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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.

_		n 990-PF and its separate	instructions is at WWW.lr.		Open to Public Inspection		
Fo	or calendar year 2016 or tax year beginning JUN	1, 2016	, and ending	MAY 31, 2017			
	Name of foundation			A Employer identification	number		
	CAMDEN AREA SENIOR ASSISTA	NCE					
	C/O JEAN PAYNE	01-0248064					
N	Number and street (or P O box number if mail is not delivered to street	B Telephone number					
	8 HARRISON AVE		207-236-94	67			
C	City or town, state or province, country, and ZIP or foreign po	ostal code	•	C If exemption application is p	ending, check here		
	CAMDEN, ME 04843				<b>5</b> .		
G	Check all that apply Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here		
	Final return	Amended return					
	Address change	2. Foreign organizations me check here and attach co	eting the 85% test, mputation				
	Check type of organization. X Section 501(c)(3) ex	empt private foundation		E If private foundation sta			
<u>L</u>	Section 4947(a)(1) nonexempt charitable trust						
I	Fair market value of all assets at end of year   J   Accounting	under section 507(b)(1)  F If the foundation is in a 6					
		her (specify)		under section 507(b)(1)			
	▶\$ 4004958. (Part I, colui	mn (d) must be on cash l	basis)				
	Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements		
_	necessarily equal the amounts in column (a) )	expenses per books	income	income	for charitable purposes (cash basis only)		
	1 Contributions, gifts, grants, etc., received	4660.					
	2 Check X If the foundation is not required to attach Sch. B						
, <del>-</del>	3 Interest on savings and temporary cash investments	190.	190.	.4	STATEMENT 1		
<u>7</u> 97	4 Dividends and interest from securities	108526.	108526.	108526.	STATEMENT 2		
	5a Gross rents						
 >	b Net rental income or (loss)	<		l ar			
	6a Net gain or (loss) from sale of assets not on line 10	140521.		1 12	0		
SE.	b Gross sales price for all 393511.	·		12 8			
	b Gross sales price for all 393511.  7 Capital gain net income (from Part IV, line 2)		140521.	M SF	A 3 7011 R		
רֻ אינ חיו	B Net short-term capital gain						
$\overline{Z}$	9 Income modifications Gross sales less returns				BUEN, UI		
$\overline{Z}$	10a and allowances						
THE ASS	b Less Cost of goods sold				<del></del>		
ó	c Gross profit or (loss)						
.,,	11 Other income	253897.	249237.	108716.			
_	12 Total Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	14650.	249237.	0.	14650.		
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	14030.	•	0.	14030.		
	15 Pension plans, employee benefits						
8	2 16a Legal fees						
ģ	b Accounting fees STMT 3	1985.	0.	0.	1985.		
3	C Other professional fees	1505.		<u> </u>	1703.		
9	9 17 Interest						
:	18 Taxes STMT 4	14388.	0.	0.	0.		
2	19 Depreciation and depletion						
2.	E 20 Occupancy						
t	21 Travel, conferences, and meetings						
7	22 Printing and publications						
Č	23 Other expenses STMT 5	1010.	0.	0.	975.		
2:	24 Total operating and administrative		• •				
Ì	16a Legal fees b Accounting fees C Other professional fees 17 Interest 18 Taxes STMT 4 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23	32033.	0.	0.	17610.		
ç	25 Contributions, gifts, grants paid	203370.			203370.		
	26 Total expenses and disbursements.						
	Add lines 24 and 25	235403.	0.	0.	220980.		
	27 Subtract line 26 from line 12						
	Excess of revenue over expenses and disbursements	18494.					
	b Net investment income (if negative, enter -0-)		249237.				
	c Adjusted net income (if penative enter -0-)			108716.			

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2016)

Form 990-PF (2016)

C/O JEAN PAYNE

01-0248064

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Part II Balance Sheets Attached schedules and amounts in the description		Beginning of year	End of year			
	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1 Cash - non-interest-bearing	2229.	1624.	1624.		
	2 Savings and temporary cash investments	298416.	280155.	280155.		
	3 Accounts receivable ►					
	Less; allowance for doubtful accounts ▶	1				
	4 Pledges receivable ►			······································		
	Less: allowance for doubtful accounts					
	5 Grants receivable					
	6 Receivables due from officers, directors, trustees, and other					
	disqualified persons	ļ				
	7 Other notes and loans receivable					
	Less: allowance for doubtful accounts	_				
S	8 Inventories for sale or use					
Assets	9 Prepaid expenses and deferred charges		<del></del>			
As	10a Investments - U.S. and state government obligations STMT 6	412275.	370721.	319178.		
	b Investments - corporate stock STMT 7	722172.	909274.	3240916.		
	c Investments - corporate bonds STMT 8	271530.	163342.			
	<u> </u>	2/1530.	103342.	163085.		
	11 Investments - land, buildings, and equipment basis	^		,		
	Less accumulated depreciation					
	12 Investments - mortgage loans					
	13 Investments - other					
	14 Land, buildings, and equipment; basis					
	Less accumulated depreciation					
	15 Other assets (describe ►)					
	16 Total assets (to be completed by all filers - see the					
	ınstructions. Also, see page 1, item I)	1706622.	1725116.	4004958.		
	17 Accounts payable and accrued expenses					
	18 Grants payable					
es	19 Deferred revenue					
Liabilities	20 Loans from officers, directors, trustees, and other disqualified persons			*		
iab	21 Mortgages and other notes payable			\$ 1		
_	22 Other liabilities (describe >)			*		
				*		
	23 Total liabilities (add lines 17 through 22)	0.	0.	·		
	Foundations that follow SFAS 117, check here					
	and complete lines 24 through 26 and lines 30 and 31.			,		
ces	24 Unrestricted					
Net Assets or Fund Balanc	25 Temporarily restricted					
Ba	26 Permanently restricted					
Pu	Foundations that do not follow SFAS 117, check here					
Ē	and complete lines 27 through 31.					
Ď	27 Capital stock, trust principal, or current funds	0.	0.			
ets	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
Ass	29 Retained earnings, accumulated income, endowment, or other funds	1706622.	1725116.			
et	30 Total net assets or fund balances	1706622.	1725116.			
Z	oo Total net assets of fund paramous	1700022:	1/23110.			
	31 Total liabilities and net assets/fund balances	1706622.	1725116.			
_			1/25110-1			
Р	art III Analysis of Changes in Net Assets or Fund B	alances				
1	Total net assets or fund balances at beginning of year - Part II, column (a), line :	30		<del></del>		
		UU		1706622		
	(must agree with end-of-year figure reported on prior year's return)		1	1706622.		
	Enter amount from Part I, line 27a		2	18494.		
	Other increases not included in line 2 (itemize)		3	1705116		
	Add lines 1, 2, and 3		4	1725116.		
	Decreases not included in line 2 (itemize)	L	5	0.		
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	iumn (b), line 30	6	1725116.		
				Form <b>990-PF</b> (2016)		

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2-story brick warehouse; or common stock, 200 shs. MLC Co.)					acquired rchase nation	(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
b SEE ATTACHED	CONTRACTOR			ļ		_		
	STATEMENTS			<del> </del>				- <del></del>
d ,		<del>-</del>		<b></b>				
e				İ		44		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) (f) minus (	
a								· · · · · · · · · · · · · · · · · · ·
_b		<u> </u>						<u></u>
C		ļ						
e 393511.			25200					140521.
	gain in column (h) and owned by	the foundation	25299	10.		'I) Caraa (Cr	-1 /h\	
Complete only for assets showing	(j) Adjusted basis	T	(cess of col. (1)				ol. (h) gain iot less than	
(i) F.M V as of 12/31/69	as of 12/31/69		col. (j), if any				(from col. (l	
a		<del> </del>				<u> </u>		
b		<del>                                     </del>				·····		
C								
d	•	<del> </del>						
e								140521.
	∫ If gain, also ente	r in Part I, line	7	7				
2 Capital gain net income or (net cap	ital loss) { If (loss), enter -0	)- ın Part İ, line	7	) 2				140521.
Net short-term capital gain or (loss	a) as defined in sections 1222(5) ar	nd (6):						
If gain, also enter in Part I, line 8, c	olumn (c).							•
If (loss), enter -0- in Part I, line 8  Part V   Qualification Ur	der Section 4040/e) for	. Daduasa	Toy on Not	3				0.
<del></del>					inent in	Come		
For optional use by domestic private i	foundations subject to the section	4940(a) tax on	i net investment in	icome.)				
f section 4940(d)(2) applies, leave thi	s part blank.							
Vas the foundation liable for the section	on 4942 tay on the distributable an	nount of any ve	ear in the hace nei	nod2				Yes X No
f "Yes," the foundation does not qualif			•	.00				100 [44] 110
Enter the appropriate amount in ea				ntries.				
(a) Base period years	(b)			(c)	·		Distrih	(d) ution ratio
Calendar year (or tax year beginning			Net value of no			\ \ \	col. (b) divi	ded by col. (c))
2015		71538.			388628			.050622
2014		77188.			336825			.053101
2013		68325.	**		360794			.050085
2012		72827.			310018			.052213
2011	1	37959.		3:	189831	<u>L •                                      </u>		.043250
								0.4.0.0.7.1
2 Total of line 1, column (d)				_		2		.249271
3 Average distribution ratio for the 5-		on line 2 by 5,	or by the number	of years				040054
the foundation has been in existent	ce if less than 5 years					3		.049854
		luna E						3665370.
Enter the net value of noncharitable	e-use assets for 2016 from Part X,	line 5				4		3003370.
Mulhabababa A hadina 2						-		182733.
Multiply line 4 by line 3						5		102/33.
Enter 1% of net investment income	(19/, of Part I, line 27h)					6		2492.
Eitler 1% of het investment nicome	: (1% 01 Fait 1, lille 270)						<del></del>	<u> </u>
Add lines 5 and 6						7		185225.
Aud IIIIvo v allu v						<del>  '- </del>		2002201
Enter qualifying distributions from	Part XII. line 4					8		220980.
If line 8 is equal to or greater than I		1h and comp	late that part usin	a 1% tov	rate	لــــّــا		
See the Part VI instructions.	me r, Gleck ale box al Fait VI, Ille	, ib, and comp	note that part usill	ya 1/0 ldX	iale.			

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CAMDEN AREA SENIOR ASSISTANCE

Form 990-PF (2016) C/O JEAN PAYNE 01~0248			Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstruc	CTIO	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		2.4	0.2
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here			92.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  3 Add lines 1 and 2		24	92.
		<u>~ 4</u>	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	_	21	92.
6 Credits/Payments:		<u> </u>	94.
F0.C0	<del></del>		
a 2016 estimated tax payments and 2015 overpayment credited to 2016  b Exempt foreign organizations - tax withheld at source  6b			
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld  6d			
7 Total credits and payments. Add lines 6a through 6d		79	60.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			00.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		54	68.
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax   5468 • Refunded   11			0.
Part VII-A   Statements Regarding Activities		_	<del>_ ``</del>
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		/es	No
any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		_	
distributed by the foundation in connection with the activities.	}		
c Did the foundation file Form 1120-POL for this year?	1c		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1	i
managers. ► \$ 0.	,	>	ļ
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
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	l l		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	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 1		1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
By language in the governing instrument, or	i i		,
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		v	
remain in the governing instrument?		X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	<u> </u>	
6. First the state to the late of condition was also account to the late of the state of the sta	]		
8a Enter the states to which the foundation reports or with which it is registered (see instructions)	1 1		
ME b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		ļ	
	84	х	
of each state as required by General Instruction G? If "No," attach explanation	8b	<u>^</u>	<del>  -</del> -
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	x	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		x
	m <b>990-</b>	DE	

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Par	t VII-A   Statements Regarding Activities (continued)			
			Yes	No
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	ļ	X
	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			l
	If "Yes," attach statement (see instructions)	12	<u> </u>	X
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A	0 0	167	
	The books are in care of ► JEAN PAYNE  Located at ► 8 HARRISON AVE, CAMDEN, ME  Telephone no. ► 207-2.		40/	
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	1043		т
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	<u>-</u>
	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	03	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	<u> </u>		<del></del>
	foreign country	1		
	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a i	During the year did the foundation (either directly or indirectly):			ν,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
į	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			*
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		'	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		į	f
ļ	(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)?  Yes X No	ĺ		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"  If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)  Yes X No			
b i	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)? $N/A$	1b		
	Organizations relying on a current notice regarding disaster assistance check here	<u> </u>		
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	<b>]</b> ,		٠.
	before the first day of the tax year beginning in 2016?	10		Х
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)):			
a /	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2016? Yes X No			
. 1	If "Yes," list the years \( \sum_{\text{years}} \), \( 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.)  N/A	ا ۱		
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	2b		
				*
3a [	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?		ļ	
	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after	J i		
	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		ļ	
	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,			
1	Form 4720, to determine if the foundation had excess business holdings in 2016) N/A	3Ъ		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	nad not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b_		<u>X</u>
	Fo	rm <b>990</b>	7-PF	(2016)

				<b>†</b>	
2	Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none	, enter "NONE."		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
_	NONE				
_					_
_		1			
_		-			
_					
To	otal number of other employees paid over \$50,000			<u> </u>	

Form **990-PF** (2016)

Part VIII Information About Officers, Directors, Trustees, Foundation Manage Paid Employees, and Contractors (continued)	ers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
	Type of service	(c) Compensation
NONE	37 1 ypo or corvios	(6) 5 3 3 3 3 3 3
NONE		
	<del></del>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sinumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	uch as the	Expenses
1	<del></del>	
SEE STATEMENT 10		141369.
		141307.
2		
3		
		·····
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
		0.
2		
All other program-related investments. See instructions.		
3 N/A	Ì	
	<del></del>	
	<del></del>	
		0.
Tital Addition of O	<b>•</b>	0.
Total. Add lines 1 through 3		Form <b>990-PF</b> (2016)
		1 VIIII 22U"FF (2010)

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreig	n foundations, see	e instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	3533148.
b Average of monthly cash balances	1b	292222.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	3825370.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3_Subtract line 2 from line 1d	3	3825370.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) STMT	11 4	160000.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3665370.
6 Minimum investment return. Enter 5% of line 5	6	183269.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	ons and certain	<u>,</u>
foreign organizations check here 🔪 and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2016 from Part VI, line 5		
b Income tax for 2016. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	220980.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	220980.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
Income. Enter 1% of Part I, line 27b	5	2492.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	218488.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	lation qualifies for th	e section
4940(e) reduction of tax in those years.		

Form **990-PF** (2016)

Part XIII Undistributed Income (s	ee instructions)	N/A		
,	(a)	(b)	(c)	(d)
•	Corpus	Years prior to 2015	2015	2016
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:		<del> </del>		
,				
_3_Excess_distributions_carryover, if any, to 20.16:_				
a Erom. 2011				
<b>b</b> From 2012				
c From 2013		4		
d From 2014				
e From 2015				
f Total of lines 3a through e				
4 Qualifying distributions for 2016 from			1	
Part XII, line 4: ►\$				
a Applied to 2015, but not more than line 2a				*
<b>b</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				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))		*		
6 Enter the net total of each column as indicated below;	۸	, '	,	
& Corpus Add lines 3f, 4c, and 4e Subtract line 5			,	,
<b>b</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 - see instructions				
e Undistributed income for 2015. Subtract line		,		
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must	V *			
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				
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a		-		
10 Analysis of line 9:				
a Excess from 2012 b Excess from 2013	1		-	
c Excess from 2014	1			1
d Excess from 2015	1			
e Excess from 2016	1			

Form 990-PF (2016) C/O JEAN				01-0240	OUO4 Fage 10
Part XIV   Private Operating Fo	<del></del>		, question 9)	<del></del>	
1 a If the foundation has received a ruling or			05/1/	. /50	
foundation, and the ruling is effective for	•	-	► 05/19		1/5
b Check box to indicate whether the founda		foundation described in s	Prior 3 years	12(j)(3) or 4942(	J)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
income from Part I or the minimum	(a) 2010	(8)2010	(0)2014	(4) 20 10	(0) 10141
investment return from Part X for	108716.	107288.	102411.	102189.	420604.
each year listed  b 85% of line 2a	92409.	91195.	87049.	86861.	357513.
c Qualifying distributions from Part XII,	72407.	71173.	07040.	00001.	337313.
line 4 for each_year_listed	220980.	179486.	178670.	169393.	748529.
d Amounts included in line 2c not					
used directly for active conduct of	-			-	
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly		i		·	
for active conduct of exempt activities.					
Subtract line 2d from line 2c	220980.	179486.	178670.	169393.	748529.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed	122179.	112954.	111227.	112027.	458387.
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					0
512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt					
organizations as provided in					0.
section 4942(j)(3)(B)(III)					<u> </u>
(3) Largest amount of support from					0.
an exempt organization (4) Gross investment income					0.
Part XV   Supplementary Infor	mation (Complete	e this part only if	the foundation ha	nd \$5.000 or more	
at any time during the			the realitation he	40,000 0	400010
1 Information Regarding Foundation		<u>-</u>	·		
a List any managers of the foundation who		an 2% of the total contrib	utions received by the four	ndation before the close o	of any tax
year (but only if they have contributed m	ore than \$5,000). (See sec	tion 507(d)(2).)	•		
NONE					
b List any managers of the foundation who other entity) of which the foundation has			an equally large portion o	f the ownership of a partn	ership or
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan, S	Scholarship, etc., Pro	grams:		
Check here ▶ ☐ If the foundation or				ccept unsolicited request	s for funds. If
the foundation makes gifts, grants, etc. (					
a The name, address, and telephone numb	er or e-mail address of the	person to whom applica	tions should be addressed	:	
SEE STATEMENT 12					
b The form in which applications should be	e submitted and informatio	n and materials they shou	uld include:		
c Any submission deadlines.					
- -					
d Any restrictions or limitations on awards,	, such as by geographical :	areas, charitable fields, kii	nds of institutions, or othe	r factors:	_ <del></del>

Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount contribution status of Name and address (home or business) recipient a Paid during the year GROCERIES ANDERSON \_\_EVELYN\_ NONE 150. GROCERIES BENSON, GEORGE & MARION NONE I 1200. BENSON, GEORGE & MARION NONE I HOME IMPROVEMENTS 1000. NONE I REAL ESTATE TAXES BERRY, CHARLES 1000. NONE GROCERIES BERRY, CHARLES 1200. 203370. SEE CONTINUATION SHEET(S) → 3a Total **b** Approved for future payment NONE Total Form **990-PF** (2016) Form 990-PF (2016) Part XVI-A

**Analysis of Income-Producing Activities** 

	Unrelated	business income	Exclude	d by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated.	_ (a)	(b)	(C) Exclu-	(d)	Related or exempt
4 December commune various var	Business	Amount	sion	Amount	function income
1 Program service revenue:	code	<del> </del>	Code		
a		<del> </del>	+		
b			+		
<u> </u>		<del></del>	+		
a	-	·			<del></del>
e	-		-		
					······································
_g Fees and contracts from government agencies	-   -		-		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1 4	100	
investments			14	190.	
4 Dividends and interest from securities			14	108526.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property		<u></u>			
b Not debt-financed property			$\bot$		<del></del>
6 Net rental income or (loss) from personal	1		1 1		
property	1				
7 Other investment income			$\bot$		
8 Gain or (loss) from sales of assets other				4.40.504	
than inventory			18	140521.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	1				
a	_				<u> </u>
b			1		
С					
d					
e	_		$\perp$		
12 Subtotal. Add columns (b), (d), and (e)		0	<u>·Ľ</u>	249237.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	249237.
(See worksheet in line 13 instructions to verify calculations.)				D	
	to the Acco	mplishment of E	xempt	Purposes	
Part XVI-B Relationship of Activities					to be a sea of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities	ome is reported in	n column (e) of Part XVI-			olishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			plishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			plishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			plishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			plishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			plishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			plishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			Dishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			plishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			plishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			plishment of
Part XVI-B Relationship of Activities  Line No. Explain below how each activity for which inc	ome is reported in	n column (e) of Part XVI-			Form <b>990-PF</b> (2016)

Part XVII		EAN PAYNI			15.1	01-024		Paç	ge 13
Part XVII	Information Re Exempt Organ		nsters To	and Transactions	and Relations	ships With Nonch	aritable		
1 Did the or			of the following	ng with any other organizati	on described in sect	ion 501(c) of	TY	/es	No
				27, relating to political orga		` '			
a Transfers	from the reporting found	ation to a noncharit	able exempt or	ganization of:					
(1) Cash							1a(1)		Х
(2) Other	assets						1a(2)		X
<b>b</b> Other tran	sactions.							1	
	of assets to a noncharita						1b(1)		<u> </u>
•	ases of assets from a no	· · · · · · · · · · · · · · · · · · ·	_				1b(2)		X
	ıl₌of₌facılıtıes,.equıpment,.			<del></del>			1b(3)	<u>-</u>	<u>X</u>
	bursement arrangements				-		1b(4)		X
•	s or loan guarantees						1b(5)	$\dashv$	X
	rmance of services or me		-				1b(6)		X
_	f facilities, equipment, ma				luurun albanu tha fara s		10		
		•	_	edule. Column (b) should al red less than fair market val	-			is,	
	s given by the reporting in				ue ili aliy ilalisaciiol	TOT SHATING ATTANGEMENT,	2110.04 111		
(a)Line no	(b) Amount involved			e exempt organization	(d) Description	n of transfers, transactions, an	d sharing arrai	ngemer	nte
(*/====	(0)/////	(4) 1121110	N/A	o ontollips or gameanon	(5) 5555/12/10/	· · · · · · · · · · · · · · · · · · ·	-		
		<del> </del>	21/22	· · · · · · · · · · · · · · · · · · ·					
	· · · · ·	<del></del> -							
		<del></del>	<del></del>		<del>                                     </del>				
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		ļ <del></del>				······			
				<u> </u>					
0. 1. 15. 6.	d.t	1				<del></del>			
	•			e or more tax-exempt organ	izations described		Yes	X	l No
	501(c) of the Code (othe	·	c)(3)) or in sec	11011 5277		l		LA.	טאו נ
<u> </u>	omplete the following sch (a) Name of org			(b) Type of organization	T	(c) Description of relation	ıshıp		
	N/A	<del>,</del>		(-,,,,,-	<del> </del>	(1,7-1-1-1,7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			-
			<u>-</u> -			<del></del>			
		<del></del>	· · · · · · · · · · · · · · · · · · ·			·			-
	<u>-</u>								
	· · · · · · · · · · · · · · · · · · ·								
	penalties of perjury, I declare	that Lhave examined th	his return, includi	ng accompanying schedules and an taxpayer) is based on all infor	statements, and to the	· b · · lea a cola alaa	lay the IHS dis	cuss th	nis
Sign	eller, it is true, correct, and cor	inplicite iDeclaration of p	oreparer (other tha			. h. [.] s	eturn with the p hown below (se	orepare ee instr	r <u>r</u> )?
Here	Kenns	. Janva		18-22-20	1 Ineasu	Mer secretary	X Yes		No
Sigr	nature of officer or trustee			Date	Title	/ <b>L</b>			
	Print/Type preparer's na	ame	Preparer's s	signature	Date	Check X if PTIN	1		
	1		. L			self- employed		4	
Paid	ERIC H. KA				08/15/17		012521		
Preparer	Firm's name ► KAN	IGAS & ASS	SOCIATE	S, P.A.		Firm's EIN ► 46 – (	154249	3	
Use Only	Frem's address 5 7 5	TITLE CORP.				<del>                                     </del>			
	Firm's address > 75	MDEN, ME				Phone no. (207)	, 230	. 0 0 0	2 A
	ı CA	ML NICH	U4043			Troone no. (40/)	/ <b>4</b> 30-	$\circ$	JU

Form **990-PF** (2016)

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

Department of the Treasury Internal Revenue Service

Organization type (check one)

## **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.lrs.gov/form990 .

OMB No 1545-0047

2016

Name of the organization

CAMDEN AREA SENIOR ASSISTANCE C/O JEAN PAYNE

Employer identification number

01-0248064

Filers of:	Section:
Form-990-or-990-EZ	
-	4947(a)(1) nonexempt charitable trust <b>not</b> 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 private foundation
	501(c)(3) taxable private foundation
	Con(a)(a) taxable private foundation
Check if your organization is	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .
Note: Only a section 501(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
<del>-</del>	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals Complete Parts I, II, and III
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it must answer "No" on certify that it doesn't meet	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), i Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
CAMDEN AREA SENIOR ASSISTANCE
C/O JEAN PAYNE

Employer identification number

01-0248064

Part I	Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed.					
(a) No.	. (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	HANNAFORD SUPERMARKETS  145 ELM STREET	\$4460.	Person Payroll Noncash X			
-	CAMDEN, ME 04843		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	CAROLYN MARSH	\$\$	Person X Payroll			
(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 Payroli 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			
623452 10-1		\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

CAMDEN AREA SENIOR ASSISTANCE

C/O JEAN PAYNE

Employer identification number

01-0248064

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
	DISCOUNTED STORE GIFT CARDS				
<u> </u>					
-		\$\$			
(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		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
			, 990-EZ, or 990-PF) (2016		

Name of org	panization	<del></del>	Employer identification number				
	N AREA SENIOR ASSISTANC	E					
	EAN PAYNE		01-0248064				
Part III	the year from any one contributor. Complete c	columns (a) through (e) and the follo	I in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations				
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 c	or less for the year (Enter this info once)				
(a) No.	Use duplicate copies of Part III if additional	al space is needed					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Parti							
Ī		(e) Transfer of gi	ft				
ļ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
Ì							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	(e) Transfer of gift						
	Transferação nama addresa ar						
}	Transferee's name, address, ar	10 ZIF + 4	Relationship of transferor to transferee				
1			<del> </del>				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(2). 2.600 0. 9.11		(-,, р				
-	(e) Transfer of gift						
	(c) transies of gift						
Ĺ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.	***************************************	<u>l</u>					
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	<u></u>						
1		(e) Transfer of gi	ft				
1	Transferee's name, address, ar	Relationship of transferor to transferee					
		<del></del>					
		<u></u>	Cahadula B /Farm 000, 000 F7, az 000 BE) /0040				

Part IV   Capital Gains and L	osses for Tax on Investment Income		
	d describe the kind(s) of property solo crick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date sold (mo., day, yr.)
1a 1200 SHS CAMDE	NATIONAL CORP	······································	VARIOUS 06/30/16
b 15000 SHS GENE	RAL DYNAMICS COR	P	VARIOUS 08/16/16
	DISNEY CO		VARIOUS 08/06/16
	EN NATIONAL CORP		VARIOUS 09/07/16
	ONT GAS INC		05/22/15/10/03/16
			VARIOUS 02/06/17
g FREDDIE MAC -	RETURN OF PRINCI		VARIOUS 06/15/16
	TURN OF PRINCIPA		VARIOUS 06/15/16
	TURN OF PRINCIPA		
	TURN OF PRINCIPA		VARIOUS 06/15/16
	TURN OF PRINCIPA		VARIOUS 06/20/16
	TURN OF PRINCIPA		VARIOUS 06/20/16
	TURN OF PRINCIPA		VARIOUS 06/20/16
	TURN OF PRINCIPA		VARIOUS 06/20/16
o GINNIE MAE -RE	TURN OF PRINCIPA		VARIOUS 06/20/16
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 49383.		387.	48996.
b 15000.	1	15563.	-563.
c 42000.	.	42525.	-525 <b>.</b>
d 55906.		387.	55519.
e 99000. f 50000.		61814. 50100.	37186. -100.
7 - 1		351.	-100.
446	<u> </u>	116.	0.
$\frac{h}{l}$ 20.	<u> </u>	20.	<u> </u>
1 28.	<u> </u>	28.	<u></u>
$\frac{1}{k}$ $\frac{20}{48}$		48.	<u></u>
$\frac{\kappa}{1}$ 35.	· · · · · · · · · · · · · · · · · · ·	35.	0.
m 5261.	<del> </del>	5261.	0.
n 46.		46.	0.
0 192.	,	192.	0.
Complete only for assets show	ing gain in column (h) and owned by	the foundation on 12/31/69	(I) Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (1) over col. (3), if any	Gains (excess of col. (h) gain over col (k), but not less than "-0-")
a			48996.
b			-563.
C			-525.
d			55519.
е			37186.
f			-100.
g			0.
h			0.
1			0.
1			0.
<u>k</u>			0.
<u> </u>	<u> </u>		0.
m			0.
<u>n</u>			0.
0			0.
2 Capital gain net income or (net c	apıtal loss) { if gaın, also enter If (loss), enter "-0	ın Part I, line 7 -• ın Part I, line 7	2
If gain, also enter in Part I, line 8		d (6):	
If (loss), enter "-0-" in Part I, line	8		3

Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (c) Date acquired 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a GINNIE MAE -RETURN OF PRINCIPAL 06/20/16 VARIOUS b GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 06/20/16 c GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 07/20/16 07/15/16 d FREDDIE MAC RETURN OF PRINCIPAL VARIOUS e GINNIE MAE 07/20/16 -RETURN PRINCIPAL OF VARIOUS f GINNIE MAE 07/20/16 -RETURN OF PRINCIPAL VARIOUS g GINNIE MAE -RETURN 07/20/16OF PRINCIPAL VARIOUS 07/20/16 h GINNIE MAE -RETURN OFPRINCIPAL VARIOUS GINNIE MAE -RETURN 07/20/16OF PRINCIPAL VARIOUS GINNIE MAE PRINCIPAL -RETURN OF VARIOUS 07/20/16 07/20/16 k GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 07/20/16 PRINCIPAL VARIOUS | GINNIE MAE -RETURN OF -RETURN m GINNIE MAE OF PRINCIPAL VARIOUS 07/20/16 08/15/16 n FREDDIE MAC ---RETURN OF PRINCIPAL VARIOUS 08/15/16 o GINNIE MAE -RETURN OF PRINCIPAL VARIOUS (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) (e) plus (f) minus (g) plus expense of sale 7052. 7052 0. a 114. 114.0. b 114. 114.<u>o</u>. Ō. 321.  $32\overline{1}$ 20.  $2\overline{0}$ . <u>o</u>. е Ō. 28. 28 41. 41. Ō. Ō. 9153. 9153 0.  $\overline{114}$ . 114. 0. 103. 103. Ō. 110. 110. 0. 49. 49. 46. 46. 0. m 0. 502. 502. n 115. 115. 0. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 0. Ō. 0. 0. 0. Ō. 0. 0. 0. 0. Ō. 0. 0. m 0. n 0 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

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Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation 08/15/16 MAE -RETURN OF PRINCIPAL VARIOUS 1a GINNIE PRINCIPAL VARIOUS 08/15/16 b GINNIE MAE -RETURN OF MAE PRINCIPAL VARIOUS 08/15/16 c GINNIE -RETURN OF VARIOUS 08/15/16 d GINNIE MAE -RETURN OF PRINCIPAL 08/22/16 PRINCIPAL VARIOUS GINNIE MAE -RETURN OF 08/22/16 VARIOUS PRINCIPAL GINNIE MAE -RETURN OF 08/22/16 g GINNIE MAE -RETURN OF PRINCIPAL VARIOUS h GINNIE VARIOUS 08/22/16 MAE -RETURN OF PRINCIPAL 08/22/16 GINNIE\_MAE OF PRINCIPAL VARIOUS -RETURN J. FREDDIE MAC 09/15/16 RETURN OF PRINCIPAL VARIOUS VARIOUS 09/15/16 k GINNIE MAE -RETURN OF PRINCIPAL 09/15/16 GINNIE MAE -RETURN OF PRINCIPAL VARIOUS -RETURN PRINCIPAL VARIOUS 09/15/16 MAE OF m GINNIE 09/20/16 n GINNIE MAE VARIOUS -RETURN OF PRINCIPAL 09/20/16 VARIOUS O GINNIE MAE -RETURN OF PRINCIPAL (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 0. 28. 28. а 0. 648. 648. b 41. 41. C <u>117.</u> 117. d 0. 7411. 7411. 151. <u> 151.</u> <u>49.</u> 0. 49. 48. 48 1599. 1599. 0. 136 136. 195 195. 115. 115. 0. 28. 28. m Ō. 49. 49 η 0. 41. 41. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (k) Excess of col. (I) (j) Adjusted basis but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 0. 0. b 0. 0. Ō. Ō. g Ō. Ō. Ō. 0. 0. m n 0 { If gain, also enter in Part I, line 7 } If (loss), enter "-0-" in Part I, line 7 2 2 Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): if gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 3

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) D - Donation VARIOUS -RETURN OF PRINCIPAL 09/20/16 1a GINNIE MAE 09/20/16 b GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 09/20/16 c GINNIE MAE -RETURN OF PRINCIPAL VARIOUS VARIOUS 09/20/16 d GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 09/20/16 e GINNIE MAE -RETURN OF PRINCIPAL FREDDIE MAC PRINCIPAL VARIOUS 10/17/16 RETURN OF g GINNIE MAE VARIOUS 10/17/16 -RETURN OF PRINCIPAL h GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 10/17/16 PRINCIPAL VARIOUS 0 / GINNIE MAE -RETURN OF 10/20/16 VARIOUS GINNIE MAE -RETURN ŌF PRINCIPAL VARIOUS 10/20/16 MAE OF k GINNIE -RETURN PRINCIPAL VARIOUS 10/20/16 GINNIE MAE -RETURN OF PRINCIPAL MAE -RETURN PRINCIPAL VARIOUS 10/20/16 m GINNIE OF 10/20/16 n GINNIE MAE -RETURN OF PRINCIPAL VARIOUS PRINCIPAL VARIOUS 10/20/16 o GINNIE MAE -RETURN OF (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale Ō. ، 23 23. a 0. 115. 115. b 840. 840. C Ō. 105 105. Ō. 46. 46. 184. 0. 184. 116. 116. 29. 29 h 19. <u> 19.</u> 0. 3688. 3688. 0. 105. 105. 4322. 0. 4322. 97. Ō. 97. m 116. 0. 116. n 1625. 0. 1625. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (1) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any Ō. 0. b Ō. 0. 0. 0. 0. 0. Ō. Ο. Ō. m 0. n 0. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 2 Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 3

Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold (c) Date acquired (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr) 10/20/16 ta FREDDIE MAC - RETURN OF PRINCIPAL VARIOUS b FREDDIE MAC RETURN OF PRINCIPAL VARIOUS 11/16/16 c GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 11/16/16 d GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 11/16/16 e GINNIE MAE 11/16/16 -RETURN OF PRINCIPAL VARIOUS f GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 11/21/16 g GINNIE MAE 11/21/16-RETURN OF PRINCIPAL VARIOUS PRINCIPAL h GINNIE MAE -RETURN OF VARIOUS 11/21/16 -GINNIE\_MAE -RETURN OF PRINCIPAL VARIOUS 11/21/16 GINNIE MAE OF PRINCIPAL VARIOUS 11/21/16 -RETURN k GINNIE MAE -RETURN OF PRINCIPAL VARIOUS GINNIE MAE -RETURN PRINCIPAL VARIOUS 11/21/16 OF m FREDDIE MAC RETURN OF PRINCIPAL VARIOUS 12/15/16 n GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 12/15/16 o GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 12/15/16 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 1648 1648.0. Ō. 303. <u>303.</u> 30. <u>30.</u> 0. 0. 266. 266. 122. 122. 0. 37. 37. 2103. 2103. Ō. 97. 97. 44. Ō. 44. 0. 106. 106. Ō. 42. 42. Ō. 116. 116. Ō. 240.240. m Ō. 123. 123. n 0. 29. 29. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any <u>o.</u> Ō. b 0. 0. d Ō. <u>o.</u> Ō. <u>o .</u> Ō. 0. Ō. m n { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 3

Part IV Capital Gains and Losses for Tax on Investment Incom	ie			
(a) List and describe the kind(s) of property s 2-story brick warehouse; or common stock,		(b) How acquired (P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a GINNIE MAE -RETURN OF PRINCIP	AL	<u> </u>	ARIOUS	12/15/16
b GINNIE MAE -RETURN OF PRINCIP	AL		ARIOUS	12/20/16
c GINNIE MAE -RETURN OF PRINCIP			ARIOUS	12/20/16
d GINNIE MAE -RETURN OF PRINCIP			ARIOUS	12/20/16
e GINNIE MAE -RETURN OF PRINCIP			ARIOUS	12/20/16
GINNIE MAE -RETURN OF PRINCIP			ARIOUS	12/20/16
				<u> </u>
				01/20/1/
(or allowable)	plus expense of sale			
d 38.	38.			
e 44.	44.	-		
f 119.	119.			
g 118.	118.			
h 42.	42.			
529.	529.			
29.	29.	-		0.
k 905.	905.			0.
123.	123.			0.
m 2248.	2248.	·····		0.
	36.			0.
				0.
· · · · · · · · · · · · · · · · · · ·	1	(I) Loss	es (from col. (h))	
(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	Gains (excess of	col. (h) gain ove	
a				0.
b				0.
С				
d				0.
e				0.
f				0.
g				0.
h			————	0.
1				0.
	<del>          </del>			0.
k	<del>                                     </del>			0.
				0.
m				
m n	<del> </del>			
<u>n</u>	<del>                                     </del>			
0	1			
GINNIE MAE - RETURN OF PRINCIPAL				
3 Net short-term capital gain or (loss) as defined in sections 1222(5)	and (6):			
If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	}	3		

Capital Gains and Losses for Tax on investment income				
(a) List and describe the kind(s) of property solo 2-story brick warehouse; or common stock, 20	d, e.g., real estate,	(b) How acquired (c) Date acquired (d) Date sold P - Purchase (mo., day, yr.) (mo., day, yr.)		
		D - Donation (Mot, day, yii) (Mot, day, yii)		
12 GINNIE MAE -RETURN OF PRINCIPA		VARIOUS 01/20/17		
b GINNIE MAE -RETURN OF PRINCIPA		VARIOUS 01/20/17		
		VARIOUS 02/15/17		
		VARIOUS 02/15/17		
_ <u>'</u>	L	VARIOUS 02/21/17		
k GINNIE MAE -RETURN OF PRINCIPA	L	VARIOUS 02/21/17		
GINNIE MAE -RETURN OF PRINCIPA	L	VARIOUS 02/21/17		
m GINNIE MAE -RETURN OF PRINCIPA	L	VARIOUS 02/21/17		
n GINNIE MAE -RETURN OF PRINCIPA	L	VARIOUS 02/21/17		
O GINNIE MAE -RETURN OF PRINCIPA	L	VARIOUS 02/21/17		
(a) Cross sales price (f) Depreciation allowed	(g) Cost or other basis	(h) Gain or (loss)		
(or allowable)	plus expense of sale	(e) plus (f) minus (g)		
a 45.	45.	0.		
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<u></u>				
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*				
·' · · · · · · · · · · · · · · · · ·				
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<del></del>				
· ·				
(i) Adjusted basis	(k) Excess of col. (i)	Gains (excess of col. (h) gain over col. (k),		
43 01 12/0 1/03	over col. (j), it any	<u> </u>		
<u>a</u>				
<u>b</u>				
<u>c</u>				
<u>d</u>				
<u>e</u>				
f				
<u>g</u>				
h				
<u>i</u>				
<u></u>				
k				
m				
n				
0		0.		
- If any also enter	in Part I line 7			
2 Capital gain net income or (net capital loss) { If (loss), enter "-0-	NNTE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  EDDIE MAC - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NNIE MAE - RETURN OF PRINCIPAL  NORTH OF PRIN			
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and	d (6):			
If gain, also enter in Part I, line 8, column (c).  If (loss), enter "-0-" in Part I, line 8				

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (mó., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co (mo., day, yr.) 1a GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 02/21/17 -RETURN b GINNIE MAE OF PRINCIPAL VARIOUS 02/21/17 c FREDDIE MAC RETURN OF PRINCIPAL VARIOUS 03/15/17 VARIOUS d GINNIE MAE -RETURN OF 03/15/1 PRINCIPAL 03/15/1 e GINNIE -RETURN PRINCIPAL VARIOUS MAE OF f GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 03/20/17 g GINNIE MAE OF PRINCIPAL VARIOUS 03/21/17 -RETURN h GINNIE MAE -RETURN OF VARIOUS 03/22/17PRINCIPAL -RETURN PRINCIPAL 03/23/17 \_GINNIE\_MAE OF VARIOUS 03/24/17 GINNIE MAE -RETURN OF PRINCIPAL VARIOUS k GINNIE MAE OF VARIOUS 03/25/17 -RETURN PRINCIPAL GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 03/26/17 03/27/17 m GINNIE MAE -RETURN PRINCIPAL VARIOUS OF n GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 03/28/17 VARIOUS o FREDDIE MAC RETURN OF PRINCIPAL 04/17/17 (f) Depreciation allowed (h) Gain or (loss) (g) Cost or other basis (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale Ō. 36. 36. а 42. 0. 42. þ 335 335. C 83. 83. Ō. d 30. 30. Ō. 1048. Ō. 1048. 0. 36. 36. g 11. 11. h Ō. 99. 99. 45. 45. 107. Ō. 107.Ō. 2318. 2318. 122. 122. Ō. m 42. 42. 0. n Ō. 387. 387. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (I) but not less than "-0-") (i) F M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any <u>o.</u> Ō. b Ō. С 0. đ Ō. 0. Ō. 0. h 0. Ō. Ō. m Ō. n 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 1a GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 04/17/17 b GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 04/17/17 MAE c GINNIE -RETURN PRINCIPAL 04/17/17  $\overline{\mathsf{OF}}$ VARIOUS d GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 04/17/17 e GINNIE MAE PRINCIPAL 04/20/17 -RETURN OF VARIOUS f GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 04/20/17 g GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 04/20/17 h GINNIE MAE -RETURN PRINCIPAL VARIOUS 04/20/17 OF PRINCIPAL 04/20/17 GINNIE MAE -RETURN VARIOUS OF GINNIE MAE PRINCIPAL -RETURN 04/20/17 ÖF VARIOUS k GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 04/20/17 FREDDIE MAC RETURN VARIOUS OF PRINCIPAL 05/15/17 PRINCIPAL 05/15/17 m GINNIE MAE -RETURN OF VARIOUS 05/15/17 n GINNIE MAE -RETURN  $\overline{\mathsf{OF}}$ PRINCIPAL VARIOUS o GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 05/15/17 (f) Depreciation allowed (h) Gain or (loss) (g) Cost or other basis (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) Ō. 83. 83. 13. 13. 0. b Ō. 2592. 2592. C  $1\overline{1}$ 11. Ō. d 108. 108. 0. Ō. 4484. 4484. Ō. 99. 99. 4252 Ō. 4252. Ō. 119. <u>119</u>. 2218. 2218. 0. Ō. 43. 43. 255. 0. 255. 84. 84. 0. m 347. 347. <u>o.</u> n 25. 25. 0. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any Ō. 0. Ō. C 0. Ō. Ō. Ō. Ō. 0. Ō. 0. O. 0. m 0. n 0. { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate (c) Date acquired (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) 1a GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 05/22/17 b GINNIE MAE -RETURN OF PRINCIPAL 05/22/17 VARIOUS c GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 05/22/17 -RETURN d GINNIE MAE ŌF PRINCIPAL VARIOUS 05/22/17 e GINNIE MAE PRINCIPAL 05/22/17 -RETURN OF VARIOUS f GINNIE MAE -RETURN OF PRINCIPAL VARIOUS 05/22/17 g GINNIE MAE 05/22/17 ~RETURN OF PRINCIPAL VARIOUS h GINNIE MAE -RETURN PRINCIPAL VARIOUS 05/22/17 OF -CAPITAL-GAINS-DIVIDENDS k m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 65. 65. 0. 0. 30. 30. 100. 100. Ō. 127. 127. Ō. 10. 10. Ō. <del>39</del>. 39. 108. 0. 108. 43. 43. 8. 8. m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") over col. (j), if any as of 12/31/69 Ō. 0. Ō. 0. 0. 0. 0. 0. 8. m n { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 140521. 2 Capital gain net income or (net capital loss) 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 0.

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient BOTLEY, EVA NONE I GROCERIES 1200. Ī BROWN, DEANNE NONE GROCERIES 1200. BROWN, EDITH NONE I GROCERIES 1200. BROWN, HOWARD & KATHERINE NONE Ι GROCERIES 800. CAMDEN AREA CHRISTIAN FOOD PANTRY ANNUAL CAMPAIGN 128 MT BATTIE ST CAMDEN, ME 04843 5000. CAMDEN AREA DISTRICT NURSING ANNUAL CAMPAIGN ASSOCIATION 30 COMMUNITY DRIVE CAMDEN, ME 04843 15000. NONE CARLE, ROBERT & JUDY I GROCERIES 1200. NONE CARLE, ROBERT & JUDY Ι REAL ESTATE TAXES 1015. CARLETON, EVELYN NONE I GROCERIES 1200. NONE Ι GROCERIES CARROLL, ROYCE 1200. 198820. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient CHAPIN, GEORGIA NONE I GROCERIES 800. CHAPIN, GEORGIA NONE I REAL ESTATE TAXES 500. CLARK, MARGUERITE NONE I GROCERIES 1200. CLARK, MARGUERITE NONE I HEATING OIL 500. NONE CLARK, MARGUERITE I REAL ESTATE TAXES 300. COASTAL FAMILY HOSPICE VOLUNTEERS ANNUAL CAMPAIGN 34 OLD COUNTY RD ROCKPORT, ME 04856 2000. COASTAL OPPORTUNITIES ANNUAL CAMPAIGN 35 LIMEROCK ST CAMDEN, ME 04843 10000. NONE COLBY, JUANITA I GROCERIES 1200. CONRAD, JEFFREY NONE GROCERIES I 1200. NONE I CONRAD, JEFFREY REAL ESTATE TAXES 1000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor DAVIS, ROBERT NONE I GROCERIES 1200. DAVIS, ROBERT NONE I FIREWOOD 520. DEARBORN, MARY NONE I HEATING OIL 1000. DEARBORN, MARY NONE I GROCERIES 1200. NONE DERBY, THOMAS I GROCERIES 1200. NONE DINSMORE, KAY I GROCERIES 1200. NONE DRINKWATER, HAROLD I GROCERIES 400. NONE GROCERIES I EATON, CHARLES 1200. NONE GROCERIES ENGSTROM, REGINALD I 1200. ENGSTROM, REGINALD NONE Ι REAL ESTATE TAXES 400. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor recipient ERSKINE, LEROY & DONNA NONE REAL ESTATE TAXES 500. GROCERIES ERSKINE, LEROY & DONNA NONE 1 1200. NONE 1 REAL ESTATE TAXES FOGG, CHARLES & ROSALEE 800. NONE Ι GROCERIES FOGG, CHARLES & ROSALEE 1200. GROCERIES NONE I FONTAINE, ELIZABETH 1200. NONE I GROCERIES FOSHEE, JOAN 1200. REAL ESTATE TAXES GERRY, CECIL & ELAINE NONE I 1000. GROCERIES NONE I GERRY, CECIL & ELAINE 1200. NONE I GROCERIES GROTTON, PHYLLIS 1200. REAL ESTATE TAXES I NONE GROTTON, PHYLLIS 1000. Total from continuation sheets

Part XV | Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient GRUBB, LEWIS & JOYCE NONE I GROCERIES 1200. GRUBB, LEWIS & JOYCE NONE I REAL ESTATE TAXES 1000. I HARWOOD, JANICE NONE HEATING OIL 1000. NONE Ι GROCERIES HARWOOD, JANICE 1200. NONE I GROCERIES HEALD, NANCY 1200. NONE I REAL ESTATE TAXES HEALD, NANCY 1000. NONE Ι GROCERIES HELINE, ARLINE 1200. NONE I REAL ESTATE TAXES HELINE, ARLINE 1000. HENDRICK, CHARLES & KATHY NONE I GROCERIES 1200. NONE I GROCERIES HERRICK, JUNE 1200. Total from continuation sheets

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of recipient contribution Name and address (home or business) or substantial contributor HODGKINS, AMZY & MARY NONE I GROCERIES 1200. GROCERIES HOLBROOK, DONALD & PATRICIA NONE I 1200. REAL ESTATE TAXES NONE I HOLBROOK, DONALD & PATRICIA 876. HUNT, HOWARD NONE Ι REAL ESTATE TAXES 700. GROCERIES NONE I HUNT, HOWARD 1200. NONE Ι REAL ESTATE TAXES IVES, WILLIAM & ELEANOR 3500. GROCERIES I KESSELRING, KAREN NONE 1200. NONE I GROCERIES KNIESNER, ANNE 1200. GROCERIES NONE I LANDERS, BURRILL AND IRENE 1200. I REAL ESTATE TAXES LANDERS, BURRILL AND IRENE NONE 500. Total from continuation sheets

Part XV Supplementary Information

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	Тестрісті		
LAWSON, RAYMOND & ROXINE	NONE	I	REAL ESTATE TAXES	100
LAWSON, RAYMOND & ROXINE	NONE	ı	GROCERIES	120
LELAND, FAYE	NONE	I	GROCERIES	120
LONG, CEDRIC & PAULINE	NONE	I	GROCERIES	120
LOVEJOY, CARMEN & RUSSELL	NONE	I	REAL ESTATE TAXES	100
LOVEJOY, CARMEN & RUSSELL	NONE	I	GROCERIES	120
LUDWICK, FRANCES	NONE	I	GROCERIES	120
LUDWIG, BARBARA	NONE	I	GROCERIES	120
MAIN, SHIRLEY	NONE	I 	GROCERIES	40
MARSTON, AMBER	NONE	I	GROCERIES	120

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient MARSTON, FAUGHN AND AMBER NONE I REAL ESTATE TAXES 500. MCCREADIE, LURANA NONE REAL ESTATE TAXES 1617. MCGOVERN, SUSAN NONE I GROCERIES 1200. MEALS ON WHEELS ANNUAL CAMPAIGN 46 SUMMER STREET ROCKLAND, ME 04841 15000. MESERVEY, MARION NONE I GROCERIES 1200. MILLER, BRENDA NONE I GROCERIES 1200. MILLIKEN, CONNIE NONE I GROCERIES 1200. NONE I GROCERIES MORANG, KEN 1200. NORWOOD, BEA NONE Ι GROCERIES 400. NONE REAL ESTATE TAXES OVERLOCK, LOIS Ι 1000.

Total from continuation sheets

Part XV | Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation status of Amount Name and address (home or business) recipient OVERLOCK, LOIS NONE I GROCERIES 800. PACKARD, PAUL & DORIS NONE I REAL ESTATE TAXES 1000. PENDLETON, ESTELLE NONE Ι GROCERIES 1200. PENDLETON, ESTELLE NONE I REASL ESTATE TAXES 396. PENDLETON, WARREN AND SHARON NONE HOME IMPROVEMENT 9469. PENDLETON, WARREN AND SHARON NONE I GROCERIES 1200. PENDLETON, WAYNE NONE 1 FIREWOOD 500. PENDLETON, WAYNE NONE I GROCERIES 1200. PERKINS, VIRGIL NONE Ι GROCERIES 1200. NONE PERRY, DONNA & PETER REAL ESTATE TAXES 1000. Total from continuation sheets

C/O JEAN PAYNE 01-0248064 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation status of Amount Name and address (home or business) recipient PERRY, RAE NONE I GROCERIES 1200. PERRY, RAE NONE HEATING OIL 500. POTTLE, LIANNE NONE PHARMACY 334. POTTLE, LIANNE NONE I GROCERIES 1200. RANKIN, ROBERT NONE I GROCERIES 1200. RANKIN, ROBERT NONE I REAL ESTATE TAXES 500. RECHT, JACQUELINE NONE GROCERIES 400. REGO, SHIRLEY NONE 1 GROCERIES 1200. RICHARDSON, RALPH NONE I GROCERIES 1200.

NONE

Total from continuation sheets

ROBINSON, MARJORIE

GROCERIES

1200.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient ROSSBACH, DOROTHY NONE I GROCERIES 1200. RUSSELL, CAROLYN NONE GROCERIES 800. NONE RUSSELL, CAROLYN HEATING OIL 1000. SEACOTTE, LISLE AND FAYE NONE GROCERIES Ι 1200. NONE SHANAHAN, SYLVIA Ι GROCERIES 1200. SHANAHAN, SYLVIA NONE I HEATING OIL 500. SIXTY-THREE WASHINGTON STREET ANNUAL CAMPAIGN 63 WASHINGTON ST 15000. CAMDEN, ME 04843 SMITH, BOB & JOYCE NONE Ι GROCERIES 1200. SMITH, BOB & JOYCE NONE REAL ESTATE TAXES 1000. SMITH, LEON & JUANITA NONE I GROCERIES 1200. Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient SMITH, LEON & JUANITA NONE I REAL ESTATE TAXES 1000. SMITH, WAYNE AND LORRAINE NONE GROCERIES Ι 1200. SPEAR, PAMELA NONE I GROCERIES 500. STANLEY, PAT NONE I GROCERIES 1200. NONE STANLEY, PAT I REAL ESTATE TAXES 1000. STAPLES, SONJA NONE I GROCERIES 1200. NONE SULLIVAN, PATRICIA I REAL ESTATE TAXES 1000. NONE GROCERIES SULLIVAN, PATRICIA I 1200. SWEET, MARY NONE I GROCERIES 400. TETREAULT, PAUL NONE I GROCERIES 1200. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient NONE I TETREAULT, PAUL & PAT HEATING OIL 500. I REAL ESTATE TAXES THOMPSON, PETER NONE 500. NONE I GROCERIES TOOLEY, ANNE 1200. TOOLEY, ANNE NONE I REAL ESTATE TAXES 1000. NONE I GROCERIES WADSWORTH, CHARLOTTE 1200. NONE Ι REAL ESTATE TAXES WARREN, PAT 500. NONE I GROCERIES WARREN, PAT 400. NONE I REAL ESTATE TAXES WATMOUGH, HAROLD AND CAROL 1834. NONE I GROCERIES WEBB, MARGERY 1200. GROCERIES WINSLOW, WILLIAM NONE I 800. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or contribution Amount status of Name and address (home or business) recipient WINSLOW, WILLIAM NONE REAL ESTATE TAXES 359. GROCERIES NONE I YOUNG, BERNARD & RACHEL 1200. Total from continuation sheets

FORM 990-PF INTERE	ST ON SAVIN	IGS AND TEN	IPORAR	Y CASH II	IVESTMENTS	STATEMENT	1	
SOURCE		REVI	REVENUE NET IN		(B) VESTMENT ICOME	(C) ADJUSTED NET INCOME		
CERTIFICATES OF DEP	OSITS		190.		190.	19	190.	
TOTAL TO PART I, LI	NE_3		190	•	190.	19	0.	
FORM 990-PF	DIVIDENDS	S AND INTER	REST F	ROM SECU	RITIES	STATEMENT	2	
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI		(A) REVENUE ER BOOKS	(B) NET INVEST MENT INCOM	(C) - ADJUSTE E NET INCO		
STOCKS AND BONDS HELD BY RAYMOND JAMES	108534.		8.	108526	. 108526	. 10852	26.	
TO PART I, LINE 4	108534.		8.	108526	108526	. 10852	6.	
FORM 990-PF		ACCOUNT	ING FE	ES		STATEMENT	3	
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- INCOME	(C) ADJUSTED NET INCOME			
ACCOUNTING FEES		1985	•	0.	0	. 198	35.	
TO FORM 990-PF, PG	1, LN 16B	1985		0.	0	. 198	5.	
FORM 990-PF		TAX	KES			STATEMENT	4	
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- INCOME				
FEDERAL ESTIMATED T PAYMENTS - 2016 FEDERAL TAXES - 201		7960. 6428.		0.	0		0.	
TO FORM 990-PF, PG	1 T.N 18	14388		0.	0	<del>_</del>	0.	

FORM 990-PF	OTHER E	EXPENSES		STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	_			D CHARITABLE	
OFFICE EXPENSE INSURANCE	266. 744.				0. 231. 0. 744.	
TO FORM 990-PF, PG 1, LN 23	1010.		0	_097	75.	
FORM 990-PF U.S. AND S	TATE/CITY O	GOVERNMENT	OBLIGATIONS	STATEMENT	6	
DESCRIPTION	U.S GOV'		BOOK VALUE	FAIR MARKET VALUE	Г	
HELD BY RAYMOND JAMES	x 370721.			. 31917	319178.	
TOTAL U.S. GOVERNMENT OBLIGAT		370721. 31		78.		
TOTAL STATE AND MUNICIPAL GOV	ERNMENT OBL	IGATIONS				
TOTAL TO FORM 990-PF, PART II	, LINE 10A		370721	. 31917	78.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT	7	
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE	r	
HELD BY RAYMOND JAMES		•	909274	. 324091	16.	
TOTAL TO FORM 990-PF, PART II	, LINE 10B		909274	. 324091	L 6 .	
FORM 990-PF	CORPORAT	E BONDS		STATEMENT	8	
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE	r	
HELD BY RAYMOND JAMES		•	163342	. 16308	35.	
TOTAL TO FORM 990-PF, PART II		•	163342	. 16308		

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 9 TRUSTEES AND FOUNDATION MANAGERS				
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
ADELE HOPKINS 66 WASHINGTON ST CAMDEN, ME 04843	····	TRUSTEE 0.75	0.	0.	0.
BETH YOUNG 32 TUCKER BROOK R LINCOLNVILLE, ME		TRUSTEE 0.75	450.	0.	0.
ELAINE DAVIS 13 LIMEROCK ST CAMDEN, ME 04843		TRUSTEE 0.75	450.	0.	0.
FRANK MORONG 51 ROLLINS RD CAMDEN, ME 04843		TRUSTEE 0.75	400.	0.	0.
FRANK STEARNS 81 MECHANIC ST CAMDEN, ME 04843		TRUSTEE 0.75	200.	0.	0.
JEAN PAYNE 8 HARRISON AVE CAMDEN, ME 04843		SECRETARY/TREA	SURER 10100.	0.	0.
LINDA ANNIS 268 LERMOND LANE HOPE, ME 04847		TRUSTEE 0.75	400.	0.	0.
MARIE BERRY 183 CHURCH ST HOPE, ME 04847		TRUSTEE 0.75	500.	0.	0.
RICHARD LANE 127 WEST ST EXT ROCKPORT, ME 0485	6	TRUSTEE 0.75	450.	0.	0.
ROSEMARY WINSLOW 6 WINSLOW DR LINCOLNVILLE, ME	04849	TRUSTEE 0.75	300.	0.	0.
SAM JONES PO BOX 573 CAMDEN, ME 04843		PRESIDENT 2.00	500.	0.	0.

CAMDEN AREA SENIOR ASSISTANCE (	C/O JEAN P		01-0248	064
SHEILA MCFARLAND 448 YOUNGTOWN RD LINCOLNVILLE, ME 04849	TRUSTEE 0.75	450.	0.	0.
VERNON HUNTER PO BOX 94' WEST ROCKPORT, ME 04865	VICE PRESIDENT 0.75	450.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE (	5, PART VIII	14650.	0.	0.
FORM 990-PF SUMMARY OF DIE	RECT CHARITABLE ACT	 IVITIES	STATEMENT	10

## ACTIVITY ONE

FINANCIAL SUPPORT IS GIVEN TO NEEDY INDIVIDUALS WHO LIVE IN THE MAINE TOWNS OF CAMDEN, HOPE, LINCOLNVILLE AND ROCKPORT FOR GROCERIES, REAL ESTATE TAXES, HEATING AND MEDICAL COSTS. THE MAXIMUM SUPPORT GIVEN PER INDIVIDUAL IS \$2,000. THIS CAP CAN BE EXCEEDED IN EXTRAORDINARY CIRCUMSTANCES. THERE ARE APPROXIMATELY 100 ANNUAL RECIPIENTS.

		EXPENSES
TO FORM 990-PF, PA	ART IX-A, LINE 1	141369.

FORM 990-PF CASH DEEMED CHARITABLE EXPLANATION STATEMENT STATEMENT 11 PART X, LINE 4

IN ACCORDANCE WITH THE ORGANIZATION'S BYLAWS, EXPENDITURES ARE TO BE USED FOR THE PROVISION AND MAINTENANCE OF SERVICES FOR LOCAL SENIOR CITIZENS IN THE FURTHERANCE OF THE GOAL OF ASSISTING THEM TO LIVE IN THEIR PRIVATE HOMES AND RESIDENCES. CASH DEEMED HELD FOR CHARITABLE ACTIVITIES APPROXIMATE THE ANNUAL OBLIGATIONS OF THE ORGANIZATION.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JEAN PAYNE 8 HARRISON ST CAMDEN, ME 04843

TELEPHONE NUMBER

207-236-9467

## FORM AND CONTENT OF APPLICATIONS

APPLICANT COMPLETES STANDARD FORM, NO ADDITIONAL INFORMATION OR MATERIALS REQUIRED.

## ANY SUBMISSION DEADLINES

NONE. GRANT PROCESS IS ONGOING.

## RESTRICTIONS AND LIMITATIONS ON AWARDS

AWARDS ARE LIMITED TO ELDERLY RESIDENTS OF TOWNS OF CAMDEN, HOPE, LINCOLNVILLE, AND ROCKPORT, MAINE (AND THE ORGANIZATIONS THAT SERVE THEM). AWARDS ARE BASED ON NEED, AND ARE FOR GROCERIES, PRESCRIPTIONS, HEATING FUEL & FIREWOOD, HOME IMPROVEMENTS, AND REAL ESTATE TAXES.