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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491128000467

2016

OMB No 1545-0052

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

Open to Public Inspection

		ndar year 2016, or tax year b	eginning 01-01-20)16 , a	nd ei	nding 12-31-		
		Indation ALTONSTALL CHARITABLE FOUNDATION					entification number	•
				I.B. /		22-3208197		
		I street (or P O box number if mail is not a OL ST 5TH FLOOR	delivered to street address)	Room/suite		B Telephone nu	mber (see instruction	is)
~ı+v	or town	state or province, country, and 7TD or fo	rough postal code			(617) 523-1635	i 	
		, state or province, country, and ZIP or fo A 021083204	reign postai code			C If exemption	application is pending	g, check here
i Ch	neck al	l that apply	☐ Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	re 🕨 🗌
		☐ Final return	Amended return				ganizations meeting k here and attach cor	
		☐ Address change	-			E If private fou	ındatıon status was tı	erminated \Box
_		pe of organization Section 50 14947(a)(1) nonexempt charitable t	1(c)(3) exempt private f			under sectio	n 507(b)(1)(A), checl	k here ► L
				Cash Accru	ادر	F If the founds	ition is in a 60-month	termination -
of '	year <i>(f</i>	rom Part II, col (c),	Other (specify) Part I, column (d) must		i		n 507(b)(1)(B), check	
Pa	rt I	Analysis of Revenue and Ex	xpenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) equal the amounts in column (a) (see in		expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , re	eceived (attach	269,620				
	2	schedule) Check ▶ ☐ If the foundation is no	ot required to attach					
				1 220		1 220		
	3 4	Interest on savings and temporary Dividends and interest from securit		1,339	-	1,339 68,541		
	- 5а	Gross rents		00,512	1	00,511		
	ь	Net rental income or (loss)						
E	6a	Net gain or (loss) from sale of asse	ets not on line 10	51,301				
Revenue	ь 7	Gross sales price for all assets on li Capital gain net income (from Part				51,301		
~	8	Net short-term capital gain				31,301	0	
	9	Income modifications						
	10a	Gross sales less returns and allowa	nces					
	ь	Less Cost of goods sold						
	С	Gross profit or (loss) (attach sched	ule)					
	11	Other income (attach schedule)		2,371				
	12	Total. Add lines 1 through 11 .		393,172	2	121,181		
	13	Compensation of officers, directors	· '					
	14 15	Other employee salaries and wages Pension plans, employee benefits				0	0	(
Se	16a	Legal fees (attach schedule)				0	3	(
<u>=</u>	b	Accounting fees (attach schedule)		2,300		2,300	0	(
Ä		Other professional fees (attach sch		31,477		31,477		(
il e	17	Interest	·			•		(
ב ב	18	Taxes (attach schedule) (see instru	ıctıons)	9 494	1	494		(
É	19	Depreciation (attach schedule) and	depletion	(0		
E	20	Occupancy						
₹	21	Travel, conferences, and meetings				0	0	
5	22	Printing and publications				0	0	
<u>5</u>	23	Other expenses (attach schedule)						
Operating and Administrative Expenses	24	Total operating and administrat	-	24.274		2/1274	0	,
<u>ā</u>	25	Add lines 13 through 23 Contributions, gifts, grants paid		34,271 217,500	+	34,271	0	217,500
	26	Total expenses and disburseme	nts. Add lines 24 and	217,300	+			217,300
		25	The mics 24 and	251,771		34,271	0	217,500
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expense disbursements	es and	141,401	_			
	ь	Net investment income (If negat				86,910		
	С	Adjusted net income(if negative,	·				0	
or	Paner	work Reduction Act Notice, see i	netructions			Cat No. 112803	' Ear	m 000-DF (2016

680,623

3,034,678

2

3

4

5

6

681,326

4,302,715

141,401

3,036,306

3,034,678 Form 990-PF (2016)

1,628

11 12

13

14

15

16

17

18

Liabilities

Balances

Fund

ō

Assets

Net

2

3

4

5

Other assets (describe > _ Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 2,894,905 Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). Other liabilities (describe -_ Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Enter amount from Part I, line 27a

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

Other increases not included in line 2 (itemize) -

Decreases not included in line 2 (itemize) ▶

Land, buildings, and equipment basis ▶

19 20 21 22 23 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted . . Foundations that do not follow SFAS 117, check here 🕨 🗹 and complete lines 27 through 31. 2.894.905 3,034,678 Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) 2,894,905 3,034,678 Total liabilities and net assets/fund balances (see instructions) . 2,894,905 3,034,678 **Analysis of Changes in Net Assets or Fund Balances**

```
27
    28
    29
    30
    31
Part III
      Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-
      of-year figure reported on prior year's return)
                                                                                                                                    2,894,905
```

instructions

6 Enter 1% of net investment income (1% of Part I, line 27b)

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquire P—Purchas D—Donatio	se	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1aSee Addıtıonal Data Table	e					
b						
С						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	I	(g) other basis ense of sale		Gain o	h) r (loss)) minus (g)
a See Additional Data Table	e					
b						
c						
d						
e						
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69		(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) s of col (ı) l (j), ıf any		Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a See Additional Data Table	e					
b						
С						
d						
e						
	or (net capital loss) gain or (loss) as defined in sections 3 rt I, line 8, column (c) (see instructions 1		Part İ, lıne 7	}	3	51,30
Part V Qualification U	Jnder Section 4940(e) for Re	duced Tay on Net	Investment	t Inco		
	rivate foundations subject to the sec					
f section 4940(d)(2) applies, le Vas the foundation liable for th	-	ble amount of any yea	r in the base pe			es 🗸 No
1 Enter the appropriate am	nount in each column for each year,	see instructions before	e making any ei	ntries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitat			(d) Distribution rati (col (b) divided by c	ol (c))
2015	193,567		3,660,387			0 052882
2014	196,299		3,667,721			0 053521
2013	82,883		3,181,731			0 02605
2012	176,264		2,754,162			0 063999
2011	173,662		2,510,690			0 069169
2 Total of line 1, column (d	•		\cdot \cdot \cdot \cdot \vdash	2		0 265621
	for the 5-year base period—divide i		, or by the	3		0 053124
	idation has been in existence if less i ncharitable-use assets for 2016 from		:::::	4		3,999,745

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI Form **990-PF** (2016)

212,482

213,351

217,500

869

5

6

7

8

Page 3

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Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional s	services (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	1	
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Inclu organizations and other beneficiaries served, conferences convened, research papers	ide relevant statistical information such as the numbe s produced, etc	Expenses
1		
2		
3		
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation du	uring the tax year on lines 1 and 2	Amount
1 NONE		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		•
		Form 990-PF (2016)

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Part XII

1

2

3

4

5

199.118

217,500

217.500

216.631

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869

1a

1b

2

3a 3b

4

5

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0

Page 9

Form	990-PF	(2016)
Pa	rt XIII	U

0-PF	(2016)	

0-PF (20	016)				
XIII	Undistributed :	Income	(see	instructions	s)

- 1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016
- a Enter amount for 2015 only. **b** Total for prior years 2014 , 20____ , 20____ Excess distributions carryover, if any, to 2016
- a From 2011.

- **b** From 2012. . . . c From 2013. . . d From 2014. e From 2015.

- 4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$

e Remaining amount distributed out of corpus

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

5 Excess distributions carryover applied to 2016

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be 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.

10 Analysis of line 9 a Excess from 2012. . **b** Excess from 2013. . c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

- f Total of lines 3a through e.
- a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years
 - (Election required—see instructions).
- c Treated as distributions out of corpus (Election
 - required—see instructions).
- **d** Applied to 2016 distributable amount.

same amount must be shown in column (a))

7,552

7,552

18.382

(a)

Corpus

18.382

25,934

25,934

7.552

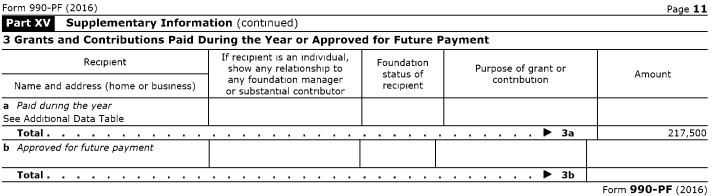
(b)

Years prior to 2015

(c)

2015

orr	n 990-PF (2016)					Page 10
P	Part XIV Private Operating Found	lations (see instr	uctions and Part \	VII-A, question 9)		
	If the foundation has received a ruling or de foundation, and the ruling is effective for 20	16, enter the date	of the ruling	▶∟_		1
	Check box to indicate whether the organizat	ion is a private oper	rating foundation des	scribed in section L	」 4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each year listed	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
b	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
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 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	L				
Pa	rt XV Supplementary Information			organization ha	d \$5,000 or more	e in
<u> </u>	assets at any time during th		tructions.)			
а	List any managers of the foundation who have before the close of any tax year (but only if NONE	ve contributed more				n
b	List any managers of the foundation who ow	n 10% or more of t	ne stock of a corpora	ation (or an equally	arge portion of the	
	ownership of a partnership or other entity) NONE	of which the founda	tion has a 10% or g	reater interest	-	
4						1.51
<u>`</u>	Information Regarding Contribution, Gr	ant, Gift, Loan, So	holarship, etc., Pr	ograms:		
	Check here ► ☑ If the foundation only make		• • • •	-	l door not accont	
	unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, a	ition makes gifts, gr				der
a	The name, address, and telephone number	or email address of	the person to whom	applications should	be addressed	
b	The form in which applications should be su	bmitted and informa	ation and materials t	hey should include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards, su factors	ch as by geographic	cal areas, charitable	fields, kinds of instil	cutions, or other	



er gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp
-	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions
g Fees a	ind contracts from government agencies ship dues and assessments.					
Intere	st on savings and temporary cash			14	1,339	
	ds and interest from securities tal income or (loss) from real estate			14	68,541	
	inanced property					
	ebt-financed property					
	ivestment income.					
	r (loss) from sales of assets other than					
	pry			18	51,301	
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory evenue a _					
	evenue a					
d						
d e						
d e Subtota	l Add columns (b), (d), and (e).				123,552	
d e Subtota Total.	Add line 12, columns (b), (d), and (e)			13	123,552 3	
d e Subtota Total. / e worksh	Add line 12, columns (b), (d), and (e)	ns)			· · · · · · · · · · · · · · · · · · ·	
d e Subtota Total. / e worksh	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
e Subtota Total. / worksh rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) ineet in line 13 instructions to verify calculatio B Relationship of Activities to th Explain below how each activity for which	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
d e Subtota Total. / e worksh Irt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. / worksh rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
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e Subtota Total. / worksh rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. / worksh rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
Subtota Total. / worksh rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
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Subtota Total. / worksh rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
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d e Subtota Total. / e worksh Irt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
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d e Subtota Total. / e worksh rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
d e Subtota Total. / e worksh rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
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d e Subtota Total. / e worksh Irt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
d e Subtota Total. / e worksh rt XVI	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish Income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	

orm 9	990-P	F (2016)						Pa	ge 13
Par	t XV	Information Re Exempt Organi		ers To and Transact	ions and R	elationships With Nonchari	table		
		organization directly or in e Code (other than sectio				anization described in section 501 olitical organizations?		Yes	No
a Tra	ansfer	s from the reporting foun	dation to a noncha	rıtable exempt organızatı	on of				
(1	.) Ca:	sh .					1a(1)		No
(2) Oth	ner assets					1a(2)		No
b Ot	her tr	ansactions							
	-	es of assets to a nonchar					1b(1)		No
-	-	chases of assets from a r		· -			1b(2)		No
•	-	ntal of facilities, equipmer	•				1b(3)		No
•	-	mbursement arrangemen					1b(4) 1b(5)		No
•	•	ans or loan guarantees. Formance of services or m					1b(5)		No No
•	•	of facilities, equipment, r	· ·				1c		No
	_		•			ould always show the fair market			INO
ın	any ti	ransaction or sharing arra	ngement, show in a	column (d) the value of t	he goods, oth	received less than fair market valuer assets, or services received			
(a) Lir	ne No	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Descri	ption of transfers, transactions, and sha	arıng arra	ngemer	nts
		oundation directly or indirectly or indirectly of the	•	•			□Yes	☑ N	lo
b If	"Yes,"	complete the following s	chedule						
		(a) Name of organization	on	(b) Type of organiza	ation	(c) Description of relati	onship		
	Ur	nder penalties of peniury,	I declare that I hav	/e examined this return, i	ncluding acco	mpanying schedules and statemer	nts, and	to the	best
						(other than taxpayer) is based on			

Here ****** 2017-05-03 ******* May the IRS discuss this return with the preparer shown below (see instr.)											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?											
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** 2017-05-03	desc	cribed	in section 501(c) of the Co complete the following sche	ode (other tha	n section 5	01(c)(3)) or in se	ection 527?				
Sign Here of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** 2017-05-03 ****** Signature of officer or trustee Date Title			(a) Name of organization		(b) Type of organiza	ition		(c) Descripti	on of relationship	
Sign Here of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** 2017-05-03 ****** Signature of officer or trustee Date Title								-			
Sign Here of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** 2017-05-03 ****** Signature of officer or trustee Date Title								_			
Sign Here of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** 2017-05-03 ****** Signature of officer or trustee Date Title								-			
Sign Here of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** 2017-05-03 ****** Signature of officer or trustee Date Title											
Here ******* 2017-05-03 ******* May the IRS discuss this return with the preparer shown below (see instr.)? ✓ Yes ☐ No Print/Type preparer's name		of n	ny knowledge and belief, it	: is true, corre							
Print/Type preparer's name Preparer's Signature Print/Type preparer's name Print/Type preparer's Signature Print/Type preparer's name Preparer's Signature Print/Type preparer's name Print/Type Print/Ty	Sign	whi	ch preparer has any knowl	edge							
Print/Type preparer's name Preparer's Signature Date Print/Type preparer's No Print/Type preparer's Signature Date Check if self-employed ▶ □ WAYNE R KURPIEL Prim's name ▶ WELCH & FORBES LLC Firm's address ▶ 45 SCHOOL STREET Phone no. (617) 523-1635	Here	l k	*****			2017-05-03	. *	*****			
Paid Preparer Use Only WAYNE R KURPIEL 2017-05-03 Check if self- employed ▶ □ Firm's name ▶ WELCH & FORBES LLC Firm's EIN ▶ Phone po. (617) 523-1635			Signature of officer or trus	stee		Date	P -	Γıtle	_		
Paid Preparer Use Only WAYNE R KURPIEL 2017-05-03 Firm's name ▶ WELCH & FORBES LLC Firm's eIN ▶ Phone po. (617) 523-1635			Print/Type preparer's na	ame Pre	eparer's Sıg	nature	Date		Check if self-	PTIN	
Use Only Firm's address ► 45 SCHOOL STREET Phone po. (617) 523-1635	Paid		WAYNE R KURPIEL				2017-05-03		employed ▶ ☐		
Firm's address ► 45 SCHOOL STREET Phone po. (617) 523-1635	_		Third Harrier Willer	& FORBES LL	С		<u>'</u>		<u> </u>	Firm's EIN ▶	
		•	Firm's address ► 45 S							Phone no (617) 523-1635	

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation 200 CVS CORP 2008-05-08 2016-10-06 50000 CINTAS CORP NO 2 SR MEDIUM TERM NOTE DTD 05/23/2011 2 85% 2011-05-23 2016-06-01 06/01 1500 CONSTANT CONTACT INC 2009-12-15 2016-02-10 50000 GOLDMAN SACHS GROUP INC NOTE DTD 02/07/2011 3 625% 02/07/16 2011-02-15 2016-02-07 100 HOME DEPOT INC 2009-02-25 2016-10-06 900 ISHARES MSCI EMERGING MARKETS (MKT) 2016-02-29 2004-12-14 700 METLIFE INC 2014-09-17 2016-02-26 50 O REILLY AUTOMOTIVE INC 2016-10-06 2002-06-10 200 VISA INC CLASS A SHARES 2010-06-14 2016-10-06 300 PERRIGO CO SHS 2013-12-19 2016-10-06 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (h) (e) plus (f) minus (g) (f) (q) plus expense of sale 17,312 8,350 8,962 50,000 50,000 48,000 23,551 24,449 50,000 49,719 281 12,992 2,029 10,963 27,316 7,890 19,426 28,090 38,521 -10,431822 13,860 13,038 16.660 3.753 12,907 28,373 45,662 -17,289 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 8,962 24.449 281 10,963 7,890 -10,43113,038 12,907 -17,289

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo , day, yr) (mo, day, yr) D—Donation CAPITAL GAIN DIVIDENDS Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g)

			531
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment Income - Colum	ns i - l
Complete only for assets show	ving gain in column (h) and owned b	by the foundation on 12/31/69	Gains (Col (h) gain minus
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col(i) (k) over col(j), if any	col (k), but not less than -0-) or (I) Losses (from col (h))

form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	Геория					
a Paid during the year							
BIGELOW LABORATORY FOR OCEAN SIENCES PO BOX 475 W BOOTHBAY HARBOR, ME 04575	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500			
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000			
HANAHAUOLI SCHOOL 1922 MAKKI STREET Honolulu, HI 98622	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500			
ISLAND INSTITUTE PO BOX 648 ROCKLAND, ME 04841	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500			
NATIONAL AUDUBON SOCIETY 700 BROADWAY NEW YORK, NY 10003	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500			
NATIONAL TRUST FOR HISTORIC PRESERVATION 1785 MASS AVE NW WASHINGTON, DC 20036	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000			
NATURAL RESOURCES DEFENSE COUNCIL 40 W 20TH ST NEW YORK, NY 10011	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000			
NATURE CONSERVANCY 14 MAINE ST SUITE 401 BRUNSWICK, ME 04011	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500			
OCEAN CONSERVANCY 1300 19TH STREET NW SUITE 800 WASHINGTON, DC 20036	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000			
PROJECT GRACE PO BOX 6846 Scarborough, ME 04070	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	12,500			
PUNAHOU SCHOOL 1601 PUNAHOU STREET Honolulu, HI 96822	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500			
Camp Ketcha 336 BLACK POINT ROAD Scarborough, ME 04074	NONE	PUBLIC	SCHOLARSHIP PURPOSES	12,500			
SIERRA CLUB FOUNDATION 85 SECOND STREET SUITE 750 SAN FRANCISCO, CA 94105	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500			
UNITED WAY OF GREATER PORTLAND PO BOX 15200 PORTLAND, ME 04112	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000			
WORLD WILDLIFE FUND 1250 24TH NW WASHINGTON, DC 20037	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500			
				1			

Total . .

3а

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount	
or substantial contributor	<u> </u>			
	<u> </u>			
NONE	PUBLIC	YALE ALUMNI FUND	2,500	
NONE	PUBLIC	UNRESTRICTED FOR GENERAL	9,000	
NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500	
NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000	
NONE	PUBLIC	ANNUAL FUND	2,500	
NONE	PUBLIC	UNRESTRICTED	7,500	
NONE	PUBLIC	UNRESTRICTED	7,500	
NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000	
NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500	
NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000	
NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000	
NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500	
NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000	
NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500	
NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000	
	If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE PUBLIC If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE PUBLIC PUBLIC NONE PUBLIC PUBLIC UNRESTRICTED FOR GENERAL NONE PUBLIC UNRESTRICTED FOR GENERAL UNRESTRICTED FOR GENERAL NONE PUBLIC UNRESTRICTED NONE PUBLIC UNRESTRICTED NONE PUBLIC UNRESTRICTED UNRESTRICTED NONE PUBLIC UNRESTRICTED UNRESTRICTED NONE PUBLIC UNRESTRICTED FOR GENERAL UNNE UNRESTRICTED FOR GENERAL			

Total . 3a 217,500

Form 990PF Part XV Line 3 - Grant	ts and Contributions Paid	During the '	Year or Approved for Future I	Payment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HARLEM CHILDREN'S ZONE 35 EAST 125TH STREET NEW YORK, NY 10035	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,000
THE HOLE IN THE WALL GANG FUND 555 LONG WHARF DRIVE NEW HAVEN, CT 06511	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	4,000
THE ALGONQUIN CHANPERSHIP FUND THE ROCHESTER AREA COMMUNITY FDN 500 EAST AVENUE ROCHESTER, NY 14625	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000
COLORADO BEAGLE RESCUE PO BOX 2704 LITTLETON, CO 801612704	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
THE MATTHEW'S HOUSE 415 MASON COURT 1 FORT COLLINS, CO 80524	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
ST JUDE'S CHILDREN RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000
CRONN'S & ULCERATIVE COLITIS FOUNDATION PO BOX 1245 ALBERT LEA, MN 560079976	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
BRAIN AND BEHAVIOR RESEARCH FOUNDATION 90 PARK AVENUE 16TH FLOOR NEW YORK, NY 10016	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000
NATIONAL WILDLIFE FEDERATION PO BOX 1583 MERRIFIELD, VA 221161583	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
CASA of Larimer County 1610 S COLLEGE AVENUE Fort Collins, CO 80525	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
Child & Family Agency of Southeastrn Con 255 HEMPSTEAD STREET New London, CT 06320	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	4,000
Good Shepherd Food Bank PO BOX 1870 Auburn, ME 04211	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
Maine Medical Center 22 BRAMHALL STREET Portland, ME 04102	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500
Make-A-Wish Colorado 7951 E MAPLEWOOD AVENUE Greenwood Village, CO 80111	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
Riding To The Top 14 LILAC DRIVE Windham, ME 04062	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

217,500

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Pine Tree Society PO BOX 518 NONE PUBLIC UNRESTRICTED FOR GENERAL 5,000

Bath, ME 04530				
Preble Street 38 PREBLE STREET Portland, ME 04101	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
Root Cellar 94 WASHINGTON AVENUE	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

Tordana, TIE OTIOI				1
Root Cellar 94 WASHINGTON AVENUE Portland, ME 04101	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,0

Root Cellar 94 WASHINGTON AVENUE Portland, ME 04101	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5
Total				217,500

За

efile GRAPHIC print - DO NOT P	ROCESS As Filed D	ata -	D	LN: 93491128000467	
TY 2016 Accounting Fees Schedule					
3					
Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION EIN: 22-3208197					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
TAX PREPARATION FEE	2,300	2,300			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491128000467 TY 2016 Explanation of Non-Filing with Attorney General Statement Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION **EIN:** 22-3208197 Statement: PRESENTLY EXEMPT FROM FLORIDA REPORTING

efile GRAPHIC print - DO NOT PR	OCESS As Filed Data -	DLN: 93491128000467
		_

TY 2016 Investments Corporate Bonds Schedule

Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION

EIN: 22-3208197			
Name of Bond	End of Year Book Value	End of Year Fair Market Value	
50000 MEDCO HEALTH SOLUTIONS	50,687	52,465	
50000 JPMORGAN CHASE & CO	49,909	49,883	
50000 CINTAS CORP NO.2 SR NOTE			
50000 GOLDMAN SACHS GROUP INC	50,698	50,367	
50000 AFLAC INC SENIOR NOTE	50,126	50,076	
50000 CVS HEALTH CORP	50,135	50,439	
50000 KENNAMETAL INC SR NT	50,156	49,726	
50000 EBAY INC SR GLBL NT	49,522	50,096	
50000 BECTON DICKINSON & CO	49,965	51,262	
50000 FISERV INC SR GLBL NT	49,564	50,242	
50000 WALGREEN CO SR NT	50,598	49,993	
50000 CELGENE CORP	50,277	50,201	

TY 2016 Investments Corporate Stock Schedule

Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION

EIN: 22-3208197

Name of Stock	End of Year Book Value	End of Year Fair Market Value
700 SHS AFLAC INC	24,766	48,720
1000 SHS AUTOMATIC DATA PROCES	36,464	102,780
1200 SHS CARMAX INC	10,570	77,268
600 SHS CHEVRON CORP NEW	42,443	70,620
800 SHS DANHER CORP	15,655	62,271
1072 SHS IRON MOUNTAIN INC PA	14,975	34,819
800 SHS JOHNSON & JOHNSON	50,217	92,168
1500 SHS MICROSOFT CORP	40,030	93,210
350 SHS O'REILLY AUTOMATIVE I	5,757	97,444
800 SHS PEPSICO INC	36,779	83,704
700 SHS SCHLUMBERGER LTD	25,959	58,765
500 SHS STERICYCLE INC	11,818	38,520
600 SHS STRYKER CORP	31,755	71,886
700 SHS UNITED TECHNOLOGIES	11,113	76,730
300 SHS PERRIGO CO		
1400 SHS WELLS FARGO & CO NEW	29,061	77,154
1400 SHS CHURCH & DW IGHT CO	47,276	61,866
500 SHS CAPITAL ONE FINANCIAL	37,966	43,620
700 SHS ECHOLAB INC	30,814	82,054
500 SHS PROCTOR & GAMBLE CO	31,695	42,040
1000 SHS CVS HEALTH CORP	39,070	78,910
500 SHS PRAXAIR INC	36,594	58,595
800 SHS QUALCOMM INC	35,392	52,160
1500 SHS CONSTANT CONTACT INC		
700 SHS HOME DEPOT INC	14,203	93,856
600 SHS MCDONALDS CORP	46,416	73,032
1000 SHS VISA INC CLASS A	18,767	78,020
1200 SHS TORONTO DOMINION BANK	43,565	59,208
700 SHS APPLE INC	54,153	81,074
2000 SHS GENERAL ELERTRIC CO.	45,811	63,200

Name of Stock	End of Year Book Value	End of Year Fair Market Value
1000 SHS MERCK & CO INC	44,727	58,870
600 SHS CHECKPOINT SOFTWARE	39,838	50,676
400 SHS ANSYS	29,497	36,996
600 SHS JP MORGAN CHASE & CO	32,291	51,774
200 SHS METTLER TOLEDO INTL	40,844	83,712
1000 SHS RESMED INC	46,617	62,050
700 SHS METLIFE INC		
50 SHS ALPHABET INC CAP STK CL	13,305	38,591
50 SHS ALPHABET INC CAP STK CL	13,307	39,623
450 SHS FISERV INC	38,058	47,826
800 SHS SUNCOR ENERGY INC		
125 SHS ALLERGAN PLC SHS	37,287	26,251
300 SHS FACEBOOK INC	38,637	34,515
800 SHS FORTIVE CORP	25,410	42,904
325 SHS MIDDLEBY CORP	39,182	41,863
25 SHS PRICELINE GRP	37,377	36,652
225 SHS ROPER TECHNOLOGIES	40,786	41,193
230 SHS CHUBB LIMITED	27,110	30,388

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TY 2016 Investments - Other S	Schedule	

Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION

EIN : 22-3	3208197		
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
900 SHS ISHARES MSCI EMERGING			
1250 SHS ISHARES IBOXX CORPORA	AT COST	135,046	146,475
1250 SHS ISHARES 1-3 YEAR	AT COST	130,807	131,175
1600 SHS VANGUARD INTERMEDIATE	AT COST	129,605	132,912
3600 SHS FIRST TRUST NORTH AME	AT COST	80,219	90,864
5000 SHS KAYNE ANDERSON MLP	AT COST	113,646	97,900
4000 SHS MANNING & NAPIER OVER	AT COST	91,300	82,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491128000467	
TY 2016 Other Decreases Schedule				
Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION				
EIN:	22-3208197			
Description		Amount		
ADJUST 12/31/15 FOR KAYNE ROC DIV			1,628	

DLN: 93491128000467

Name: S

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Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION FTN: 22-3208197

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLI	N: 93491128000467
TY 2016 Other Professional Fees Schedule				
Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION EIN: 22-3208197				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

INVESTMENT MANAGEMENT FEES

31,477

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491128000467
TY 2016 Taxes Schedule				
Name:	SIBLEY-SAL	TONSTALL CHARIT	ABLE FOUNDATIO	DN
EIN: 22-3208197				
Category	Amount	Net Investment	Adjusted Net	Disbursements
Catego.,	Amount	Income	Income	for Charitable Purposes
FOREIGN TAXES	294	294		0
FOREIGN TAXES ON QUALIFIED FOR	200	200		0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491128000467					
Schedule B (Form 990, 990-EZ,	Schedu	Schedule of Contributors		OMB No 1545-0047	
or 990-PF) Department of the Treasury Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .			structions is at	2016	
Name of the organizat	ion HARITABLE FOUNDATION		Employer id	dentification number	
			22-3208197		
Organization type (ch	eck one)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) or	ganization			
	4947(a)(1) nonexempt charit	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	☐ 527 political organization				
Form 990-PF	✓ 501(c)(3) exempt private fou	☑ 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charit	4947(a)(1) nonexempt charitable trust treated as a private foundation			
501(c)(3) taxable private foundation					
	ation filing Form 990, 990-EZ, or 990-Pf r property) from any one contributor Co				
Special Rules					
under sections received from a	tion described in section 501(c)(3) filing 509(a)(1) and 170(b)(1)(A)(vi), that chec by one contributor, during the year, total ne 1h, or (ii) Form 990-EZ, line 1 Comp	ked Schedule A (Form 990 or 990-E contributions of the greater of (1) \$	EZ), Part II, line 13,	16a, or 16b, and that	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), of contributions exclusively for religious, of the contributions is complete any of the parts unless the Gable, etc., contributions totaling \$5,000 of the contributions to the contribut	naritable, etc. purposes, but no suc hat were received during the year for eneral Rule applies to this organiza	ch contributions tota or an <i>exclusively</i> re ation because it rec	aled more than \$1,000 eligious, charitable, etc, eived <i>nonexclusively</i>	
990-EZ, or 990-PF), bu	on that is not covered by the General Ru t it must answer "No" on Part IV, line 2, Form 990PF, Part I, line 2, to certify that	of its Form 990, or check the box or	n line H of its		
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 00-PF	Cat No 30613X	Schedule B (Form 990	I, 990-EZ, or 990-PF) (2016)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 Name of organization Employer identification number SIBLEY-SALTONSTALL CHARITABLE FOUNDATION 22-3208197 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 SALTONSTALL CLUT Person **Payroll** 45 SCHOOL STREET 5TH FLOOR \$ 269,620 Noncash BOSTON, MA02108 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (b) (C) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3	
Name of organization SIBLEY-SALTONSTALL CHARITABLE FOUNDATION		Employer ident	Employer identification number	
		22-32	.08197	
Part II	Noncash Property			
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (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	
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(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
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(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		
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)	

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4
Name of organizat SIBLEY-SALTONSTA	ion LL CHARITABLE FOUNDATION		Employer identification number 22-3208197
than \$1, organiz the year	000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.from Part I	(b) Fullpose of gift	(c) ose of gift	(d) Description of now gift is field
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)