transfers, tran	sactions, and sh	aring ar	rangem	ients
						<u>.</u>				
NO	VE					<del></del>				
				, <del></del>						
			<u> </u>							
		. <u> </u>				·				
		<del></del>								
						····				
		<del></del>	<u> </u>		<u>i</u>					
2a	is th	e foundation dire	ectly or indirectly aff	filiated with, or related	to, one or mo	e tax-exempt or	-			
				other than section 501(c	)(3)) or in section	on 52/?		☐ Ye	s ✓	No
b	T "Y		e following schedule							
		(a) Name of organ	nization	(b) Type of organi	zation	(c) De	scription of relati	onship		
NONE										
		<del> </del>		· · · · · · · · · · · · · · · · ·						
				<del></del>						
	1 11		1 4 - 6 0 - 1 1 1	10	i		<del></del>			
Sign		rer penaities of perjury, rect, and complete Dec	i declare that I have examinated a country in the country of the country in the c	ed this return, including accompa an taxpayer) is based on all infon	inying schedules and mation of which pred	d statements, and to the parer has any knowledge	best of my knowl	edge an	belief,	. rt is true
_	'   K	1\ 0 to		what a		,	May the			
Here		~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u>  4 24    </u>	Trustee		with the (see inst.			
	Sig	nature of officer or tru		Date	Title	T6				
Paid		Print/Type prepare	r s name	Preparer's signature		Date	Check if	PTIN		
Prep	arer	· <del>  </del>					self-employed	L		
Use	Only			<del></del>		Firm	s EIN ▶			
		Firm's address ▶				Phor	ne no			

EIN:06-1046591

DADT VV. Cumplementary Information (continue) - Cohodulo of Grants and Contributions Dail	inito	Conto to ond Contribut	ition Daid	
during the year or Approved for Future Payment	ment			
RECIPIENT	If an individual show	Foundation	Purpose of	
Name & Address (home or business)	relationships to fdn mgr	status of	grant or	
	or substantial contributor	recipient	contribution	Amount
				Pg 1 of 3
Assembly of God Portland Feeding Program	None	Church	feeding hungry people	\$ 10,000
Portland, Maine				
Care Corpts	None	501c3	disaster relief	20,000
Flower Mount, Tx			programs	
Connecting Hope	None		assisting people in	10,000
Barre, Vermont			poverty	
Emmanuel Gospel Center - Route One Ministries Boston, Massachusetts	None	501c3	ministry to women in sex industry	25,000
Emmanuel Gospel Center - Bags of Hope Dorchester, Massachusetts	None	501c3	homeless, addicted exploited women	20,000
Emmaus Teams	None	501c3	ministry of compassion	000'59
Gray, Maine				
Encounter Ministries	None	501c3	church planting	10,000
Fairforest, South Carolina				
Enough Ministries	None	501c3	ministry to needy	10,000
Barre, Vermont			people	
Emmanuel Gospel Center - Greater Boston Refugee Ministry	dinistry None	501c3	Refugee assimilation	20,000
BOSION, Massachusetts				
Habitat For Humanity of Mason County Ludington, Michigan	None	501c3	Home Construction	70,000

EIN:06-1046591

during the year or Approved for Future Payment         Foundation         Foundation         Purpose of grant or captional pay status of payment           Name & Address (home or business)         If an individual show relational payment         frain individual show recipient         Foundation         Purpose of grant or contribution           Hope Haven Gopel Mission         None         50123         Incerts of homeless & hungry         Incerts of homeless & hungry           Hope House of Hope Ministry Center         None         50123         Itamilies affected by line incarceration, homeless           House of Hope Mission         None         50123         Itamilies affected by line incarceration, homeless           New Hope Womens Shelter         None         50123         Itemilies in crisis           Solon, Maine         Solon, Maine         50123         Shelter for homeless           Operation Blessing         None         50123         Shelter for homeless           Solon, Maine         Solon, Maine         50123         Shelter for homeless           Salvation Army - Our Place Daycare         None         50123         Helping families in crisis           Portsmouth, N. H.         Salvation Army - Our Place Daycare         None         50123         Helping families in crisis           Restrict winistry         Bridgesort, Comecticut         None	PART XV Supplementary Information (continute) Schedule of Grants and Contributions Paid	inute) Schedule of	Grants and Contribu	outions Paid	
ENT     If an individual show     Foundation       (home or business)     relationships to fdn mgr     status of religient       vr substantial contributor     recipient       None     501c3       rty Center     None     501c3       sion     None     501c3       shelter     None     501c3       Place Daycare     None     501c3       usetts     None     501c3       cut     None     501c3       none     501c3       none     501c3       states     None     501c3       cut     None     501c3	during the year or Approved for Future Pay	ment			
(home or business)     relationships to fun mgr or substantial contributor     status of or substantial contributor       vission     None     501c3       try Center     None     501c3       sion     None     501c3       shelter     None     501c3       Place Daycare     None     501c3       usetts     None     501c3       cut     S01c3       None     501c3       cut     None     501c3       s     None     501c3	RECIPIENT	If an individual show	Foundation	Purpose of	
vission None 501c3  try Center None 501c3  try Center None 501c3  sion None 501c3	Name & Address (home or business)	relationships to fdn mgr	status of	grant or	
vission None 501c3  try Center None 501c3  sion None 501c3  sout		or substantial contributor	recipient	contribution	Amount
vinsion None 501c3  rty Center  None 501c3  rty Center  None 501c3  sion  None 501c3  None 501c3  None 501c3  None 501c3  cut  None 501c3  south					Pg 2 of 3
try Center None 501c3 sion None 501c3 Shelter None 501c3 Shelter None 501c3 None 501c3 Cut None 501c3 Susetts None 501c3	Hope Haven Gospel Mission	None	501c3	needs of homeless &	10,000
try Center None 501c3  Fry Center None 501c3  Shelter None 501c3  Place Daycare None 501c3  Usetts  Usetts  None 501c3  None 501c3  Cut  None 501c3	Lewiston, Maine			hungry	
try Center None 501c3 Sion None 501c3 Shelter None 501c3 None 501c3 Usetts Cut None 501c3	Норе House	None	501c3	care for struggling	10,000
try Center None 501c3 Shelter None 501c3 Place Daycare None 501c3 Usetts Cut None 501c3 None 501c3	Lewiston, Maine			mothers and children	
sion None 501c3 Shelter None 501c3 Place Daycare None 501c3 usetts None 501c3 cut	House of Hope Ministry Center	None	501c3	families affected by	25,000
Shelter  None 501c3  Shelter  None 501c3  None 501c3  None 501c3  Cut  None 501c3	Ivnn. Massachusetts			incarceration, homeless	
Shelter  Shelter  None 501c3  None 501c3  None 501c3  None 501c3  None 501c3  None 501c3  Identify  None 501c3				violence, etc	
Shelter None 501c3  r Place Daycare None 501c3  uusetts None 501c3  icut  es None 501c3	House of Hope Mission	None	501c3	feeding hungry	20,000
Shelter None 501c3  r Place Daycare None 501c3  usetts  None 501c3  icut  ses None 501c3	Berwick, Maine				
None 501c3 nusetts None 501c3 icut None 501c3	New Hope Womens Shelter	None	501c3	Shelter for homeless	20,000
r Place Daycare S01c3 None 501c3 None 501c3 icut None 501c3	Solon, Maine			women	
r Place Daycare None 501c3 nusetts None 501c3 icut es	Operation Blessing	None	501c3	helping families in crisis	20,000
nusetts None 501c3 None 501c3 icut None 501c3	Portsmouth, N.H.				
None 501c3 icut None 501c3	Salvation Army - Our Place Daycare	None	501c3	day care homeless children	25,000
icut None 501c3	Cambridge, Massachusetts				
icut None 501c3	ReEntry Ministry	None	501c3	rehabilitate addicted	28,000
es None 501c3	Bridgeport, Connecticut			women	
Franklin, Tennessee	Restoration Ministries	None	501c3	empowering self-sustainability	28,000
	Franklin, Tennessee				-

EIN:06-1046591

	A children of the state of	distance Language	butions Daid	
PART XV Supplementary information (continute) schedule of Grants and Collubutions Faid during the year or Approved for Future Payment	inute) schedule or ment	Grants and Contro	outions raid	
RECIPIENT	If an individual show	Foundation	Purpose of	
Name & Address (home or business)	relationships to fdn mgr	status of	grant or	
	or substantial contributor	recipient	contribution	Amount
				Pg 3 of 3
Rise Again Outreach	None	501c3	empowering self-sustainability	30,000
Loudon, New Hampshire				
Root Cellar	None	501c3	need of families and residents	20,000
Lewiston & Portland, Maine			Lewiston & Portland, Maine	
Seeds of Faith	None	501c3	proved relief to needy	20,000
Somersworth, New Hampshire				
SIM - Fretheims	None	501c3	Ministry in Nigeria	10,000
Charlotte, North Carolina				
Somebody Cares N.E.	None	501c3	train & equip for ministry	15,000
Haverhill, Massachusetts				
The Boston Project Ministries	None	501c3	Build faith-based communities	25,000
Dorchester, Massachusetts				
Trinity Homeless Shelter	None	501c3	Homeless shelter	10,000
Skowhegan, Maine				
Total			.> 3a	\$ 606,000.00

PROTEIN FOUNDATION		06-1046591	-		Γ
SCHEDULE IN SUPPORT OF FORM PF990 2016					
Part VIII (1) list of officers, directors, trustees, etc	q loo	colc	p loo	<u>col</u> e	
e   03	title		benefits		
NAME AND ADDRESS	hours/wk	comp.	& def. comp.	exp. accts.	_
1 Walter Baker, 10 Weston Hill Rd, Riverside, CT 06878	Trustee/2	0	0	0	<u> </u>
2 Carol Fuchella, 56 lvy Street, Greenwich, CT 06830	Trustee/7	0	0	0	
3 Whit Gallagher, 7 Boxwood Drive, Yarmouth, ME 04096	Trustee/20	0	0	0	
4 Stephen Lanfer, 178 Sea Meadow, Yarmouth, ME 04096	Trustee/14	0	0	0	
5 Ralph Rogers, 8 Pine Road, Cumberland Foreside, ME 04110	Trustee/14	0	0	0	
6 Frank Starvel, 6 Gisborne Place, Old Greenwich, CT 06870	Trustee/14	0	0	0	-
7 Matthew Owen, 35 Fieldstone Drive, Yarmouth, ME 04096	Managing Dir/40	79,780	30,610	0	_
				0	

ı

PROTEIN FOUNDATION	06-1046591
SCHEDULE IN SUPPORT OF FORM PF990 2016	
Part X Line 4 Explanation of "cash deemed held for charitable purpose"	
The amount of cash deemed held for charitable purpose of \$211,000 will be used to cover the compensation of the Managing Director	the compensation of the Managing Director
and for grants during 2017.	

Īī

Part I – Line 23 - Other Exp Payroll Service MacBook Office Supply	PROTEIN FOUNDATION SCHEDULE IN SUPPORT OF FORM PF990 2016  xp Payroll Service MacBook Office Supply	<b>06-1046591</b> \$ 470 1,054 2,073	
Total Li	Line 23	\$ 3,597	<del></del>

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Employer identification number** 

	PROTEIN FOUNDATION 06-1046591 Organization type (check one):					
Filers o	f:	Section:				
Form 99	00 or 990-EZ	☐ 501(c)(	) (enter number) organization			
		4947(a)(1) nor	nexempt charitable trust not treated as a private for	undation		
		527 political o	organization			
Form 99	90-PF	√ 501(c)(3) exer	npt private foundation			
4947(a)(1) nonexempt charitable trust treated as a private found		ation				
		501(c)(3) taxa	ble private foundation			
	50 T(c)(0) taxable private roundation					
Note: C	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
Genera	il Rule					
Ø	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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Specia	Rules					
	regulations under s 13, 16a, or 16b, and	ections 509(a)(1) ard that received fror	on 501(c)(3) filing Form 990 or 990-EZ that met the nd 170(b)(1)(A)(vi), that checked Schedule A (Form 9 any one contributor, during the year, total contrib	990 or 990-EZ), Part II, line outlons of the greater of (1)		
	contributor, during	the year, total conti	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the ributions of more than \$1,000 exclusively for religiou r the prevention of cruelty to children or animals. Co	ıs, charıtable, scientific,		
	contributor, during contributions totale during the year for General Rule appl	the year, contributed more than \$1,00 an exclusively religious to this organiza	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the sons exclusively for religious, chantable, etc., purpo 0. If this box is checked, enter here the total contributions, charitable, etc., purpose. Don't complete any tion because it received nonexclusively religious, clar	ses, but no such butions that were received of the parts unless the haritable, etc., contributions		

Name of organization Employ
PROTEIN FOUNDATION

er i	denti	fication	num	ber
------	-------	----------	-----	-----

06-1046591

Parti	Contributors (See instructions). Use auplicate cop	lies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOUSE OF FLAVORS  110 NORTH WILLIAM STREET  LUDINGTON, MICHIGAN 49431	\$ 465,000	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person

Employer identification number

PROTEIN F	OUNDATION		06-1046591
Part II	Noncash Property (See instructions). Use duplicate co	pies of Part II if additional spac	ce is needed <b>NOT</b>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	APPLICABLE (d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

	rganization			Employer identification number		
Part III	DUNDATION 06-1046591  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 addition	onal space is neede	d. NOT AP	PLICABLE		
(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	Relation	ship 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		gift	(d) Description of how gift is held		
ļ		(e) Transfel	r of gift	L		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee					
ļ						
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held		
		(e) Transfe	r of gift			
	Transferee's name, address, and			nship of transferor to transferee		
				***************************************		
	1	ſ				