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990-PF

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public

OMB No 1545-0052

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection For calendar year 2016 or tax year beginning 2016, and ending NEWBURYPORT FIVE CENTS SAVINGS A Employer identification number Name of foundation CHARITABLE FOUNDATION INC 20-0318941 Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite 63 STATE STREET (978) 462-3136 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending check here. . . NEWBURYPORT, MA 01950 G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations check here. Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name 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 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 ¹6) ▶ \$ 4,393,638. (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (h) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per purposes may not necessarily equal the amounts in income income books (cash basis only) column (a) (see instructions)) 115,565 Contributions, gifts, grants etc., received (attach schedule) 1 if the foundation is not required to 2 Check ▶ attach Sch B. 26 26 ATCH 1 3 Interest on savings and temporary cash investments. 234,789. 234,789. ATCH 2 Dividends and interest from securities Δ Gross rents Net rental income or (loss) 208,999 Net gain or (loss) from sale of assets not on line 10. Revenu Gross sales price for all assets on line 6a 2,114,601 309,670. Capital gain net income (from Part IV, line 2). 7 Net short-term capital gain...... Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold . Gross profit or (loss) (attach schedule) Other income (attach schedule) 11 559,379 544,485. 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 1,700 1,700 b Accounting fees (attach schedule)ATCH 3 Administrative E c Other professional fees (attach schedule). . . 17 Taxes (attach schedule) (see instructions). . . Depreciation (attach schedule) and depletion. 21 22 Travel, conferences, and meetings Printing and publications 239. 239. rating 24 Other expenses (attach schedule) ATCH .4. . 24 Total operating and administrative expenses. 1,939 1,939. Add lines 13 through 23. 319,205. 319,205. O 25 Contributions, gifts, grants paid 321,144. 0 Õ. 321,144. 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 238,235 a Excess of revenue over expenses and disbursements . . 544,485. b Net investment income (if negative, enter -0-)

JSA For Paperwork Reduction Act Notice, see instructions 8E1410 1 000 12049C 2912 4/21/2017 4:41:

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

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0.

| Fo | rm 990 | PF (2016) NEWBURYPORT FIVE CENT | 'S SAVINGS | 2 | 0-0318941 Page 2 |
|-------------|----------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------|----------------|-------------------------|
| | art II | Attached schedules and amounts in the Balance Sheets description column should be for end-of-year | Beginning of year | Enc | of year |
| u | art II | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 14,222. | 29,023 | . 29,023. |
| | 2 | Savings and temporary cash investments | | | |
| | 3 | Accounts receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| i | 6 | Receivables due from officers, directors, trustees, and other | i | | |
| | i | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | l | Less allowance for doubtful accounts ▶ | | | |
| ssets | 8 | Inventories for sale or use | | | <u> </u> |
| SS | 9 | Prepaid expenses and deferred charges | | | |
| 4 | 10a | Investments - U S and state government obligations (attach schedule) | | | |
| | b | Investments - corporate stock (attach schedule) | | | |
| | | Investments - corporate bonds (attach schedule) | | | <u> </u> |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach schedule) | | | |
| | 12 | Investments - mortgage loans | | | |
| | | Investments - other (attach schedule) ATCH . 5 | 4,123,823. | 4,364,615 | . 4,364,615. |
| | 14 | 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 | | | |
| _ | | instructions Also, see page 1, item I) | 4,138,045. | 4,393,638 | . 4,393,638. |
| | 17 | Accounts payable and accrued expenses | | | _ |
| | 18 | Grants payable | | | _ |
| Liabilities | 19 | Deferred revenue | | | |
| Ħ | 20 | Loans from officers, directors, trustees, and other disqualified persons. | | | |
| jat | 21 | Mortgages and other notes payable (attach schedule) | | | _ |
| _ | 22 | Other liabilities (describe ►) | | | |
| | | Total habitation (add have 47 theories 22) | 0. | C | |
| _ | 23 | Total liabilities (add lines 17 through 22) | | | |
| Ŋ | ĺ | Foundations that follow SFAS 117, check here. > and complete lines 24 through 26 and lines 30 and 31. | | | |
| nces | | , | | | |
| lan | 24 | Unrestricted | | | _ |
| Ba | 25 | Temporarily restricted | | | _ |
| þ | 25 26 27 28 29 30 31 | Permanently restricted | | | _ |
| Ξ | | | | | |
| 5 | | check here and complete lines 27 through 31. | : | | |
| \$ | 27 | Capital stock, trust principal, or current funds | | | - |
| se | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | 4,138,045. | 4,393,638 | - |
| ¥ | 20 | Retained earnings, accumulated income, endowment, or other funds | 4,138,045. | 4,393,638 | |
| det | 31 | Total liabilities and net assets/fund balances (see | | | 7 |
| ~ | • | Instructions) | 4,138,045. | 4,393,638 | |
| F | arti | Analysis of Changes in Net Assets or Fund Balar | | | |
| | | al net assets or fund balances at beginning of year - Part I | | ust agree with | T |
| | | -of-year figure reported on prior year's return). | | | 4,138,045. |
| 2 | | er amount from Part I, line 27a | | | |
| 3 | Oth | ATCH 6 | | | |
| 4 | | l lines 1, 2, and 3 | | | |
| 5 | | creases not included in line 2 (itemize) ▶ | | 5 | |
| 6 | Tot | al net assets or fund balances at end of year (line 4 minus | line 5) - Part II, column (b) | , line 30 6 | 4,393,638. |
| _ | | | | | Form 990-PF (2016) |

Page 3

| | d describe the kind(s) of property sold rick warehouse, or common stock, 200 | | (b) How acquired P - Purchase D - Donation | | (d) Date sold (mo , day, yr) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| a SEE PART IV SCHE | DULE | | D - Donadon | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| (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 | |
| a | | | | · | |
| b | | | | | |
| C | | | | | |
| <u>d</u> | | | | | |
| e | | d but the ferrod at the 2004 ISO | | | |
| Complete only for assets s | howing gain in column (h) and owner | 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 t Losses (from co | |
| a | | | ļ | | |
| b | | | | | |
| <u>c</u> | | | <u> </u> | | |
| d | | | ļ | | |
| e | | | | | |
| Capital gain net income | or (net capital loss) { If (| lain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7 | 2 | | 309,670. |
| | ain or (loss) as defined in sections | • | | | |
| If gain, also enter in P | art I. line 8. column (c) (see in: | structions) If (loss), enter -0- in (| | | |
| • | | | | | _ |
| Part I, line 8 | Jnder Section 4940(e) for Records of the private foundations subject to the | | | me) | 0 |
| Part I, line 8 art V Qualification I or optional use by domestic section 4940(d)(2) applies, as the foundation liable for | Jnder Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distri | duced Tax on Net Investment Inves | ncome ment inco | _ | |
| Part I, line 8 art V Qualification I or optional use by domestic section 4940(d)(2) applies, as the foundation liable for Yes," the foundation does | Jnder Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distribution of qualify under section 4940(e) | duced Tax on Net Investment Interpretation as section 4940(a) tax on net investigation and the buttable amount of any year in the buttable amount of any yea | ment inco | d? | |
| Part I, line 8 art V Qualification I or optional use by domestic section 4940(d)(2) applies, as the foundation liable for Yes," the foundation does Enter the appropriate a | Jnder Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distribution of qualify under section 4940(e) mount in each column for each years. | butable amount of any year in the boar, see the instructions before making | ment inco | d? | |
| Part I, line 8 art V Qualification I or optional use by domestic section 4940(d)(2) applies, as the foundation liable for Yes," the foundation does Enter the appropriate a (a) Base period years | Jnder Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distribution of qualify under section 4940(e) | duced Tax on Net Investment Interpretation as section 4940(a) tax on net investigation and the buttable amount of any year in the buttable amount of any yea | ment inco | d? | Yes X I |
| Part I, line 8 | Jnder Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the district not qualify under section 4940(e) mount in each column for each years. (b) Adjusted qualifying distributions | butable amount of any year in the bound complete this part ear, see the instructions before make (c) Net value of noncharitable-use assets | ment inco | d? | Yes X I |
| Part I, line 8 | Under Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distrinct qualify under section 4940(e) mount in each column for each years. | butable amount of any year in the boar, see the instructions before making (c) | ment inco | d? | Yes X I |
| Part I, line 8 art V Qualification I or optional use by domestic section 4940(d)(2) applies, as the foundation liable for Yes," the foundation does Enter the appropriate a (a) Base period years alendar year (or tax year beginning in) 2015 | Jnder Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distripution of qualify under section 4940(e) mount in each column for each years. (b) Adjusted qualifying distributions | butable amount of any year in the bound to complete this part ear, see the instructions before making (c) Net value of noncharitable-use assets 4,251,067. | ment inco | d? | Yes X I |
| Part I, line 8 art V Qualification II or optional use by domestic section 4940(d)(2) applies, as the foundation liable for Yes," the foundation does Enter the appropriate a (a) Base period years alendar year (or tax year beginning in) 2015 2014 | Jnder Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distripution of qualify under section 4940(e) mount in each column for each years. (b) Adjusted qualifying distributions 210,922. 210,287. | butable amount of any year in the boutable amount o | ment inco | d? | Yes X I |
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| Part I, line 8 | Jnder Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distribution of qualify under section 4940(e) mount in each column for each years. (b) Adjusted qualifying distributions 210, 922. 210, 287. 192, 597. 173, 692. 174, 064. | butable amount of any year in the boutable amount o | ment inco | d? | Yes X atio (c)) 0.049658 0.049658 0.04763 0.04763 |
| Part I, line 8 | Jnder Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the distripution of qualify under section 4940(e) mount in each column for each years. (b) Adjusted qualifying distributions 210,922. 210,287. 192,597. 173,692. 174,064. | butable amount of any year in the boutable amount o | ment inco | d? | Yes X atio (c)) 0.049658 0.049658 0.04763 0.04763 |
| Part I, line 8 Art V Qualification II Or optional use by domestication 4940(d)(2) applies, as the foundation liable for Yes," the foundation does Enter the appropriate a (a) Base period years alendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (Average distribution rat | Jnder Section 4940(e) for Recomplete private foundations subject to the leave this part blank the section 4942 tax on the distripution 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 210,922. 210,287. 192,597. 173,692. 174,064. | butable amount of any year in the boutable amount o | ment inco | d? | Yes X atio col (c)) 0.04961 0.049658 0.048733 0.04763 0.049246 0.244896 |
| Part I, line 8 art V Qualification II or optional use by domestic section 4940(d)(2) applies, as the foundation liable for Yes," the foundation does Enter the appropriate a (a) Base period years alendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (Average distribution rat number of years the foundation in the column of the c | Jnder Section 4940(e) for Recommendations subject to the leave this part blank the section 4942 tax on the district not qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 210,922. 210,287. 192,597. 173,692. 174,064. | butable amount of any year in the boutable amount o | ase perio | d? ntries (d) Distribution ra (col (b) divided by | Yes X (and the color of the col |
| Part I, line 8 art V Qualification II or optional use by domestic section 4940(d)(2) applies, as the foundation liable for 'Yes," the foundation does Enter the appropriate a (a) Base period years calendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (Average distribution rat number of years the foundation in the column of t | Jnder Section 4940(e) for Recomplete private foundations subject to the leave this part blank the section 4942 tax on the district of qualify under section 4940(e) mount in each column for each year (b) Adjusted qualifying distributions 210, 922. 210, 287. 192, 597. 173, 692. 174, 064. In for the 5-year base period - divinced in the section 4940(e) for the section 4940(e). | butable amount of any year in the boutable are the instructions before make any year, see the instructions before make any year, and year, ye | ase perio | d? ntries (d) Distribution ra (col (b) divided by | Yes X (atto (c)) (0.049616 (0.049658 (0.04763 (0.049246 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 (0.048978 |
| Part I, line 8 art V Qualification II or optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does Enter the appropriate a (a) Base period years Calendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (Average distribution rat number of years the foundation of the second of th | Jnder Section 4940(e) for Recompliance of private foundations subject to the leave this part blank the section 4942 tax on the distribution 4940(e) mount in each column for each years (b) Adjusted qualifying distributions 210, 922. 210, 287. 192, 597. 173, 692. 174, 064. In for the 5-year base period - divardation has been in existence if I concharitable-use assets for 2016 | butable amount of any year in the boutable amount o | ase perio | d? ntries (d) Distribution ra (col (b) divided by | Yes X Market No. 1049616 0.049658 0.048733 0.047637 0.049246 0.244890 0.048978 200,083. |
| Part I, line 8 art V Qualification II or optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does Enter the appropriate a (a) Base period years Calendar year (or tax year beginning in) 2015 2014 2013 2012 2011 Total of line 1, column (Average distribution rat number of years the foundation of the column of t | Jnder Section 4940(e) for Recomplete private foundations subject to the leave this part blank the section 4942 tax on the district of qualify under section 4940(e) mount in each column for each years (b) Adjusted qualifying distributions 210, 922. 210, 287. 192, 597. 173, 692. 174, 064. Indicate the following part of the fol | butable amount of any year in the boutable amount o | ase periong any er | d? ntries (d) Distribution ra (col (b) divided by | 0.049616 0.049616 0.049658 0.049637 0.049246 0.244890 0.048978 200,083. 205,712. 5,445. |

| 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 | | 5,4 | 145. |
| | here ► X and enter 1% of Part I, line 27b | | | |
| С | 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-) 2 | | | |
| 3 | Add lines 1 and 2 | | 5,4 | 145. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | 5,4 | 145 |
| 6 | Credits/Payments | | | |
| а | 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 3,934. | | | |
| b | Exempt foreign organizations - tax withheld at source | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | | | |
| d | Backup withholding erroneously withheld | | 2 6 | |
| 7 | Total credits and payments Add lines 6a through 6d | | 3,5 | 934. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X If Form 2220 is attached 8 | | 1 - | - 1 1 |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | 1,5 | 511. |
| 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 Refunded 11 | | | |
| | t VII-A Statements Regarding Activities | | ., | T |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | 10 | Yes | No X |
| | participate or intervene in any political campaign? | 1a | | - ^ |
| D | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see | 16 | | X |
| | Instructions for the definition)? | 10 | | <u></u> |
| | 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 | 1c | | Х |
| | Did the foundation file Form 1120-POL for this year? | 10 | | <u> </u> |
| u | (1) On the foundation \$\\$ \\$ | | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | 1 |
| | on foundation managers \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| - | If "Yes," attach a detailed description of the activities | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | |
| - | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | Х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| | 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 | | | 1 |
| 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 | <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 | X | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ | 1 | | |
| | MA, | | | |
| 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 | 86 | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | 1 | |
| | 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 | l | X |

| rar | t VIFA 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 | 4.0 | | Х |
| 40 | person had advisory privileges? If "Yes," attach statement (see instructions) | 12 | Х | |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A | 13 | Λ | L |
| 14 | TIMORUY I PRIMED | -313 | 6 | |
| • • | Located at ▶63 STATE STREET NEWBURYPORT, MA ZIP+4 ▶ 01950 | | | |
| 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 |
| | 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 | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | Van | Na |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| та | 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? | | | |
| | | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | | |
| | disqualified person? | | | |
| | (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) | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | v |
| _ | 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)) At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and | | | |
| a | 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 | | |
| С | 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 | | |
| 4 a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Х |
| | 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 | , | х |
| | | . 00 | | |

| Pai | t VII-B Statements Regarding Activities | for Which Form | 4720 May Be Req | uired (continued) | | |
|-----|-----------------------------------------------------------------------|---------------------------------------|---------------------------------------|------------------------------------------------|-------------|------------|
| 5a | During the year did the foundation pay or incur any amou | unt to | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influe | nce legislation (sectio | n 4945(e))? | . Yes X No | | |
| | (2) Influence the outcome of any specific public ele | ction (see section 4 | 1955), or to carry or | | 1 | |
| | directly or indirectly, any voter registration drive? | | | . Yes X No | | |
| | (3) Provide a grant to an individual for travel, study, or of | ther similar purposes? | · | . Yes X No | . | |
| | (4) Provide a grant to an organization other than a | charitable, etc., org | anization described in | n | | |
| | section 4945(d)(4)(A)? (see instructions) | | | . Yes X No | | |
| | (5) Provide for any purpose other than religious, ch | aritable, scientific, l | iterary, or educationa | al | | |
| | purposes, or for the prevention of cruelty to children | or animals? | | . Yes X No | | |
| b | If any answer is "Yes" to 5a(1)-(5), did any of the | transactions fail to | qualify under the e | xceptions described in | | |
| | Regulations section 53 4945 or in a current notice regard | ding disaster assistan | ce (see instructions)? | | 5b | |
| | Organizations relying on a current notice regarding disas | ster assistance check | here | | $\sqcup $ | |
| С | If the answer is "Yes" to question 5a(4), does the | foundation claim e | xemption from the t | ax | | |
| | because it maintained expenditure responsibility for the g | grant? | | . Yes No | | |
| | If "Yes," attach the statement required by Regulations sed | ction 53 4945-5(d) | | | | |
| 6a | Did the foundation, during the year, receive any fun | ds, directly or indire | ectly, to pay premiur | | | |
| | on a personal benefit contract? | | | . Yes X No | , | |
| b | Did the foundation, during the year, pay premiums, dire | ctly or indirectly, on a | personal benefit contra | oct? | 6b | X |
| | If "Yes" to 6b, file Form 8870 | | | | | |
| 7a | At any time during the tax year, was the foundation a pa | arty to a prohibited tax | shelter transaction? | . Yes X No | , | |
| b | If "Yes," did the foundation receive any proceeds or have | | | | | |
| Pa | Information About Officers, Director | rs, Trustees, Fou | ındation Managers | s, Highly Paid Emp | oloyees, | |
| 1 | and Contractors List all officers, directors, trustees, foundation in | nanagers and their | r compensation (see | instructions). | | |
| | (a) Name and address | (b) Title, and average hours per week | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans | (e) Expens | |
| | (a) Name and address | devoted to position | enter -0-) | and deferred compensation | other all | owances |
| | | | ^ | | | 0 |
| ATC | H 7 | | 0. | 0. | | 0. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | () () () () | | | \ 16 | |
| 2 | Compensation of five highest-paid employees "NONE." | (other than thos | se included on lin | e 1 - see instruction | ons). If n | one, ente |
| | | (b) Title, and average | | (d) Contributions to employee benefit | (a) Evaca | e account, |
| (a | Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | plans and deferred | | owances |
| NON | ID | | | compensation | | |
| NON | <u> </u> | | 0. | 0. | | 0. |
| | | - | · · · · · · · · · · · · · · · · · · · | 0. | | <u> </u> |
| | | | | | | |
| | - · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | |
| | | - | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | I number of other employees paid over \$50,000. | l | <u></u> | | | |
| | | | | | | |

| Form 990-PF (2016) | | Page / |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation M and Contractors (continued) | anagers, Highly Paid Emplo | yees, |
| 3 Five highest-paid independent contractors for professional services (see in | nstructions). If none, enter "NON | E." |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | 1 | o |
| | | - |
| | | |
| - | | |
| | | |
| | | |
| | | |
| - | | |
| | | 1 |
| | | |
| Total number of others receiving over \$50,000 for professional services | | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti organizations and other beneficiaries served, conferences convened, research papers produced, etc. | cal information such as the number of | Expenses |
| 1 N/A | | |
| 177.1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see instructions) | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines | 1 and 2 | Amount |
| 1 NONE | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions | · · · · · · · · · · · · · · · · · · · | |
| 3 NONE | | |
| 3 110110 | | |
| | | 1 |
| Table Addition 4 through 2 | _ _ | |

Page 8

| Pari | Minimum Investment Return (All domestic foundations must complete this part. For see instructions.) | oreign foundat | ions, |
|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, et | c, | |
| | purposes: | 1 1 | |
| а | Average monthly fair market value of securities | 1a | 4,234,710. |
| b | | | 29,334. |
| c | | | |
| d | Total (add lines 1a, b, and c) | 1d | 4,264,044. |
| e | | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 4,264,044. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, s | ee | |
| | instructions) | 4 | 63,961. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line | 4 5 | 4,200,083. |
| 6_ | Minimum investment return. Enter 5% of line 5 | 6 | 210,004. |
| <u>Par</u> i | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating (and certain foreign organizations check here ▶ and do not complete this part.) | oundations | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 210,004. |
| 2a | | | |
| ь | | | |
| c | , | 2c | 5,445. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | | 204,559. |
| 4 | Recoveries of amounts treated as qualifying distributions | | |
| 5 | Add lines 3 and 4 | | 204,559. |
| 6 | Deduction from distributable amount (see instructions) | | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part X | | |
| | line 1 | 1 1 | 204,559. |
| Par | t XII Qualifying Distributions (see instructions) | · | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | | 1a | 321,144. |
| b | • | | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, et | С, | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | · | . 3a | |
| b | | | ·- |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line | | 321,144. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incor | | |
| | Enter 1% of Part I, line 27b (see instructions) | | 5,445. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | 315,699. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when | | hether the foundation |
| | qualifies for the section 4940(e) reduction of tax in those years | - | |

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| Pa | rt XIII Undistributed Income (see instru | ictions) | | | |
|----|------------------------------------------------------------------------------------------|----------|---------------------|------|----------|
| | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2016 from Part XI, | Corpus | Years prior to 2015 | 2015 | 2016 |
| | line 7 | | | | 204,559. |
| 2 | Undistributed income, if any, as of the end of 2016 | | | | |
| а | Enter amount for 2015 only | | | | |
| b | Total for pnor years 20 14 ,20 13 ,20 12 | | _ | | |
| | Excess distributions carryover, if any, to 2016 | | | | |
| | From 2011 | | | | |
| | From 2012 | | | | |
| | F 8010 | | | | |
| | From 2014 4,554. | Ì | | | |
| | From 2015 3,013. | | | | |
| | Total of lines 3a through e | 7,567. | | | |
| | Qualifying distributions for 2016 from Part XII, | | | | |
| | line 4 ▶ \$321,144. | | | | |
| а | Applied to 2015, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years (Election required - see instructions) | | | | |
| С | Treated as distributions out of corpus (Election | | | | |
| | required - see instructions) | | | | |
| d | Applied to 2016 distributable amount | | | | 204,559. |
| е | Remaining amount distributed out of corpus | 116,585. | | | |
| 5 | Excess distributions carryover applied to 2016 . | | | | |
| | (If an amount appears in column (d), the same | | | | |
| 6 | amount must be shown in column (a)) Enter the net total of each column as | | | | |
| · | indicated below: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 124,152. | | | |
| b | Prior years' undistributed income Subtract | | | | |
| | line 4b from line 2b | | | | |
| С | Enter the amount of prior years' undistributed | | | | |
| | income for which a notice of deficiency has been issued, or on which the section 4942(a) | | | | |
| | tax has been previously assessed | | | | |
| d | Subtract line 6c from line 6b Taxable | | | | |
| | amount - see instructions | | | | |
| е | Undistributed income for 2015 Subtract line | | | | |
| | 4a from line 2a Taxable amount - see instructions | | | | |
| | Hadistributed income for 2016. Subtract lines | | | | |
| ' | Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be | | II | | |
| | distributed in 2017 | | | | |
| 7 | Amounts treated as distributions out of corpus | | | | |
| • | to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (Election may be | | | | |
| | required - see instructions) | | | | |
| 8 | Excess distributions carryover from 2011 not | | | | |
| | applied on line 5 or line 7 (see instructions) | | | | |
| 9 | Excess distributions carryover to 2017. | | | | |
| | Subtract lines 7 and 8 from line 6a | 124,152. | | | |
| 10 | Analysis of line 9 | | | | |
| | Excess from 2012 | | | | |
| | Excess from 2013 | | | | |
| c | Excess from 2014 4,554. | | | | |
| c | Excess from 2015 | | | | |
| | Excess from 2016 116,585. | | | | |
| | | | | | |

| Pa | rt XIV Private Op | erating Foundations | (see instructions a | nd Part VII-A, ques | stion 9) | Ŋ | NOT APPLICABLE |
|-----|------------------------------------------------------------------------|------------------------------------------------|-----------------------------|--------------------------------------------------|---------------------|---------------------------|-----------------------------------------|
| 1 a | If the foundation has | received a ruling or d | etermination letter that | it it is a private ope | erating | | |
| | foundation, and the rulin- | g is effective for 2016, e | nter the date of the ruling | | ▶ | | |
| b | Check box to indicate v | whether the foundation | is a private operating | foundation described | in section | 4942(j)(3) | or 4942(j)(5) |
| | | Tax year | | Prior 3 years | | | |
| 2 a | Enter the lesser of the ad- justed net income from Part | (a) 2016 | (b) 2015 | (c) 2014 | (d) 201 | 3 | (e) Total |
| | I or the minimum investment | | ··· | | , - | | |
| | return from Part X for each | ļ | | |) | } | |
| | year listed | | _ | - | | | |
| | | | | | | | |
| C | Qualifying distributions from Part XII, line 4 for each year listed | | | | ļ | ļ | |
| d | Amounts included in line 2c not | | | | <u> </u> | | <u></u> - |
| | used directly for active conduct | | | | | | |
| | of exempt activities | | | | | | |
| • | Qualifying distributions made directly for active conduct of | | | | i | | |
| | exempt activities Subtract line | ļ | | | | | |
| 3 | 2d from line 2c | | | | - - | | |
| | afternative test relied upon | | | | | | |
| а | "Assets" alternative test - enter | | | | | | |
| | (1) Value of all assets (2) Value of assets qualifying | | | | | | |
| | under section | | | | | | |
| h | 4942(j)(3)(B)(i) | | | | | | |
| | enter 2/3 of minimum invest- | İ | | | | | |
| | ment return shown in Part X, |] | ļ | | } | | |
| _ | line 6 for each year listed | | | | | | |
| С | "Support" alternative test - enter | | | | | | |
| | (1) Total support other than gross investment income | | | | | | |
| | (interest, dividends, rents, payments on secunties | | | | | | |
| | loans (section 512(a)(5)) | | | | | | |
| | or royalties) | | | | | | |
| | (2) Support from general public and 5 or more | | | | | | |
| | exempt organizations as provided in section 4942 | | | | | | |
| | (j)(3)(B)(III) | ļ | | | | | |
| | (3) Largest amount of sup- port from an exempt | | | | | | |
| | organization | | | | | | |
| | (4) Gross investment income | | | 1 :5:1 6 | | | |
| L.C | | ntary Information (uring the year - see | | only if the found | lation nad \$5 | ,uuu orn | iore in assets at |
| - | | g Foundation Manage | | | | | |
| 1 | List any managers of | - | | re than 2% of the to | stal contribution | ns received | by the foundation |
| ٠ | before the close of an | y tax year (but only if the | ney have contributed | more than \$5,000) (| See section 50 | 7(d)(2)) | by the roundation |
| | N/A | | | | | | |
| | List any managers of | the foundation who | own 10% or more of | of the stock of a co | rnoration (or a | n equally la | arge portion of the |
| ٠ | | rship or other entity) o | | | | ii oqually ii | arge pertion or the |
| | | , , , , , , , , , , , , , , , , , , , | | • | | | |
| | N/A | | | | | | |
| | Information Regardin | o Contribution Grant | Gift Loan Scholars | hip etc. Programs: | | | |
| • | <u>~</u> | • | | - | | | |
| | unsolicited requests f | the foundation only for funds. If the found | makes contributions | to preselected chi cante etc /see instri | ictions) to indiv | zauons and uduals or d | i does not accept |
| | | plete items 2a, b, c, ar | | ants, etc (see mone | ionono, to man | riodalo oi v | organizations ander |
| | The name, address, a | · <u> </u> | | the person to whom a | applications shou | uld be addre | essed |
| ١ | ATCH 8 | ma telephone number | or c man address or | the person to mioni | 2PP1102110110 01101 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| , | The form in which app | lications should be su | hmitted and informat | on and materials the | v should include | ə. | |
| ٠ | The form in which app | meations should be su | bilitted and illiginiat | ion and materials the | y should include | . | |
| | ፍድድ አጥጥአር ሀ ፣ | ED APPLICATION | | | | | |
| | Any submission dead | | | | | | |
| • | Fairy Submission Gedu | | | | | | |
| | אם האחתדכניי | יאם הפאהי דאופפ | | | | | |
| | Any restrictions or I | LAR DEADLINES | s such as hu assa | ranhical areas char | utable fields t | inds of in | etitutione or other |
| • | a Any restrictions or infactors. | minitations on awards | s, such as by geog | rapriicai areas, char | nable fields, K | anus or in: | sucutions, or other |
| | | | | | | | |
| JSA | ATCH 9 | | | | | | Form 990-PF (2016) |
| | | | | | | | - 0000 WHILEPP / 2016) |

Page **11**

| Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Amount | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------|----------------------------------|----------|--|--|--|--|
| 3 Grants and Contributions Paid Du | ring the Year or Appl | roved for F | -uture Payment | 1 | | | | |
| Recipient | show any relationship to | status of | Purpose of grant or contribution | Amount | | | | |
| Name and address (home or business) | or substantial contributor | recipient | 0077111003.017 | | | | | |
| Name and address (home or business) a Paid during the year PLEASE SEE ATTACHMENT | any foundation manager or substantial contributor NOT RELATED | PC | EXEMPT PURPOSE | 319,205. | | | | |
| | | | | | | | | |
| Total | | | 3a | 319,205. | | | | |
| b Approved for future payment | | | | | | | | |
| Total | | | 3b | 1 | | | | |

JSA 8E1491 1 000

| | Official | ed business income | Excluded by s | ection 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 | | | | | |
| | | | | | |
| i | | | | | |
| · | | | | | |
| | | | | | |
| Fees and contracts from government agencies | | | | | |
| Membership dues and assessments | | ·- <u>-</u> | 14 | 26. | |
| nterest on savings and temporary cash investments. | - | | 14 | 234,789. | |
| Dividends and interest from securities | | | | | |
| Net rental income or (loss) from real estate | | | | | |
| Debt-financed property | 1 1 | . | | | |
| Net rental income or (loss) from personal property. | 1 | | | | |
| Other investment income | 1 | | | | |
| Sain or (loss) from sales of assets other than inventory | 1 | | 18 | 208,999. | |
| Net income or (loss) from special events · · · | | | | | |
| Gross profit or (loss) from sales of inventory | | J. 70 | | | |
| Other revenue a | | | | | |
|) | | | | | |
| B | | | | | |
| i | | | | | - |
| | | | - | 443,814. | |
| Subtotal Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) | | | | | 443,8 |
| Total. Add life 12, coldillis (b), (d), and (e) | | | | | |
| e worksheet in line 13 instructions to verify calc art XVI-B Relationship of Activitie | s to the Ac | | | | ited importantly to |
| e worksheet in line 13 instructions to verify calcert XVI-B Relationship of Activities | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
| rt XVI-B Relationship of Activities ne No. Explain below how each activities | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
| rt XVI-B Relationship of Activities The No. Explain below how each activities | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
| rt XVI-B Relationship of Activities e No. Explain below how each activity | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
| rt XVI-B Relationship of Activities e No. Explain below how each activity | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
| rt XVI-B Relationship of Activities e No. Explain below how each activity | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
| t XVI-B Relationship of Activities e No. Explain below how each activity | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
| rt XVI-B Relationship of Activities e No. Explain below how each activity | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
| rt XVI-B Relationship of Activities e No. Explain below how each activity | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
| rt XVI-B Relationship of Activities e No. Explain below how each activity | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
| rt XVI-B Relationship of Activities e worksheet in line 13 instructions to verify calculated a Relationship of Activities e No. Explain below how each activities | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
| rt XVI-B Relationship of Activities The No. Explain below how each activities | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
| rt XVI-B Relationship of Activities The No. Explain below how each activities | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
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| e worksheet in line 13 instructions to verify calcont XVI-B Relationship of Activities Relationship of Activities Relationship of Activities Relationship of Activities | es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |
| art XVI-B Relationship of Activities es to the Ac | income is reported | I ın column (e) | of Part XVI-A contribu | |

NEWBURYPORT FIVE CENTS SAVINGS 20-0318941 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

| 1 | ın sect | e organization direct ion 501(c) of the Co zations? | | | | | | | | | Yes | No |
|----------|---------------|-----------------------------------------------------------|--------------------------------------------------|--------------------------------|--------------------|-----------------------|-----------------|--------------|-------------------|-----------|---------------|----------------|
| а | • | ers from the reportin | a foundation to | a noncharitable exe | empt organiz | ation of | | | | | | |
| - | | sh | - | | | | | | | 1a(1) | | _X |
| | | er assets | | | | | | | | 1a(2) | | X |
| b | . , | ransactions | | | | | | | | | l | |
| | (1) Sal | es of assets to a no | ncharitable exen | npt organization | | | | <i></i> . | | 1Ь(1) | | X |
| | (2) Pur | chases of assets fro | om a noncharital | ble exempt organiza | tion | | | <i>.</i> . | ' | 1b(2) | | _X_ |
| | (3) Rei | ntal of facilities, equi | pment, or other | assets | | | | <i>.</i> . | | 1b(3) | | _X |
| | | mbursement arrange | | | | | | | | 1b(4) | | _ <u>X</u> _ |
| | | ins or loan guarantee | | | | | | | | | | _X |
| | | formance of service | | | | | | | | | | _ <u>x</u> |
| | | g of facilities, equipm | | | | | | | | | 1 | <u> </u> |
| d | If the a | answer to any of the of the goods, other | e above is "Yes | s," complete the fo | llowing sche | edule Co | olumn (b) s | nould a | ilways show | the i | air m | arket |
| | value o | or the goods, other : n any transaction or | assets, or service | es given by the re | porting roun | ualion ii value of | the goods | atton re | accete or ca | arvice: | s tece | arket |
| (0) 1 . | $\overline{}$ | (b) Amount involved | | oncharitable exempt orga | | | | | ictions, and shar | | | |
| (a) Li | ne no | N/A | (c) Name of no | onchantable exempt orga | mzation | N/A | ption of trains | ers, trainsa | ictions, and snar | iliy alla | ngemer | |
| | | N/A | | | | N/A | | | · | | | |
| | -+ | | | - | | | | | - | | | |
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| | | foundation directly of | • | | | | | _ | | – | (; ; | 1 |
| | | ed in section 501(c) | | her than section 50 | 1(c)(3)) or in | section 5 | 27? | | L | Ye | es <u>X</u> | No |
| <u> </u> | if "Yes, | " complete the follow | | | | | | | | | | |
| | | (a) Name of organization | 1 | (b) Type of or | ganization | | | c) Descrip | tion of relations | nip | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | Under | penalties of penjury, I decla | re that I have examin | ed this return, including as | companying sche | dules and sta | tements, and t | o the best | of my knowledg | e and b | elief, it | is true, |
| . | L. | t, and complete Declaration of | preparer (other than ta | xpayer) is based on all inform | ation of which pre | parer has any | knowledge | | | | | |
| Sign | | Justy J. | lute | 5/11/1 | 7 | Trea | isuvev | | May the IRS | | | retum below |
| dere | Sign | ature of officer or trustee | | Date | Ti | itle | | | (see instructions | · - | , , | No |
| | | | | | | | | | L | _= | | |
| 3-:- | | Pont/Type preparer's nar | me | Reparer's signature | 10 | | Date /) | CI | neck if F | PTIN | | |
| Paid | | MICHAEL J ROWE | E CPA | Mucha | 1 D. Nere | <u> </u> | 5/1/1 | 7 se | elf-employed | P005 | 35 <u>8</u> 3 | 1 |
| | parer | Firm's name ► WO | LF & COMPAN | NY, PC | | | | Firm's El | N ▶04-26 | 8988 | 33 | |
| Jse | Only | l | HIGH STREE | ET, 21ST FLOOP | | | | | | | | |
| | | J BO | STON, MA | | | 0211 | .0 | Phone no | | | | |
| | | | | | | | | | For | m 990 |)-PF (| 2016) |

2016 FORM 990-PF NEWBURYPORT FIVE CENTS SAVINGS 20-0318941 FORM 990-PF - PART IV CAPITAL CAINS AND LOSSES FOR TAY ON INVESTMENT INCOME

| Kind of Property | | | Description | | | 01 | Date acquired | Date sold |
|----------------------------------------------|---------------------------------|---------------------------|--------------------------|--------------------------------|------------------------------|-----|----------------------|------------|
| Gross sale price less expenses of sale | Depreciation allowed/ allowable | Cost or other basis | FMV as of 12/31/69 | Adj basis as of 12/31/69 | Excess of FMV over adj basis | ט | Gain or (loss) | |
| · | | STATE STREE | | | | D | VARIOUS | 11/21/20 |
| 100,957. | | PROPERTY TY 12,518. | PE: SECURIT | 'IES | | | 88,439. | |
| | | STATE STREE | | | | D | VARIOUS | 4/25/201 |
| 14,963. | | 2,377. | | | | | 12,586. | |
| | | ABALX PROPERTY TY | PE: SECURIT | les: | | D | VARIOUS | 3/29/201 |
| 50,000. | | 39,019. | | | | | 10,981. | |
| | | ABALX PROPERTY TY | PE: SECURIT | MES | | D | VARIOUS | 10/19/20 |
| 40,000. | | 30,390. | | | | | 9,610. | |
| | | ABALX PROPERTY TY | PE: SECURIT | CIES | | D | | 12/27/20 |
| 80,000. | | 60,993. | | | | D | 19,007. VARIOUS | 5/2/2016 |
| 50,000. | | CAIBX PROPERTY TY 45,743. | PE: SECURIT | PIES | | | 4,257. | 3/2/2016 |
| 50,000. | | CAIBX | | | | D | | 6/30/201 |
| 1,778,681. | | PROPERTY TY 1,613,891. | PE: SECURI | TIES | | | 164,790. | 0, 30, 201 |
| | | | | | | | | |
| OTAL GAIN(L | oss) | . | | | | | 309,670. | |
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| SA 0 1 000 | | | ····· | | | - - | · | + |

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.

OMB No 1545-0047

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

Employer identification number

| NEWBURYPORT FIVE CENTS SAVINGS CHARITABLE FOUNDATION INC 20-0318941 | | | | | |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Organization type (check one) | | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a | private foundation | | | |
| | 527 political organization | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a prival | vate foundation | | | |
| | 501(c)(3) taxable private foundation | | | | |
| Note: Only a section 501(c)(7) Instructions General Rule | , (8), or (10) organization can check boxes for both the General F | Rule and a Special Rule See | | | |
| General Rule | | | | | |
| o. an organization | filing Form 990, 990-EZ, or 990-PF that received, during the year property) from any one contributor. Complete Parts I and II. Sontributions | | | | |
| Special Rules | | | | | |
| regulations under se 13, 16a, or 16b, and | described in section 501(c)(3) filing Form 990 or 990-EZ that mections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A that received from any one contributor, during the year, total crithe amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E | (Form 990 or 990-EZ), Part II, line contributions of the greater of (1) | | | |
| contributor, during t | described in section 501(c)(7), (8), or (10) filing Form 990 or 99 he year, total contributions of more than \$1,000 <i>exclusively</i> for real purposes, or for the prevention of cruelty to children or animal | religious, charitable, scientific, | | | |
| contributor, during the contributions totaled during the year for a General Rule applie | described in section 501(c)(7), (8), or (10) filing Form 990 or 98 the year, contributions exclusively for religious, charitable, etc., pull more than \$1,000. If this box is checked, enter here the total context in exclusively religious, charitable, etc., purpose. Don't complete is to this organization because it received nonexclusively religious more during the year | ourposes, but no such contributions that were received e any of the parts unless the s, charitable, etc., contributions | | | |
| 990-EZ, or 990-PF), but it mus | isn't covered by the General Rule and/or the Special Rules does it answer "No" on Part IV, line 2, of its Form 990, or check the b certify that it doesn't meet the filing requirements of Schedule B | box on line H of its Form 990-EZ or on its | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| Name of organization | NEWBURYPORT | FIVE | CENTS | SAVINGS |
|----------------------|-------------|--------|-------|---------|
| | CHARITABLE | FOUNDA | TON 1 | INC |

Employer identification number

| Part I | Contributors (See instructions) Use duplicate copies of | of Part I if additional space is ne | eeded |
|------------|---------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | NEWBURYPORT FIVE SECURITY CORP II 63 STATE STREET NEWBURYPORT, MA 01950 | _ \$115,565. _ | 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 Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | _ | 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 Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | 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 Noncash (Complete Part II for noncash contributions) |

Name of organization NEWBURYPORT FIVE CENTS SAVINGS
CHARITABLE FOUNDATION INC

Employer identification number

| Part II | Noncash Property (See instructions) |) Use duplicate copies of Part II if additional space is needed |
|---------|-------------------------------------|-----------------------------------------------------------------|
| | | , coo auphoute copies of an arm armainer opened in the care |

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| 1 | 1280 SHARES STATE STREET CORP STOCK | _ | |
| | | \$100,582. | 11/21/2016 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 1 | 243 SHARES STATE STREET CORP STOCK | | |
| | | \$ | 04/21/2016 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | \$ | |

Name of organization NEWBURYPORT FIVE CENTS SAVINGS
CHARITABLE FOUNDATION INC

Employer identification number

| Part III | Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer of the copies of the copie | the year from any ions completing Part e year. (Enter this in | one contributor. On the contributor of the contributor of the contributor on the contributor on the contributor of the contribu | Complete columns (a) through (e) and of exclusively religious, charitable, etc., |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| (a) No. from | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| Part I | | | | |
| | | (e) Transf | er of gift | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relation | nship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | Transferee's name, address, an | (e) Transf nd ZIP + 4 | | nship 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) Transi | er of gift | |
| | Transferee's name, address, ad | nd ZIP + 4 | Relatio | nship 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) Trans | fer of gift | <u> </u> |
| | Transferee's name, address, a | nd ZIP + 4 | Relatio | nship of transferor to transferee |
| | | | | |
| | | | | |

Newburyport Five Cents Savings Charitable Foundation, Inc Contributions Made by Foundation January through December 2016

| Date | Wemo | Amount | |
|-----------------------------------------------------------------------|------------------------------------------------------|------------------------|--|
| Amesbury Public Schools 10/24/2016 | Windrush Farms | 2,000,00 | |
| Total Amesbury Public Schools | VVIIIIUIUSII I AIIIIS | -2,000 00 -2,000.00 | |
| Belleville Cemetary Associations | - | · | |
| 10/24/2016 Total Reliaville Cometany Associations | Tomb Building Repairs | -5,000 00 | |
| Total Belleville Cemetary Associations Belleville Roots Music Series | | -5,000 00 | |
| 2/29/2016 | Sponsor Music Concert | -1,500 00 | |
| Total Belleville Roots Music Series | _ | -1,500.00 | |
| Byfield Community Arts Center 4/14/2016 | Sponsor Byfield Music & Arts Festival | -3,000 00 | |
| Total Byfield Community Arts Center | | -3,000 00 | |
| Chase Home for Children 7/7/2016 | Independent Living for Teens | -5,000 00 | |
| Total Chase Home for Children | | -5,000 00 | |
| City of Newburyport 11/28/2016 | Richard A Eaton Ball Field at the Nock Middle School | -100,000 00 | |
| Total City of Newburyport | | -100,000 00 | |
| Easter Seals New Hampshire 4/20/2016 | Veterans Count Program | -5,000 00 | |
| Total Easter Seals New Hampshire | | -5,000 00 | |
| Families First of the Greater Seacoast 7/7/2016 | Family 1st Health & Support | -5,000 00 | |
| Total Families First of the Greater Seacoast | | -5,000 00 | |
| First Parish Church of Newbury 10/24/2016 | First Parish Burying Ground Maintenance | -5,000 00 | |
| Total First Parish Church of Newbury | | -5,000.00 | |
| First Religious Society of Newburyport 4/20/2016 | Steeple and Building Rehab | -5,000 00 | |
| Total First Religious Society of Newburyport | | -5,000.00 | |
| Friends of Newburyport Trees 7/7/2016 | Purchase a Tree | -1,000 00 | |
| Total Friends of Newburyport Trees | | -1,000 00 | |
| Friends of the Newbury Town Library 3/30/2016 | Weekly Reading Incentive Program and Fitness Work | -1,000 00 | |
| Total Friends of the Newbury Town Library | <u> </u> | -1,000 00 | |
| General Charitable Foundation 12/22/2016 | Support Newburyport citizens in crisis | -2,000 00 | |
| Total General Charitable Foundation | - | -2,000 00 | |
| Girl Scouts of Eastern Massachusetts 3/24/2016 | Campership for financially hardship families | -2,000 00 | |
| Total Girl Scouts of Eastern Massachusetts | | -2,000.00 | |
| Greenbelt 7/7/2016 | Purchase 21 Acres Land Amesbury Whittier Hill | -5,000 00 | |
| Total Greenbeit | | -5,000.00 | |
| Horizons for Homeless Children 7/7/2016 | Refurbish 5 Playspaces | -2,000.00 | |
| Total Horizons for Homeless Children | | -2,000 00 | |
| JumpStart Youth Connection, Inc 12/22/2016 | Summer Program | -8,000.00 | |
| Total JumpStart Youth Connection, Inc | | -8,000,00 | |

Newburyport Five Cents Savings Charitable Foundation, Inc Contributions Made by Foundation January through December 2016

| Date | Memo | Amount | |
|---------------------------------------------------|---------------------------------------------------------|--------------------------|--|
| K9 Newburyport 12/22/2016 | Car ouflitted for K-9 dog transpoprt | -2,500 00 | |
| Total K9 Newburyport | | -2,500 00 | |
| My Friend's Place 10/24/2016 | General Operating Funds | -5,000 00 | |
| Total My Friend's Place | _ | -5,000 00 | |
| New Heights 3/28/2018 | Robotics Program | -5,000 00 | |
| Total New Heights | _ | -5,000 00 | |
| Newbury Elementary NES GROWS 8/15/2016 | School Playground Grant | -10,000 00 | |
| Total Newbury Elementary NES GROWS | | -10,000 00 | |
| Newbury Police Department 10/24/2016 | Training Room Furniture | -4,000 00 | |
| Total Newbury Police Department | | -4,000 00 | |
| Newburyport Art Association 10/24/2016 | Education and Community Outreach Program | -7,500.00 | |
| Total Newburyport Art Association | | -7,500 00 | |
| Newburyport Literary Association, Inc. 12/22/2016 | 12th Annual Literary Festival | -8,000.00 | |
| Total Newburyport Literary Association, Inc. | | -8,000 00 | |
| North Shore Community Mediation Center 12/22/2016 | Peer Mediation Training for Amesbury Schools | -3,000 00 | |
| Total North Shore Community Mediation Center | | -3,000 00 | |
| Our Neighbors Table 4/28/2016 12/22/2016 | Jardis-Taylor Center Contribution Food Pantry | -15,000 00 -15,000 00 | |
| Total Our Neighbors Table | - | -30,000 00 | |
| Pennies For Poverty 7/7/2016 | Gold Sponsorship | -2,000 00 | |
| Total Pennies For Poverty | · · · · · · · · · · · · · · · · · · · | -2,000.00 | |
| People's United Methodist Church 10/24/2016 | Historic Church Steeple Repair/Restoration | -5,000 00 | |
| Total People's United Methodist Church | • | -5,000 00 | |
| Portsmouth Music Hall 7/7/2016 | General Support | -5,000 00 | |
| Total Portsmouth Music Hall | | -5,000 00 | |
| River Valley Charter School Fd, Inc 4/20/2016 | Ecologically-Friendly Bubblers/Bottle Filling Fountains | -4,000 00 | |
| Total River Valley Charter School Fd, Inc | | -4,000 00 | |
| Sallsbury Beach Partnership 4/28/2016 | 2016 Summer Sponsorship | -15,000 00 | |
| Total Salisbury Beach Partnership | | -15,000 00 | |
| Salisbury Elementary School PTA 3/24/2016 | Raised Garden Construction | -1,705 0 | |
| Total Salisbury Elementary School PTA | | -1,705.00 | |
| Salvation Army 12/22/2016 | Food Pantry | -10,000 0 | |
| Total Salvation Army | | -10,000.0 | |

Newburyport Five Cents Savings Charitable Foundation, Inc Contributions Made by Foundation January through December 2016

| Date | Memo | Amount | |
|---------------------------------------------------|---------------------------------------|-------------------------|--|
| The Arc of Greater Haverhill-Newburport 4/20/2016 | Family Resource Center in Newburyport | -5,000.00 | |
| Total The Arc of Greater Haverhill-Newburport | | -5,000 00 | |
| The Children's Museum of New Hampshire 12/22/2016 | MOSAIC Program | -1,000 00 | |
| Total The Children's Museum of New Hampshire | | -1,000.00 | |
| The Pettengill House 10/24/2016 12/22/2016 | General Operations | -15,000 00 -3,000 00 | |
| Total The Pettengiil House | | -18,000 00 | |
| Triton Baseball Boosters Club 11/15/2016 | Baseball field improvements | -5,000 00 | |
| Total Triton Baseball Boosters Club | | -5,000 00 | |
| Triton Regional School District 10/24/2016 | Chromebooks & Charging Carts | -10,000 00 | |
| Total Triton Regional School District | | -10,000 00 | |
| YWCA of Newburyport 12/22/2016 | YWCA's Children's Center | -5,000 00 | |
| Total YWCA of Newburyport | | -5,000 00 | |
| TOTAL | | -319,205.00 | |



Grant Request Form

| Date of Application: | | | | |
|----------------------------------------------------------------------------------|-------------------|----------------|-------------|-------------|
| Organization Information | | | | |
| Legal name of Applicant Organization: | | | | |
| Address: | | | | |
| | | | | |
| Phone: Email Addre | ess: | | | |
| Web Site: | | | | |
| Contact for this proposal: | | | | |
| CEO/Executive Director: | | | | |
| Phone: Emai | | | | |
| 501(c)(3) Tax ID Number: (Please attach copy of IRS letter of Tax Exempt Status) | | | | |
| Amount Requested: \$ | | | | |
| Type of Request (please circle one): Capital | Program | Project | Event | Other |
| Total Project Budget: \$ | | _ | | |
| Purpose of Grant (briefly explain): | | | | |
| | | | | |
| Please provide a brief history of the organization | on, including mis | sion, and majo | r programs: | |
| | | | | |
| | | | | |
| | | | | |

| Provide a brief description of proposed project, including goals and objectives: | | | | | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Describe current services provide | led by the applicant organization, including geographical area served: | | | | |
| | Number of Members: | | | | |
| Number of Paid Staff: | Number of Volunteers: | | | | |
| Other Funding Sources (if a | pplicable): | | | | |
| Financial Summary Please provide most recent audi | it or annual financial statement, and Year-to-date Financial statement for | | | | |
| the current fiscal year. Required Attachments Che | ecklist | | | | |
| 501 (c)(3) Determina | ation Letter | | | | |
| List of Board of Dire | List of Board of Directors with Relevant Background Information | | | | |
| Most recent Organiz | ational Budget and Balance Sheet (audited if available) | | | | |
| Project/Program/Cap | pital Budget | | | | |
| I herby verify that the informat | tion provided is accurate and honest to the best of my knowledge. | | | | |
| Authorizing signature (President of the B | DateDate | | | | |
| Please complete and return to: | Newburyport Five Cents Savings Charitable Foundation, Inc. Attn: Timothy Felter 63 State Street Newburyport, MA 01950 | | | | |

| NEWBURYPORT | PIVE | CENTS | CANTAGE | |
|-------------|------|-------|---------|--|
| NEWBURIFURI | LIAE | CENTO | SAVINGS | |

20-0318941

| | | |
|------------|-----|------|
| ATTACHMENT | ' 1 | |
| | | |

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

LATOT

REVENUE

AND

NET

ADJUSTED

DESCRIPTION

EXPENSES PER_BOOKS INVESTMENT INCOME

NET INCOME

INTEREST INCOME

26.

26.

26.

26.

20-0318941

ATTACHMENT 2

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

REVENUE

AND

NET

ADJUSTED

EXPENSES PER BOOKS INVESTMENT INCOME NET INCOME

DESCRIPTION DIVIDENDS

234,789.

234,789.

TOTAL

234,789.

234,789.

| NEWBURYPORT | FIVE | CENTS | SAVINGS | |
|-------------|------|-------|---------|--|

20-0318941

| ATTACHMENT | 3 |
|------------|-------------|
| = ==== | |

FORM 990PF, PART I - ACCOUNTING FEES

| DESCRIPTION | | REVENUE AND EXPENSES PER BOOKS | NET INVESTMENT INCOME | ADJUSTED NET INCOME | CHARITABLE PURPOSES |
|----------------------|--------|-----------------------------------------|-----------------------------|---------------------------|------------------------|
| TAX PREPARATION FEES | | 1,700. | | | 1,700 |
| | TOTALS | 1,700. | | | 1,700. |

| NEWBURYPORT | FIVE | CENTS | SAVINGS | |
|-------------|------|-------|---------|--|
| | | | | |

20-0318941

ATTACHMENT 4

FORM 990PF, PART I - OTHER EXPENSES

| DESCRIPTION STATE FILING FEES BANK EXPENSE | | REVENUE AND EXPENSES <u>PER BOOKS</u> 88. 151. | NET INVESTMENT <u>INCOME</u> | ADJUSTED NET <u>INCOME</u> | CHARITABLE PURPOSES 88. 151. |
|--------------------------------------------------|--------|---------------------------------------------------------------|------------------------------------|----------------------------------|------------------------------|
| | TOTALS | 239. | | | 239. |

NEWBURYPORT FIVE CENTS SAVINGS

2016 FORM 990-PF

20-0318941

ATTACHMENT 5

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION BOOK VALUE

BEGINNING ENDING
BOOK VALUE BOOK VALUE

ENDING FMV

MUTUAL FUNDS

4,123,823.

4,364,615.

4,364,615.

TOTALS

4,123,823.

4,364,615.

4,364,615.

ATTACHMENT 6

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

DESCRIPTION

AMOUNT

CHANGE IN UNREALIZED GAINS/LOSSES

17,358.

TOTAL

17,358.

| NEWBURYPORT FIVE CENTS SAVINGS | 2016 FORM 990-PF | | | 20-0318941 |
|------------------------------------------------------------------|---------------------------------------------------------|--------------|-----------------------------------------------|-----------------------------------------|
| FORM 990PF, PART VIII - LIST OF OF | FICERS, DIRECTORS, AND TRUSTEES | = | ATTACI | HMENT 7 |
| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
| JANICE C MORSE 63 STATE STREET NEWBURYPORT, MA 01950 | PRESIDENT 50 | 0. | 0 | 0 |
| ELIZABETH BLACKBURN 63 STATE STREET NEWBURYPORT, MA 01950 | SECRETARY 25 | 0. | 0 | 0 |
| JAMES CONNOLLY, JR 63 STATE STREET NEWBURYPORT, MA 01950 | DIRECTOR 25 | 0. | 0 | 0 |
| DOROTHY LAFRANCE 63 STATE STREET NEWBURYPORT, MA 01950 | DIRECTOR 25 | 0. | 0 | 0 |
| TIMOTHY L FELTER 63 STATE STREET NEWBURYPORT, MA 01950 | TREASURER 1 00 | 0. | 0 | 0 |
| STEPHEN P BLANCHETTE 63 STATE STREET NEWBURYPORT, MA 01950 | DIRECTOR (EFF 3/28/2016) 25 | 0. | 0 | 0. |
| | GRAND TOTALS | 0. | 0 | 0 |

ATTACHMENT 7

12049C 2912 4/26/2017 12:44 07 PM V 16-4.2F

ATTACHMENT 8

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

TIMOTHY L. FELTER 63 STATE STREET NEWBURYPORT, MA 01950 978-462-3136

ATTACHMENT 9

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

501(C)(3) PUBLIC CHARITIES QUALIFIED UNDER IRC SECTION 170(C) TO RECEIVE TAX DEDUCTIBLE DONATIONS AND ARE LOCATED IN OR CONTRIBUTE TO THE COMMUNITIES OF GREATER NEWBURYPORT AND TO THE WELFARE OF THE PEOPLE AND INSTITUTIONS OF THESE COMUNITIES.