2949114610019

EXTENDED TO MAY 15, 2018 Return of Private Foundation

Department of the Treasury Internal Revenue Service

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 separate instructions is at www.lrs.gov/form990pf.

ru	r cale	ndar year 2016 or tax year beginning	JUL	1, 2016	, and ending	JUN 30, 2017	
N	ame o	f foundation				A Employer identification	number
		TLAND PROVIDENT ASSO	01-6012457				
		and street (or P O box number if mail is not delivered to	street	address)	Room/suite	B Telephone number	
	P.0	BOX 507				(207) 791-	7171
		own, state or province, country, and ZIP or for		ostal code		C if exemption application is p	ending, check here
		TLAND, ME 04112-050	<u>/</u>	<del></del>			
G	Check	k all that apply: Initial return		_	ormer public charity	D 1. Foreign organizations	s, check here
		Final return		Amended return		Foreign organizations me check here and attach co	oting the 85% test,
	Chacl	Address change  k type of organization: X Section 501(c)	(2) 0	Name change tempt private foundation		1	•
Ë	_	ection 4947(a)(1) nonexempt charitable trust		Other taxable private founda-	$\psi$	E If private foundation sta	
<u> </u>				ng method: X Cash	Accrual	under section 507(b)(1)	
		Part II, col (c), line 16)	_	her (specify)	L Accidal	F If the foundation is in a tunder section 507(b)(1)	
	▶\$	1,369,201. (Part I,			basis)		(b), check here
P	art i	Analysis of Revenue and Expenses		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
_		(The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a) )	not	expenses per books	income	income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received		35,610.		N/A	
	2	Check if the foundation is not required to attach Schinterest on savings and temporary	В				
7	3	cash investments		00.004	00.004		
	4	Dividends and interest from securities		28,984.	28,984.		
	Ι.	Gross rents					
	۱.	Net rental income or (loss)		7,109.			
9	}  ĭ,	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 41,976	5.	7,105.			
j	7	Capital gain net income (from Part IV, line 2)	•		7,109.		
స్ట్రా	8	Net short-term capital gain			,,2030		
SCANNED	9	Income modifications					
Z	10a	Gross sales less returns and allowances				· · · · · · · · · · · · · · · · · · ·	
F.	b	Less Cost of goods sold					
C	c	Gross profit or (loss)					
ي	11	Other income					
		Total. Add lines 1 through 11		71,703.	36,093.		1
~	13	,,		0.	0.		0.
ಅ೨	14						
7.0	3 15	Pension plans, employee benefits Legal fees					
8107 2018	}   ''	Accounting fees STMT	1	1,000.	500.	Desire	500.
Ž		Other professional fees STMT	-	9,420.	9,420.	REGETVE	17:19:0
		Interest	•		2,120.	8 MAV	
Administrative	18	Taxes STMT	3	55.	55.	B MAY 2 2 20	8 0 0.
į	19	Depreciation and depletion					38
į	20	Occupancy				OGDEN, U	
4	21	· · · · · · · · · · · · · · · · · · ·					
קיים	22	Printing and publications	_				·
Onerating	23	Other expenses STMT	4	145.	145.		0.
rat	24			10 600	10 100		
Č	0 05	expenses. Add lines 13 through 23		10,620.	10,120.		500.
	25	Contributions, gifts, grants paid  Total expenses and disbursements.		76,000.			76,000.
	20	Add lines 24 and 25		86,620.	10,120.		76,500.
_	27	Subtract line 26 from line 12:		00,020.	10,140.		70,300.
		Excess of revenue over expenses and disbursements		-14,917.			:
		Net investment income (if negative, enter -0-)			25,973.		
		Adjusted net income (if negative, enter -0-)				N/A	

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

۵	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
드	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	4,577.	26,133.	26,133.
	2	Savings and temporary cash investments	114,735.	72,947.	72,947.
	3	Accounts receivable ►			
	•	Less; allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less; allowance for doubtful accounts			J
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			· · · · · · · · · · · · · · · · · · ·
		disqualified persons			
	7	Other notes and loans receivable	<del></del>		<del></del> -
		Less: allowance for doubtful accounts			
92	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U.S. and state government obligations			
	1	Investments - corporate stock STMT 5	1,115,646.	1,270,121.	1,270,121.
		Investments - corporate bonds			
		Investments land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
		Investments - other			
		Land, buildings, and equipment; basis			
	``	Less accumulated depreciation			· - · · ·
	15	Other assets (describe >			
	ı	Total assets (to be completed by all filers - see the			
	'*	instructions. Also, see page 1, item I)	1,234,958.	1,369,201.	1,369,201.
	17	Accounts payable and accrued expenses	1,231,3301	1,303,201	1/303/2011
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ig	21	Mortgages and other notes payable			
Ë	l	Other liabilities (describe )		<del></del>	
	23	Total liabilities (add lines 17 through 22)	0.	0.	f E
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted			
alances	25	Temporarily restricted			1
8	26	Permanently restricted			,
Fund		Foundations that do not follow SFAS 117, check here			1
Ţ		and complete lines 27 through 31.			
s or	27	Capital stock, trust principal, or current funds	0.	0.	,
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	1,234,958.	1,369,201.	
Net	30	Total net assets or fund balances	1,234,958.	1,369,201.	
_	31	Total liabilities and net assets/fund balances	1,234,958.	1,369,201.	
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
<u> </u>	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	1,234,958.
2		r amount from Part I, line 27a		2	-14,917.
		r increases not included in line 2 (itemize)   CHANGE IN F	MV	3	149,160.
		lines 1, 2, and 3		4	1,369,201.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,369,201.

Part IV | Capital Gains and Losses for Tax on Investment Income

Page 3

(a) List and descr 2-story brick wa	ibe the kind(s) of property sold (e.g rehouse; or common stock, 200 shs	., real estate, s. MLC Co.)		ľΡ	How ace - Purch - Dona	nase   ''	) Date a (mo., da	cquired y, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADE				۲		P			
b				$\vdash$					
С									
d									
<u>e</u>				<u>L</u> ,					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale					in or (loss (f) minus (	
a 41,976.			34,86	7.					7,109.
b									
С		<u> </u>		_					
đ				_					
Complete only for coasts above	a and in only one (b) and almost but	1	40/04/00	$\dashv$	_				
Complete only for assets showin	g gain in column (h) and owned by							ol. (h) gain ot less tha	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any		_			from col. (	(h)) ´
a									7,109.
b				_					
С	· <del>····</del>			_					
đ				_					
е			<u>-</u>						
2 Capital gain net income or (net ca	pital loss) { If gain, also enter of the loss of the l	r in Part I, line î - in Part I, line	7 7	}	2				7,109.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		nd (6):		ĺ			- <u>-</u>		
If (loss), enter -0- in Part I, line 8	column (c).			•	3			N/A	
Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inco	me		<del></del>
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	come	e.)				
If section 4940(d)(2) applies, leave th	nis part blank.								
Was the foundation liable for the sect	tion 4942 tax on the distributable am	nount of any ye	ar in the base per	rod?					Yes X No
If "Yes," the foundation does not qual									
1 Enter the appropriate amount in 6	- <u>,</u>	nstructions bef	ore making any e	ntries	S				741
(a) Base period years Calendar year (or tax year beginnii	ng in) Adjusted qualifying dis	tributions	Net value of no	(c) ncha		use assets	(	Dıstrıl col. (b) dı	(d) bution ratio vided by col. (c))
2015		4,819.				<u>2,635.</u>			.050145
2014		8,574.				1,582.			.049996
2013		3,150.				4,686.			.049156
2012		6,245.				0,066.			.048484
2011	5	2,230.		_1	<u>,13</u>	1,214.	<u> </u>		.046172
									242052
2 Total of line 1, column (d)							2		.243953
3 Average distribution ratio for the		on line 2 by 5,	or by the number	of ye	ears				049701
the foundation has been in exister	nce it less than 5 years						3		.048791
4 Enter the net value of noncharitab	le-use assets for 2016 from Part X,	line 5					4		1,282,552.
5 Multiply line 4 by line 3							5		62,577.
- mompy money into							$\vdash$		32,377
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6		260.
7 Add lines 5 and 6							7		62,837.
8 Enter qualifying distributions from	n Part XII, line 4						8		76,500.
, , ,	line 7, check the box in Part VI, line	e 1b. and comm	olete that nart usin	ng a 1	l% tax r	rate.	الــــــــــــــــــــــــــــــــــــ		
See the Part VI instructions.									
623521 11-23-16									Form <b>990-PF</b> (2016)

Form 990-PF (2016) PORTLAND PROVIDENT ASSOCIATION  Part VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), 6		-6012 - see i		ction	age 4	
1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1.	$\neg \tau$	T			<u> </u>	
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	Į.					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1	Ì	-	2	60.	
of Part I, line 27b	<u>                                   </u>	<del> </del>			<del></del>	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).						
• •	١,			-	0.	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	┼──		2	60:	
3 Add lines 1 and 2	3	<del> </del>			0.	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	┼──	_			
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	<b>↓</b>			60.	
6 Credits/Payments:						
a 2016 estimated tax payments and 2015 overpayment credited to 2016	.9.	l				
b Exempt foreign organizations - tax withheld at source		ŀ				
c Tax paid with application for extension of time to file (Form 8868)		į				
d Backup withholding erroneously withheld 6d		1				
7 Total credits and payments. Add lines 6a through 6d	7			2,6	19.	
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8					
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9					
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			2,3	59.	
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax > 2,359. Refunded	11			-	0.	
Part VII-A   Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	rvene in			Yes	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 defin	nution\?		1b		X	
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pu	•		┝╫┤		<del></del> -,	
distributed by the foundation in connection with the activities	iblished o	•				
c Did the foundation file Form 1120-POL for this year?					X	
·			1c			
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	0				1	
(1) On the foundation. ► \$ (2) On foundation managers. ► \$	<u>0.</u>					
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					ŧ	
managers. ► \$ 0 .						
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X	
If "Yes," attach a detailed description of the activities					1	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporate	tion, or				لـا	
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?	1	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					i	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					1	i
By language in the governing instrument, or						
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the	state law					
remain in the governing instrument?			6	X	'	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Pa	ert XV		7	X	_	
To be the foundation have at least 40,000 in account at only allowed the year. If Test, Complete Fatt II, Cor (0), and Fa	at At		<del>  </del>			
8a Enter the states to which the foundation reports or with which it is registered (see instructions)					'	
ME						
		<del></del>			] :	ł
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)				X	· '	
of each state as required by General Instruction G? If "No," attach explanation			86	<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	r calendar				<sub>3,5</sub> - 1	· /
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X	. V
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		LX.	
		Eα	rm QQ(	LDE	(2016)	i.

X

36

4a

N/A

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

(a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (If not paid, enter -	Sa Durng the year did the foundation pay or mour any amount to:	orm 990-PF (2016) PORTLAND PROVIDENT ASSOC			01-60124	57 Page	6
(2) Influence the outcome of any specific public election (see section 4955(e))? (2) Influence the outcome of any specific public election (see section 4955) or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an organization other than a charitable, etc., organization described in section (4) Provide a grant to an organization other than a charitable, etc., organization described in section (4) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answer is "Yes" to 54(1)-(15), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance check here  c If the answer is "Yes" to guestion 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945.5(d)  8a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," at 60, file Form 8070  At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Yes X No  By X No  By X No  By X Yes X No  By X No	(1) Carry on propagatinate, or otherwise attempt to influence legislation (series on 3454(5))? (2) Influence the outcome of any specific public effection (see section 4955); or to carry on, deectly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other smalar purposes? (4) Provide a grant to an individual for travel, study, or other smalar purposes? (3) Provide to grant to an individual for travel, study, or other smalar purposes? (3) Provide to grant to an individual on their filian a charatable, scientific, literary, or educational purposes, or for the prevention of cruelly to chiddre or animals?  I may assiver set 755 of 54(1)(5), daily of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding diseaser assistance (see instructions)?  Organizations relying on a current inotice regarding diseaser assistance (see instructions)?  Organizations relying on a current inotice regarding diseaser assistance (see instructions)?  I was a fact which a statement required by Regulations section 53.4945-5(0)  B D dit foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  I was to Exp. Me Form 8370  I was a fund to foundation or even by grocess or have any net income attributable to the transaction?  I was to Exp. Me Form 8370  I		orm 4720 May Be F	Required (continu	ued)		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide for any purpose other than religious, charitable, etc., organization described in section  4945(a)(4)A)? (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b If any answers in 'Yes' of Sci (3)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance check here  (a) It was served in 'Yes' attach the statement required by Regulations section 53.4945-5(of)  B Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If 'Yes' to 6b, file Form 8870  To a hary time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation (If not paid, enter -0.)  (b) Title, and average (c) Compensation (c) Compensat	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to Affective or animals?  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to Affective or animals?  (6) If any answer is "Yes" (s) (1)\(\frac{1}{2}\), old any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding dissaster assistance (see here cause in maintaine)  (a) If a section 53.4945 or in a current notice regarding dissaster assistance check here  (b) If a section of the grant?  (c) If "Yes" to dec, there fore "Regulations section 53.4945-5(a)  (a) But the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  (b) If "Yes" to dec, there fore 8870  (c) A tain prime trax year, was the foundation a party to a prohibited tax sheller transaction?  (a) Name and address of each employees, and Contractors, Trustees, Foundation Managers, Highly  (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE."  (b) Iffit, and average founds and address of each employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) None enter "NONE."  (e) Name and address of each employee pad more than \$50,000  (f) Iffit, and average founds and address of each employee pad more than \$50,000  (e) Iffit, and average founds a	• • •					
any voter registration drive?  (3) Provide a grant to an individual for travet, study, or other similar purposes?  (4) Provide a grant to an organization other than a charidable, etc., organization described in section  4945(d)(4)(4)(4)(4)(4)(4)(4) (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b) If larny answer is Yes' to Sa(1)(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c) If the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes, 'attach the statement required by Regulations section 53.4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes' to b), file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Pear VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours great with the properties of the properti	any voter registration dine/2 (3) Provide a grant to an origanization other than a charitable, etc., organization described in section 454(5)(4)(A)? (see instructions) (3) Provide for any purpose other than religious, charitable, scientific, literary, or aducational purposes, or for the prevention of circlety to children or animals?  It is any answer is 754's 156 (1)(-5)(-6) daily of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding diseaster assistance (see instructions)?  Organizations relying on a current indice regarding diseaster assistance (see instructions)?  Organizations relying on a current indice regarding diseaster assistance (see instructions)?  If Yes, a tatcain the statement required by Regulations section 53.4945-5(g)  8 Did the foundation, during the year, receive any funds, directly, on a personal benefit contract?  By the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  By the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  By the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  By the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  By the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  By the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  By the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  By the foundation of the foundation or pay in proceeds or have any net income attribubble to the transaction?  By the foundation of the foundation or pay in proceeds or have any net income attribubble to the transaction?  By the foundation of the		, ,,		es LXL No		•
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charidable, etc., organization described in section  4945(g/la/k)/2 (see instructions)  (5) Provide for any purpose other than religious, charidable, etc., organization, iterary, or educational purposes, or for the prevention of cruelty to children or animals?  b) If any answer is Yes' to Sqi1y(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c) If the answer is Yes' to question 53.4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes, attach the statement required by Regulations section 53.4945-5(d)  6a bid the foundation of the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes' to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours of the compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Title, and average hours per week with the part of the	(4) Provide a grant to an organization other than a chartable, etc., organization described in section  4945(d)(4)(A)? (see mixtucions)  (5) Provide for any purpose other than reliquous, chartable, scientific, literary, or educational purposes, or for the prevention of cruetly to children or animale?  8 If any answer or "res" to \$41)(-5), did any of the transactions fail to quality under the exceptions described in Regulations section \$5.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance clerk here  of it the answer fives to question 63(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section \$3.4945-5(d)  8 Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  By the "Yes" to 65, the Form 8870  7 At any time during the tax year, was the foundation a partly to a prohibited tax sheller transaction?  Yes IX No  By IT Yes. To 65, the Form 8870  7 At any time during the tax year, was the foundation a partly to a prohibited tax sheller transaction?  By IT Yes, did the foundation receive any proceeds or have any inclined in the promise of the promote of the promot		r to carry on, directly or indire				1
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  b II any answer is Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.49-45 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of If the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes, * attach the statement required by Regulations section 53 4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes's to 6b, file Form 8870  b If the foundation during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address  (a) Name and address  (a) Name and address foundation managers and their compensation.  (b) If Yes, did the foundation receive any protected or hours per week devoited to position  (c) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (e) Expense account, other actionances  (e) Expense account, other accounts of the proposition of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (e) Expense account, other accounts of the proposition of the proposition of the position	(4) Provide a grant to an organization other than a chartable, etc., organization described in section 4945(0)(4)(A)? (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruely to children or animals?  It any assiver s''es' to 53(1)(5) did any of the transactions fall to quality under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations religion an current notice regarding disaster assistance (see instructions)?  Organizations religion an current notice regarding disaster assistance (see instructions)?  Organizations religion an current notice regarding disaster assistance (see instructions)?  Organizations religion an current notice regarding disaster assistance (see instructions)?  Organizations religion and current notice regarding disaster assistance (see instructions)?  If 'Yes, 'Tatach the statement required by Regulations section 53 4945-5(d)  Be blie foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If 'Yes' to 50, the Form 887.  If 'Yes' to 50, the Form					i I	•
4945(d)(4)(A)? (see instructions)  (3) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of crulety to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.945 or in a current notice regarding dissater assistance (see instructions)?  Organizations relying on a current notice regarding dissater assistance can be instructions?  If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes's to 6b, file Form 8870  A At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  (a) Name and address  (a) Name and address  (b) Title, and average holius per week devoted to position  (b) Total, and average holius per week devoted to go and address of each employee goald more than \$50,000  (b) Title, and average holius per week devoted to position  (c) Compensation  (d) Expense employee seed problements of employee seed to position  (d) Compensation  (e) Expense employee seed problements of employee seed to position  (d) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (e) Expense employee seed problements of employee seed that expendity and expension in a control of the position.	4945(0)(4)(4)(2) (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruetly to children or animals?  It is any answer is "se's to \$401)(5), did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.495 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  If "Yes," at sever is "Yes to question \$54(), does the foundation claim exemption from the tax because it maintailed expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section \$3.4945-5(a)  Both the foundation, curring the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," at the foundation receive any proceeds or have any net income attributable to the transaction?  Yes X No  Both 2 X  Yes X No  If "Yes X No  Both 1945 (a) the foundation receive any proceeds or have any net income attributable to the transaction?  Yes X No  Both 1945 (a) the foundation receive any proceeds or have any net income attributable to the transaction?  Pair VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE."  (b) fift, and average hours prevent and the company of the transaction of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If n	* * * * * * * * * * * * * * * * * * * *		Ye	es LXLINo		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  If the prevention of cruelty to children or animals?  If it any answers "Se's to 561,1/56, did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of if the answer is "se's to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted to position  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Compensation  (d) Carebusess in employee sheet lamb (contractions)  account, other compensation.  (d) Carebusess in employee sheet lamb (contractions)  (e) Expense account, other compensation.  (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation  (d) Carebusess in employee sheet lamb (contractions)  (e) Expense account, other compensation.  (a) Name and address of each employee gold more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Carebusess in employee sheet lamb (e) Expense account, other contrac	(s) Provide for any purpose other than reliquous, charitable, scientific, iderary, or educational purposes, or for the prevention of cruetly to children or animals?  bil any answer is "Set" to 55(1)-(5), did any of the transactions fail to quality under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  N/A  Organizations exhiping on a current notice regarding disaster assistance (see instructions)?  N/A  Organizations exhiping on a current notice regarding disaster assistance (see instructions)?  N/A  Organizations exhiping on a current notice regarding disaster assistance (see instructions)?  N/A  N/A  N/A  Yes \[ N/A  Yes \[ N/A  N/A  Yes \[ N/A  N/A  Yes \[ N/A  N/A  Yes \[ N	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			- 1 - 1	
the prevention of cruelty to children or animals?  b If any answer is "Yes" to Sa(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c If the answer is "Yes" to question Sa(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d)  8a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If Yes To 6b, file Form 8870  To At any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  If Yes To 6b, file Form 8870  To At any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  If Yes To 6b, file Form 8870  To At any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  If Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average hours per week devoted to position of the highest-paid employees paid more than \$50,000  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (e) Expense allowances	b II any answer is "Yes" to \$6 (1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes" to question \$54,0 does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section \$3.4945-5(g)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to \$6, the Form 8870  9a At any time dation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to \$6, the Form 8870  9a If Yes, "In the statement required by Regulations section \$3.4945-5(g)  If Yes "S did the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes "S to \$6, the Form 8870  9a If Yes "A to any time dation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes "S did the foundation receive any proceeds or have any net uncome attributibile to the transaction?  If Yes "A to any time dating the text year, was the foundation a party to a prohibited tax sheller fransaction?  If yes "To be the transaction or the transaction of the transaction or the transaction or the transaction or the transaction of the transaction or the transaction or the transaction of the transaction or the transaction of the transaction or the transaction or transaction or the transaction or transaction or transaction or transaction or the transaction or transaction or transaction or transaction or trans	4945(d)(4)(A)? (see instructions)		Ye	es LX No		
b If any answer is Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  c If the answer is Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If Yes, "attach the statement required by Regulations section 53.4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes IX No  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes IX No  b If Yes, "did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly  Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position  (b) Total, and average hours per week devoted to position  (c) Compensation  (d) Compensation  (d) Compensation  (d) Compensation  (e) Expense account, other allowances  (e) Expense fours per week devoted to position  (d) Compensation  (e) Expense account, other allowances  (e) Compensation  (d) Compensation  (e) Expense account, other allowances  (d) Compensation  (d) Compensation  (e) Expense account, other allowances  (e) Compensation  (f) Compensation  (d) Compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Title, and average hours per week devoted to position  (d) Compensation  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) Compensation  (f) Co	b If any answer is "res" to Set (1)-(5), dot any of the transactions fall to qualify under the exceptions described in Regulations section 53.494 for in a current notice regarding disaster assistance (see instructions)?  N/A   Sb   St   St   St   St   St   St   St	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
Section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of If the answer is 'Yes' to gloss the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If 'Yes' to 6b, file Form 8870  7a At any time during the tex year, was the foundation a party to a prohibited tax shelter transaction?  Yes X No  b If 'Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (b) Title, and average hours per week devoited to position  (c) Compensation (file) compensatio	section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  If the answer is "Yes to question 53.49, does the foundation claim examption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d)  8a Drid the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 60, the Form 8870?  8A day time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  by If "Yes" to 60, the Form 8870?  At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  by If "Yes" did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII profession About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII profession About Officers, Directors, Trustees, Foundation Managers, Highly  Part VIII profession (a) Name and address  (a) Name and address  (a) Name and address  (b) Title, and average highly the provided of the	the prevention of cruelty to children or animals?		Ye	es LX No	1 1	
Criff the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 8b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted for position of five highest-paid employees (other than those included on line 1). If mone, enter "NONE."  (c) Compensation (d) Compensation (e) Expense allowances  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted for position (c) Compensation (e) Compensation (e) Expense allowances  (c) Compensation (f) Compensation (e) Expense allowances (e) Expense allowances (e) Expense allowances (e) Expense for the first pairs and address (e) Expense allowances (e) Expense for the first pairs and address (e) Expense allowances (e) Expense allowa	Organizations relying on a current notice reparding disaster assistance check here  If the answer is "yes" to quistion 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(c) Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the tax year, was the foundation a party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibit	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	der the exceptions described i	n Regulations			
Criff the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 8b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted for position of five highest-paid employees (other than those included on line 1). If mone, enter "NONE."  (c) Compensation (d) Compensation (e) Expense allowances  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted for position (c) Compensation (e) Compensation (e) Expense allowances  (c) Compensation (f) Compensation (e) Expense allowances (e) Expense allowances (e) Expense allowances (e) Expense for the first pairs and address (e) Expense allowances (e) Expense for the first pairs and address (e) Expense allowances (e) Expense allowa	Organizations relying on a current notice reparding disaster assistance check here  If the answer is "yes" to quistion 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(c) Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the tax year, was the foundation a party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibited tax sheller transaction?  To ak any time during the tax year, was the foundation and party to a prohibit	section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officiers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address foundation managers and their compensation.  (a) Name and address foundation managers and their compensation.  (b) If its, and average hours per week devoted to position for the part of the proper benefit plans a count, other allowances.  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) If its, and average hours per week devoted to position (c) Compensation (c)	c If the answer is "yes" to guestion 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes "to 6b, file Form 8870  At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes IX No  b I "Yes "X No  c I I I I I I I I I I I I I I I I I I	Organizations relying on a current notice regarding disaster assistance check h	ere , , , , , , , , , , , , , , , , ,		. ▶□ [		
## "Yes," attach the statement required by Regulations section 53 4945-5(d)  8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  ## Yes * to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  ## Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  ## Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  ### List all officers, directors, trustees, foundation managers and their compensation.  ### (a) Name and address  ### (a) Name and address  ### (a) Name and address of each employees (other than those included 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 devoled for the highest-paid employees (other than those included on line 1). If none, enter "NONE."  ### (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  ### (d) Contibutions to employee paid more than \$50,000  ### (c) Compensation of the highest-paid employee paid more than \$50,000  ### (c) Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  ### (c) Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  ### (d) Contibutions to employee paid more than \$50,000  ### (c) Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  ### (d) Contibutions to employee paid more than \$50,000  ### (c) Compensation of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  ### (d) Contibutions to employee account, other	## Yes, *attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  ## Yes ** To 8b, the Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 7a At any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction? 7b If Yes, ** Identify the foundation receive any proceeds or have any net income attributibible to the transaction?  ### Paid Employees, and Contractors    List all officers, directors, trustees, foundation managers and their compensation.	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, the Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation  (fin of paid, enter-0-)  (a) Compensation  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Combibutions to employee period pains account, other allowances  (e) Expense the provided provided to position  (b) Title, and average hours per week devoted to position (c) Compensation (c) Com	8a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  #*Yes** to 8b, ##E Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8b   X X   Yes** to 8b, ##E Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8b   #Yes** to 8b, ##E Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8b   #Yes** to 8b, ##E Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8b   X X   Yes** to 8b, ##E Form 8870  8c   Yes** X No	expenditure responsibility for the grant?	N	I/A. 🔲 Ye	98 🔲 No		
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If *Yes* to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  N/A  7b  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation (If not paid, enter -0-)  (d) Combebboos to explore the shift plants account, other allowances  (e) Expense Account, other allowances  2 Compensation of five highest-paid employees (other than those included 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 on line 1). If none, enter "NONE."  (c) Compensation (G) Combebboos to each employee paid more than \$50,000  (b) Title, and average hours per week devoted on line 1). If none, enter "NONE."  (c) Compensation (G) Expense allowances (G) Compensation (G) Compensation (G) Compensation (G) Expense allowances (G) Compensation (G) Compensation (G) Compensation (G) Compensation (G) Expense allowances (G) Expense allowances (G) Compensation (G) Compensation (G) Compensation (G) Compensation (G) Expense allowances (G) Compensation (G) Compen	a personal benefit contract?  D Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 65, the Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per veek devoted to position  (a) Name and address  (a) Name and address of each employee paid more than \$50,000  D C.  O C.  Total number of other employees paid over \$50,000	If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted to position  (b) Title, and average hours per week devoted to position  (c) Compensation (d) Combusions to ender the ender of compensation allowances  (d) Combusions to ender the ender of compensation (fill not paid, enter "O-)  O .  O .  O .  O .  O .  O .  O .  O	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, life Form 8370  If 1 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If 1 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation  (a) Name and address  (b) Title, and average hours per week devoted 10 position  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE"  (c) Compensation (c)	6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	pay premiums on				- 1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted to position  (b) Title, and average hours per week devoted to position  (c) Compensation (d) Combusions to ender the ender of compensation allowances  (d) Combusions to ender the ender of compensation (fill not paid, enter "O-)  O .  O .  O .  O .  O .  O .  O .  O	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes" to 6b, life Form 8370  If 1 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If 1 At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation  (a) Name and address  (b) Title, and average hours per week devoted 10 position  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE"  (c) Compensation (c)		, ,	Ye	es X No		
If "Yes" to 6b, file Form 8870  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation (d) Combubbers to enter "NONE."  (e) Expense and Country of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average hours per week devoted in the properties of the highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation (d) Combubbers to enter "NONE."  (d) Compensation (d) Combubbers to enter "NONE."  (e) Expense account, other allowances of each employee paid more than \$50,000  (b) Title, and average hours per week devoted in position (e) Compensation and other of the paid deterring the properties of the position of the paid deterring the properties of the position of the paid deterring the paid of the paid deterring the properties of the paid deterring the paid of the paid deterring the paid of the pai	## Yes' to 6b, file Form 8870 7a A tary time during the tax year, was the foundation a party to a prohibited tax shelter transaction?    Part VIII	•	ersonal benefit contract?		Į.	вь Х	
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted 10 position  (c) Compensation (If not paid, enter -0-)  and deferred allowances  2 Compensation of five highest-paid employees (other than those included 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 of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 2). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 3). If none, enter "NONE."  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 3). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 4). If none, enter "NONE."  (c) Compensation of five highest-paid employees (other than those included on line 4). If none, enter "NONE."	7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 Fest VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, Directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted to position  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation  (d) Coentrations to employee paid more than \$50,000  NONE  (e) Expense the provided of the position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (e) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation of the imployees the provided to position of the p					-	_
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address (b) Title, and average hours per week devoted to position (ff not paid, enter -0-)  SEE STATEMENT 6 (c) Compensation (d) Compensation (ff not paid, enter -0-)  2 Compensation of five highest-paid employees (other than those included 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) Compensation (ff not paid, enter -0-) (d) Compensation (ff not paid, enter -0-) (d) Compensation (ff not paid, enter -0-) (e) Expense account, other allowances (c) Compensation (d) Compensation (d) Compensation (d) Compensation (e) Expense and detered allowances (e) Expense and detered (e) Compensation (e) Compensation (e) Expense and detered allowances (e) Compensation (e) Compensation (e) Expense and detered allowances (e) Expense and detered allowances (e) Expense and element (e) Paid the enter -0-) (e) Expense and element (e) Paid the enter -0-) (e) Expense and element (e) Paid the enter -0-) (e) Expense and element (e) Paid the enter -0-) (e) Expense and element (e) Paid the enter -0-) (e) Expense and element (e) Paid the enter -0-) (e) Expense and element (e) Paid the enter -0-) (e) Expense and element (e) Paid the enter -0-) (e) Expense and element (e) Paid the enter -0-) (e) Expense and element (e) Paid the enter -0-) (e) Expense and element (e) Paid the enter -0-) (e) E	b If Yes, "did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Title, and average hours per view, devoted in position  (c) Compensation (ff not paid, enter -0.)  SEE STATEMENT 6  0 . 0 . 0 .  2 Compensation of five highest-paid employees (other than those included 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 view, devoted in position  (c) Compensation  (d) Contractions to enable the state of the properties of the properties of the position of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (c) Compensation  (d) Contractions to enable the state of the position of five highest-paid employees paid more than \$50,000  NONE  Total number of other employees paid over \$50,000	•	helter transaction?	□ v	s X No		ļ
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (fir not paid, enter -0-)  SEE STATEMENT 6 (c) Compensation (fir not paid, enter -0-)  O . O . O .  Compensation (fir not paid, enter -0-)  allowances  2 Compensation of five highest-paid employees (other than those included 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) Compensation	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position  (fill calculations and contractors and contractors.  SEE STATEMENT 6  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					<del>7h      </del>	
Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation (If not paid, enter -0-)  (d) Combutions to employee benefit plans and deterred compensation  (e) Expense  (a) Name and address  (b) Title, and average hours per week devoted to position  (f) not paid, enter -0-)  (g) Expense to enter -0-)  (g) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (g) 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 deterred compensation and deterred compensation.	Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Tille, and average hours per week devoted to position  (find paid, enter-0-)  (g) Expense acadount, other allowances  SEE STATEMENT 6  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Tille, and average hours per week devoted to position  (c) Compensation  (d) Contentions to employee the paid employees (other than those included on line 1). If none, enter "NONE."  (e) Expense acadount, other allowances  NONE  (e) Expense acadount, other allowances  (c) Compensation  (d) Contentions to employee benefit plants acadount, other allowances  (e) Expense acadount, other allowances  (find paid to employee plants and address of each employee plants acadount, other allowances)  (e) Expense acadount, other allowances  (find paid to employee plants acadount, other allowances)			nagers Highly			_
(a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation (If not paid, enter -0-)  (d) Combubutors to employee electric plans account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) not paid, enter -0-)  (g) Compensation (If not paid, e	(a) Name and address  (b) Titlo, and average hours per week devoted (if not paid, enter -0-)  (c) Compensation (if not paid, enter -0-)  (d) Compensation addering compensation addering compensation addering compensation addering compensation (if not paid, enter -0-)  (a) Name and address (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average hours week devoted to position  (c) Compensation (if not paid, enter "NONE."  (c) Compensation (if not paid, enter "NONE."  (c) Compensation (if not paid, enter "NONE."  (c) Compensation (if none, enter "NONE."  (d) Compensation (if none, enter "NONE."  (e) Compensation (if none, enter "NONE."  (if none, enter "NONE."  (if none, enter "NONE."  (if none, enter "NONE."  (if none, enter "NONE.		ood, roundation me		•		
(a) Name and address  (b) Title, and average hours per week devoted to position  (c) Compensation (If not paid, enter -0-)  (d) Combubutors to employee electric plans account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (e) Expense account, other allowances  (f) not paid, enter -0-)  (g) Compensation (If not paid, e	(a) Name and address  (b) Titlo, and average hours per week devoted (if not paid, enter -0-)  (c) Compensation (if not paid, enter -0-)  (d) Compensation addering compensation addering compensation addering compensation addering compensation (if not paid, enter -0-)  (a) Name and address (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE."  (b) Title, and average hours week devoted to position  (c) Compensation (if not paid, enter "NONE."  (c) Compensation (if not paid, enter "NONE."  (c) Compensation (if not paid, enter "NONE."  (c) Compensation (if none, enter "NONE."  (d) Compensation (if none, enter "NONE."  (e) Compensation (if none, enter "NONE."  (if none, enter "NONE."  (if none, enter "NONE."  (if none, enter "NONE."  (if none, enter "NONE.	1 List all officers, directors, trustees, foundation managers and their	compensation.			_	—
SEE STATEMENT 6  O. O. O.  Compensation  Compensation  O. O.  O.	SEE STATEMENT 6  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average devoted to position  (c) Compensation  (d) Compensation  (e) Expense and determine an	<u>-</u> <u>*</u>	<del>,</del>		(d) Contributions to	(e) Expense	<del>-</del>
SEE STATEMENT 6  O. O. O.  Compensation  Compensation  O. O.  O.	SEE STATEMENT 6  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average devoted to position  (c) Compensation  (d) Compensation  (e) Expense and determine an	(a) Name and address	hours per week devoted	(If not paid,	employee benefit plans and deferred	account, oth	er.
2 Compensation of five highest-paid employees (other than those included 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 allowances	2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation (c) Compensation and determine the position of the position		to position	enter -0-)	compensation	allowalices	<u>`</u>
2 Compensation of five highest-paid employees (other than those included 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 allowances	2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation (c) Compensation and determine the position of the position					ı	
2 Compensation of five highest-paid employees (other than those included 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 allowances	2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation (c) Compensation and determine the position of the position	СБЕ СПУПЕМЕМИ К			ا م		١
(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 detered compensation allowances	(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 enployee benefit plans account, other allowances  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 enployee account, other allowances  (e) Total number of other employees paid over \$50,000	SEE STATEMENT 0		· · · · ·	0.		<u>-</u>
(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 detered compensation allowances	(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 enployee benefit plans account, other allowances  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 enployee account, other allowances  (e) Total number of other employees paid over \$50,000					I	
(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 detered compensation allowances	(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 enployee benefit plans account, other allowances  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 enployee account, other allowances  (e) Total number of other employees paid over \$50,000					I	
(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 detered compensation allowances	(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 enployee benefit plans account, other allowances  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 enployee account, other allowances  (e) Total number of other employees paid over \$50,000			<del> </del> -		<del></del>	—
(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 detered compensation allowances	(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 enployee benefit plans account, other allowances  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 enployee account, other allowances  (e) Total number of other employees paid over \$50,000					I	
(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 detered compensation allowances	(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 enployee benefit plans account, other allowances  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 enployee account, other allowances  (e) Total number of other employees paid over \$50,000					I	
(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 detered compensation allowances	(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 enployee benefit plans account, other allowances  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 enployee account, other allowances  (e) Total number of other employees paid over \$50,000			ļ <u>.</u>		<del></del>	
(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 detered compensation allowances	(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 enployee benefit plans account, other allowances  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 enployee account, other allowances  (e) Total number of other employees paid over \$50,000						
(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 detered compensation allowances	(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 enployee benefit plans account, other allowances  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 enployee account, other allowances  (e) Total number of other employees paid over \$50,000						
(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 detered compensation allowances	(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 enployee benefit plans account, other allowances  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 enployee account, other allowances  (e) Total number of other employees paid over \$50,000				<u></u>	<u> </u>	_
devoted to position allowances	NONE    devoted to position   devoted to pos	2 Compensation of five nignest-paid employees (other than those inc		enter "NONE."	(d) Contributors to	(-) Evpopo	_
devoted to position allowances	NONE    devoted to position   devoted to pos	(a) Name and address of each employee paid more than \$50,000	' 'hours per week '	(c) Compensation	employee benefit plans	account, oth	e 1er
NONE	Total number of other employees paid over \$50,000   ■ 0		devoted to position	(4)	compensation	allowances	<u>s</u>
	total names of date on project part over the state	NONE					
	total names of date on project part over the state						_
	total names of date on project part over the state						
	total names of date on project part over the state						
	total names of date on project part over the state						
	total names of date on project part over the state			<u> </u>	<u> </u>		
	total names of date on project part over the state					_	_
	total names of date on project part over the state				1		
	total names of date on project part over the state			1	1		
	total names of date on project part over the state		1		1		
Total number of other employees paid over \$50,000		Total number of other employees paid over \$50,000	•		<b>▶</b>		0
	Fulli <b>350-FF</b> (2010)		=	-	Form	990-PF (20	16)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		īa l	1,192,884.
	Average of monthly cash balances	1b	1,192,884.
	Fair market value of all other assets	1c	<u> </u>
d	Total (add lines 1a, b, and c)	1d	1,302,083.
е	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
	1c (attach detailed explanation)   1e   0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,302,083.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	19,531.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,282,552.
6	Minimum investment return. Enter 5% of line 5	6	64,128.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations check here   and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	64,128.
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	260.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	63,868.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	63,868.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	63,868.
F	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	76,500.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	76,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<u>-</u>
	income. Enter 1% of Part I, line 27b	5	260.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	76,240.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	or the section
	4040(a) reduction of tay in these years		

Part XIII	Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				62.060
line 7				63,868.
2 Undistributed income, if any, as of the end of 2016			10 015	
a Enter amount for 2015 only	<del></del>		18,015.	
<b>b</b> Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
Ţ.				
4 Qualifying distributions for 2016 from Part XII, line 4: ►\$ 76,500.				
			18,015.	
a Applied to 2015, but not more than line 2a	<del></del>		10,015.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		U •		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U•			EO AOE
d Applied to 2016 distributable amount	0.			58,485.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below;				ı
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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				1
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				<b>5</b> 000
be distributed in 2017				5,383.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	0			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.	0.			
Subtract lines 7 and 8 from line 6a	U.			
0 Analysis of line 9:				
a Excess from 2012 b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				
0 E NOCOSO 11 OHI 20 10			<del></del>	F 000 DE (0040)

	D PROVIDENT			01-6	012457 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2016, enter the date of t	the ruling	▶	·	
b Check box to indicate whether the foun	dation is a private operation	ng foundation described i		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed			<u></u>	1	
b 85% of line 2a					
c Qualifying distributions from Part XII,	!	Į		/	
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of	į	İ	1		
exempt activities					
e Qualifying distributions made directly			1	/	
for active conduct of exempt activities.			/		
Subtract line 2d from line 2c				<u> </u>	
3 Complete 3a, b, or c for the alternative test relied upon;		ļ	/	}	
a "Assets" alternative test - enter:			/		
(1) Value of all assets					
(2) Value of assets qualifying			1/		
under section 4942(j)(3)(B)(i)			/		
b "Endowment" alternative test - enter 2/3 of minimum investment return		/			
shown in Part X, line 6 for each year		/			
listed					
c "Support" alternative test - enter;		/	1	1	
(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	/	Í			
organizations as provided in					
section 4942(j)(3)(B)(III)		ļ <u>.</u>			<del></del>
(3) Largest amount of support from		]		ì	
an exempt organization			<u> </u>		
(4) Gross investment income		A Abia a a A	if the formulation	 	
Part XV Supplementary Info			if the foundation	n nad \$5,000 or	more in assets
at any time during		ructions.)			
1 Information Regarding Foundation	_				
a List any managers of the foundation will year (but only if they have contributed)			ributions received by the	e toundation before the	close of any tax
• • •	ποιε τιαπ φυ,σοση: (σεε σ	0000011 307 (0)(2).)			
NONE	100/		/		
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large port	ion of the ownership of	a partnersnip or
NONE	1070 or grouter miches	<del></del>			
			<del></del>		
2 Information Regarding Contribut					annuals for finado If
Check here <b>X</b> if the foundation the foundation makes gifts, grants, etc.					
	<u> </u>	<del></del>			
a The name, address, and telephone num	iver or e-mail address of t	uie person to wnom appl	ications should be addre	tsstu.	
h The form in which applications should	he culturated and informa	ton and meterials their a	havid malvidas		
<b>b</b> The form in which applications should	ne suommen and imorma	nion and materials they s	noula include;		
e Any submission deadlines	<del></del>				
c Any submission deadlines,					
d Any restrictions or limitations on award	to euch se hu accorachia	al areae charitable fields	kinds of institutions or	other factors:	
a Any resulctions of littlications off award	ia, aucii da by yebyrapilici	ما بياتون , دااما الطيالا الدالاة ,	, kiilus vi ilistitutiviis, Vi	other factors,	

3 Grants and Contributions Paid D	ouring the Year or Approved for Future	e Payment	<del></del>	
Recipient	If recipient is an individual,	F	Durana of another	
Name and address (home or busin	lf recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	0.0000000000000000000000000000000000000	1	<del>                                     </del>	
o the coming and your				
SEE STATEMENT	N/A	PC	CHARITABLE	
SEE STATEMENT				
SEE STATEMENT		<del> </del>	<del></del>	76,000.
		4		
		1		
		Ì		
		1		
<del></del>			<del> </del>	<del> </del>
				İ
		1		}
		T		
		1		
				I
Total			<b>▶</b> 3a	76,000.
b Approved for future payment			T	
NONE				
		<del></del>	<del> </del>	<del> </del>
	J			
			ļ.	
		ļ		
		-		
		l		<del> </del>
Total			<b>▶</b> 3b	0 . Form <b>990-PF</b> (2016)

Part XVI-A	Analysis	of Income	-Producing	<b>Activities</b>
	/a.y 0.0	01 111001110		700111100

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)		
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income		
1 Program service revenue.	code		code	Alliodit			
a							
D			_				
·							
0							
e							
·					<del></del>		
g Fees and contracts from government agencies			_				
2 Membership dues and assessments		<del></del>	_		<del></del>		
3 Interest on savings and temporary cash investments							
4 Dividends and interest from securities			14	28,984.			
5 Net rental income or (loss) from real estate:							
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal property							
7 Other investment income							
8 Gain or (loss) from sales of assets other than inventory			18	7,109.			
9 Net income or (loss) from special events		, , , , , , , , , , , , , , , , , , ,					
10 Gross profit or (loss) from sales of inventory							
11 Other revenue.							
a	]			]			
b							
c							
d							
e							
12 Subtotal. Add columns (b), (d), and (e)		0	١.	36,093.	0.		
13 Total. Add line 12, columns (b), (d), and (e)				13	36,093.		
(See worksheet in line 13 instructions to verify calculations.)							
Part XVI-B Relationship of Activities to	the Acco	mplishment of	Exemp	ot Purposes			

▼	the foundation's exempt purposes (other than by providing funds for such purposes).			
623621 11-23	-16	Form <b>990-PF</b> (2016		

	Exempt Organ	izations				•			
1 Did the or	ganization directly or indi	rectly engage in any o	of the following	ng with any other organizatio	n described in secti	on 501(c) of		Yes	No
the Code (	other than section 501(c	)(3) organizations) or	in section 5	27, relating to political organi	ızatıons?		1 [		
a Transfers	from the reporting found	ation to a noncharitab	le exempt or	ganization of:					
(1) Cash							1a(1)		X
(2) Other	assets						1a(2)		X
<b>b</b> Other tran	sactions:								
(1) Sales	of assets to a noncharita	ible exempt organizati	ion			,	16(1)		X
(2) Purch	nases of assets from a no	ncharitable exempt or	rganization				16(2)		X
(3) Renta	al of facilities, equipment,	or other assets					1b(3)		X
(4) Reim	bursement arrangements						1b(4)		X
(5) Loans	s or loan guarantees .						1b(5)		X
(6) Perfo	rmance of services or me	embership or fundrais					1b(6)		X
c Sharing of	f facilities, equipment, ma	iling lists, other asset	ts, or paid en	nployees			1c		X
d If the answ	ver to any of the above is	"Yes," complete the fo	ollowing schi	edule. Column (b) should alv	vays show the fair m	narket value of the goods, o	ther asse	ts,	
or service	s given by the reporting f	oundation. If the foun	dation receiv	ed less than fair market valu	e in any transaction	or sharing arrangement, sl	how in		
	I) the value of the goods,								
(a)Line no	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactions, and s	haring arra	пдете	nts
			N/A						
					I				
		ļ			<u> </u>				
		<u> </u>							
	·	<u></u>							
		<u> </u>							
ın section	501(c) of the Code (othe omplete the following sch	r than section 501(c) edule.					Yes	X	□ No
	(a) Name of org	ganization		(b) Type of organization		(c) Description of relations	nip		
	N/A								
				<u> </u>					
				ļ <del>-</del>					
				ļ					
Lindor	populting of powers I deplete	that I have everyood this	satura maludi		aistematic and in the	heat of any keny lades			
Sign Here		mplete Declaration of pre		ng accompanying schedules and an taxpayer) is based on all Inform  Date		r has any knowledge retu sho	the IRS di rn with the wn below (	prepar	rer
	Print/Type preparer's na		Preparer's		Date	Check if PTIN			
	" ' '		'	J.		self- employed			
Paid									
Preparer Firm's name				<u> </u>	Firm's EIN ▶				
Use Only									
•	Firm's address >								
						Рһоле по			
	<u>.                                    </u>	<del></del>					orm <b>990</b>	-PF	(2016)

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

OMB No 1545-0047

PORTLAND PROVIDENT ASSOCIATION

Employer identification number

	P(	ORTLAND PROVIDENT ASSOCIATION	01-6012457		
Organiz	ation type (check o	ne):			
Filers of	:	Section:			
Form 990 or 990-EZ		501(c)( ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	O-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			
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions.		
General	Rule				
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II See instructions for determining a contributor			
Special	Rules				
	sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	or 16b, and that received from		
	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				
	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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.				
but it mi	ust answer "No" or	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fin Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 1990 requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

## PORTLAND PROVIDENT ASSOCIATION

01-6012457

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional and additional and additional and additional and additional and additional and additional and additional additional and additional	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ASA CLAPP TRUST C/O CITY OF PORTLAND 389 CONGRESS STREET  PORTALND , ME 04101	s35,610.	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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1		Schodulo B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.)  990, 990-EZ, or 990-PF) (2016

Name of organization

Employer identification number

# PORTLAND PROVIDENT ASSOCIATION

01-6012457

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		     \$	
(a) No. Irom 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
		<b></b>   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Name of orga •	nizavon		Employer identification number			
PORTLAI	ND PROVIDENT ASSOCIATI	ON	01-6012457 ection 501(c)(7), (8), or (10) that total more than \$1,000 for			
raitiii	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	columns (a) through (e) and the following	line entry, For organizations			
	Use duplicate copies of Part III if addition	nal space is needed	to the year (Enter this into once)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, a	and ZIP + 4	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, a	(e) Transfer of gift and ZIP + 4	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			
		(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	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			
		(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			

FORM 9.90-PF	ACCOUNTI	NG FEES	S	PATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,000.	500.		500.
TO FORM 990-PF, PG 1, LN 16B	1,000.	500.		500.
FORM 990-PF (	OTHER PROFES	SIONAL FEES	S	ratement 2
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
CUSTODIAN FEES	9,420.	9,420.		0.
TO FORM 990-PF, PG 1, LN 16C	9,420.	9,420.		0.
FORM 990-PF	TAX	ES	S'	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FOREIGN TAX	55.	55.		0.
TO FORM 990-PF, PG 1, LN 18	55.	55.		0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER	145.	145.		0.
TO FORM 990-PF, PG 1, LN 23	145.	145.		0.

FORM 9.90-PF CO	RPORATE STOCK		STATI	EMENT 5
DESCRIPTION		BOOK VALUE		MARKET ALUE
PUBLICLY TRADED SECURITIES - SEE S	TMT 7	1,270,12	21. 1	,270,121.
TOTAL TO FORM 990-PF, PART II, LIN	IE 10B	1,270,12	21. 1	,270,121.
FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, D		STATI	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
PETER WEBSTER ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 041120586	SECRETARY 0.50	0.	0.	0.
MARGARET BOULOS ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 041120586	TRUSTEE 0.50	0.	0.	0.
ROBERT CLARK ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 041120586	TRUSTEE 0.50	0.	0.	0.
DONALD HARDEN ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 041120586	TRUSTEE 0.50	0.	0.	0.
ANITA JONES ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 041120586	TRUSTEE 0.50	0.	0.	0.
ELEANOR MAVODONES ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 041120586	TRUSTEE 0.50	0.	0.	0.
LIZ COTTER SCHLAX ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 041120586	TRUSTEE 0.50	0.	0.	0.
SANDY BROOKS ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 041120586	TRUSTEE 0.50	0.	0.	0.

PORTLAND PROVIDENT ASSOCIATION			01	-6012457
PETER GRIBBIN ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 041120586	TRUSTEE 0.50	0.	0.	0.
CHARLES E. PRINN III ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 041120586	<del>-</del>	0.	0.	0.
KRISTIN REDSTONE ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 041120586	TREASURER 0.50	0.	0.	0.
SHAWNEE SAX ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 041120586	TRUSTEE 0.50	0.	0.	0.
DONALD MORRISON ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 041120586	TRUSTEE 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

#### PART XV

## **RELIEF PAYMENTS**

Baptist Food Pantry	360 Canco Road Portland, ME 04103	2,000
Bayside Learning Center	272 Congress Street Portland ME 04103	500
Campfire-Hitinowa Council	336 Black Point Rd, Scarborough, ME 04074	1,000
Catholic Charities Maine (Refugee Resettlement)	80 Sherman Street Portland, ME 04103	2,000
Catholic Charities Maine (Recovery Services)	PO Box 10660, Portland, ME 04104	2,500
Community Counseling Center	165 Lancaster St, Portland, ME 04101	2,000
Cora Brown Foundation	387 St John Street, Portland, ME 04102	2,000
Elder Circle, Inc.	PO Box 17751, Portland, ME 04112	2,000
Evodia Crossroads	71 US Route One, Scarborough, ME 04074	2,000
Family Crisis Services, Inc.	PO Box 704, Portland, ME 04104	3,000
Family Shelter	54 Chestnut Street, Portland, ME 04101	1,000
Food Locker Program	73 Federal Street, Portland, ME 04101	1,000
Florence House	190 Valley Street, Portland, ME 04102	2,000
Friendship House	390 Lincoln Street, South Portland, ME 04106	1,000
Girl Scouts	138 Gannett Drive, South Portland, ME 04106	1,000
Good Shepherd Food Bank	3121 Hotel Road, Auburn, ME 04210	1,000
Furniture Friends	PO Box 631, Westbrook, ME 04098	2,000
The Iris Network	189 Park Avenue, Portland, ME 04102	2,500
Jewish Community Food Pantry	1342 Congress St, Portland, ME 04102	1,000
Kids Fırst	222 St John Street Portland, ME 04102	1,000
King Middle School	92 Deering Avenue, Portland, ME 04102	500
Learning Works	181 Brackett Street, Portland, ME 04102	500
Legal Services for the Elderly	5 Wabon Street, Augusta, ME 04330	1,000
Martha's Cottage	14 Main Street, Box 4, Brunswick, ME 04011	1,000
McAuley Residence	68 High Street, Portland, ME 04101	1,000
Portland Boys' and Girls' Clubs	277 Cumberland Avenue, Portland, ME 04102	4,000
Portland Female Charitable Society	8 Marathon Avenue, Gorham, ME 04038	3,000
Preble Street Resource Center, Inc.	5 Portland Street, Portland, ME 04101	3,000
Project Blessing	8 Elkins Road, Gorham, ME 04038	1,000
Reiche School	166 Brackett Street, Portland, ME 04102	1,500
Root Cellar	94 Washington Ave, Portland, ME 04101	1,000
Sacred Heart- St. Dominic's Food Pantry	65 Mellen St, Portland, ME 04101	1,000
Salvation Army	297 Cumberland Avenue, Portland, ME 04104	2,000
Sexual Assault Response Services	175 Lancaster Street, Portland, ME 04101	1,000
Shalom House	106 Gilman Street, Portland, ME 04102	1,000
Southern Maine Area Agency on Aging	136 U S. Route 1, Scarborough, ME 04074	4,000
St. Elizabeth Pantry	143 State Street, Portland, ME 04101	1,000
St. Luke's Food Pantry	143 State Street, Portland, ME 04101	1,000
St. Vincent dePaul Soup Kitchen	307 Congress Street, Portland, ME 04101	2,000
Susan L Curtis Foundation	1321 Washington Ave #104, Portland, ME 04103	2,000
Wayside Soup Kitchen	135 Walton Street, Portland, ME 04103	2,000
White Memorial Food Pantry	97 Allen Avenue, Portland, ME 04102	1,000
Willston Immanuel Church	156 High Street, Portland, ME 04101	1,000

Woodfords Feed	202 Woodford, Street Portland, ME 04103
Opportunity Alliance	50 Lydia Lane, South Portland, ME 04106

Total relief payments <u>76,000</u>

1,000 6,000