2949106903001

Form **990-PF** 

EXTENDED TO MAY 15, 2018 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Department of the Treasury Internal Revenue Service

For calendar year 2016 or tax year beginning JUI	<u>1, 2016</u>	, and ending	<u>JUN 30, 2017</u>	
Name of forindation			A Employer identification	number
THE MORTON FOUNDATION, INC	2.		04-3288386	
Number and street (or P O box number if mail is not delivered to street	t address)	Room/suite	B Telephone number	
_C/O CAROLYN SAYWARD 1 NATE	E'S WAY		(207) 361	2525
City or town, state or province, country, and ZIP or foreign			C If exemption application is po	ending, check here
CAPE NEDDICK, ME 03902				3,
G Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
Final return	Amended return			,
Address change	Name change	57%	<ol><li>Foreign organizations me check here and attach co</li></ol>	eting the 85% test,
H Check type of organization: X Section 501(c)(3) e		() la		
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda		E If private foundation state under section 507(b)(1)	
	ing method: Cash	X Accrual	F If the foundation is in a 6	• •
·   —	ther (specify)		under section 507(b)(1)	
▶\$ 2109801. (Part I, cold	ımn (d) must be on cash b	pasis.)	under 500mm 507 (5)( 1)	(5), 6110011 11012
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	<del> </del>		<del></del>	
2 Check X if the foundation is not required to attach Sch B			<del></del>	<del> </del>
3 Interest on savings and temporary cash investments	3.	3.	٦.	STATEMENT 1
4 Dividends and interest from securities	45197.	45197.		STATEMENT 2
5a Gross rents	13137.	<u> </u>	13137.	<u> </u>
6a Net gain or (loss) from sale of assets not on line 10	2813.		<del></del>	
b Gross sales price for all 58414.	2015.	<del></del>		
7 Capital gain net income (from Part IV, line 2)		2813.		
b Net rental income or (loss)  6a Net gain or (loss) from sale of assets not on line 10  b Gross sales price for all 58414.  7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain		2013.	0.	
9 Income modifications				
Gross sales less returns				<del></del>
b Less Cost of goods sold	<del> </del>			
c Gross profit or (loss)	<del> </del>			
`   44 04	11945.	11945.	119/15	STATEMENT 3
12 Total Add Inde of through it	59958.	59958.	57145.	DIMITEMENT 5
13 Compensation of officers directors trustees at Q	0.	0.	<u> </u>	0.
14 Other employee salaries and wapes 9			<del>.</del>	
15 Pension plans, employee benefits				
% 16a Legal fees				
b Accounting fees (7,11) = N, UI				
c Other professional fees STMT 4	18932.	18932.	18932.	0.
9 17 Interest	10551.	10332.	10552.	
18 Taxes STMT 5	3218.	0.	3218.	0.
b Accounting fees 5 STMT 4  to Other professional fees STMT 4  to Interest 18 Taxes STMT 5  19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6  Total operating and administrative expenses. Add lines 13 through 23	240.	0.	836.	<u>-</u> -
20 Occupancy	270.		030.	<del></del>
21 Travel, conferences, and meetings				<del> </del>
22 Printing and publications		<del></del>		
22 Printing and publications 29 23 Other expenses STMT 6	112875.	15330.	15330.	97545.
24 Total operating and administrative	1120/3.	1000.	13300	7,747.
expenses. Add lines 13 through 23	135265.	34262.	38316.	97545.
25 Contributions, gifts, grants paid	40000.	34404.	30310.	40000.
26 Total expenses and disbursements.	40000		<del></del>	40000
Add lines 24 and 25	175265.	34262.	38316.	137545.
27 Subtract line 26 from line 12:	1/3403.	J#404.	20310.	13/343.
	-115307.			
Excess of revenue over expenses and disbursements     Net investment income (if negative, enter -0-)	-11330/	25696.	<del> </del>	<del> </del>
	<u> </u>	43090.	18829.	<del> </del>
C Adjusted net income (if negative, enter -0-)	<del></del>		10049.	

Beginning of year

04-3288386

End of year

Page 2

Form 990-PF (2016)

Form 990-PF (2016)

THE MORTON FOUNDATION,

·	2					
Form 990-PF (2016) THE MORTON FOUNDATION, INC.	7	ı	04-328	18386	p	Page 4
Part VI Excise Tax Based on Investment Income (Section	4940(a), 4940(b), 49					
1a Exempt operating foundations described in section 4940(d)(2), check here ▶	<del>``````</del>	<u> </u>				
Date of ruling or determination letter: (attach copy of lette		(2)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check h		,	1		2	57.
of Part I, line 27b						
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations en	nter 4% of Part I, line 12, col. i	'b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations			2			0.
3 Add lines 1 and 2	omje omere emer e ,	į	3		2	57.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations	only. Others enter -0-)		4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -	= = = = = = = = = = = = = = = = = = = =		5		2	57.
6 Credits/Payments;	•	ľ				
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a	3120.	}			
b Exempt foreign organizations - tax withheld at source	6b		}			
c Tax paid with application for extension of time to file (Form 8868)	6c		ŀ			
d Backup withholding erroneously withheld	6d		}			
7 Total credits and payments. Add lines 6a through 6d			7		31	20.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220	) is attached	Ì	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶ Ì	9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount over	paid	<b></b>	10		28	63.
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	2863.	Refunded -	11	_		0.
Part VII-A Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or loc	cal legislation or did it participa	te or intervene	ın		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 fo	r the definition)	?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activ	rities and copies of any ma	tenals publish	ed or			
distributed by the foundation in connection with the activities.					j	
c Did the foundation file Form 1120-POL for this year?				1c	i. j	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed dui	ring the year:					
(1) On the foundation. > \$ 0 . (2) On foundation ma	anagers. > \$	0.		}	ìi	ı
e Enter the reimbursement (if any) paid by the foundation during the year for political e		undation		}		ı
managers. ► \$0.					l l	
2 Has the foundation engaged in any activities that have not previously been reported t	to the IRS?			2		<u>X</u> _
If "Yes," attach a detailed description of the activities						
3 Has the foundation made any changes, not previously reported to the IRS, in its government	erning instrument, articles of i	ncorporation, o	r	ļ	} }	ı
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>b</b> If "Yes," has it filed <b>a</b> tax return on <b>Form 990-T</b> for this year?			$\mathbf{N}/\mathbf{A}$	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during th	e year?			5		X
If "Yes," attach the statement required by General Instruction T				}	1	1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) sati	isfied either:				] ]	ļ
<ul> <li>By language in the governing instrument, or</li> </ul>				l		l
<ul> <li>By state legislation that effectively amends the governing instrument so that no ma</li> </ul>	andatory directions that confli	t 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	s," complete Part II, col (c,	, and Part XV		7	X	
				-		
8a Enter the states to which the foundation reports or with which it is registered (see in	structions) 🕨			-	}	į
MA, ME				_		İ
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF t	- · · · · · · · · · · · · · · · · · · ·	signate)				İ
of each state as required by General Instruction G? If "No," attach explanation				8b	X	——
9 Is the foundation claiming status as a private operating foundation within the meaning		12(j)(5) for cale	ndar			1
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "				9	X	<u> </u>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach	a schedule listing their names and	addresses		10		X
				Form <b>99</b> 0	U-PF	(2016)

990-PF (2016) THE MORTON FOUNDATION, INC. 04-328 rt VII-A   Statements Regarding Activities (continued)	0386		Page
TO VII-A   Otalements negarding Activities (continued)	<del></del>	Yes	No
At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	ì		140
section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	l i	X
Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	<del>  ''</del> -	$\vdash \neg$	
If "Yes," attach statement (see instructions)	12		X
Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
Website address > N/A	[		
The books are in care of ► CAROLYN M. SAYWARD  Telephone no.►207-3	61-2	525	
Located at 1 NATE'S WAY, CAPE NEDDICK, ME  ZIP+4 DO			
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	<u> </u>	_	T
and enter the amount of tax-exempt interest received or accrued during the year	N	/A	_
At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	N
securities, or other financial account in a foreign country?	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10_		_^
foreign country	- {		
rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	N
During the year did the foundation (either directly or indirectly):	<u> </u>	1.03	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	j	]	Ì
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	ļ	l	
a disqualified person?	-	( )	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	-		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	}		{
	}		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	}	}	}
	}	}	}
(6) Agree to pay money or property to a government official? (Exception. Check "No"	)	}	
If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	j	)	]
· · · · · · · · · · · · · · · · · · ·	]	]	]
If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			٠,
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here	1b	<del> </del>	K
organization rotying on a content rotation rogal and a content content on content of content on content of content on content or content on content or con	Ţ		
Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1.		•
before the first day of the tax year beginning in 2016?	1c	├	X
Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1	{	}
defined in section 4942(j)(3) or 4942(j)(5)):	1	1	
At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1	ļ	
before 2016? Yes X No	1	)	Ì
If "Yes," list the years \( \sum_  \)	1		ĺ
Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		ļ	t
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		[	ł
statement - see instructions.) N/A	2b	<b>↓</b>	╙
If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	- 1	}	}
<b>&gt;</b>		}	
Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		}	1
during the year?	}	]	
	)	1	1
If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after	1	1	
If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	i	1	
		1	1
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	3b	<u> </u>	Ļ.,
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	3b 4a		K
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016)  N/A		-	K

Part VIII-B  Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2016) THE MORTON FOUNDATION, I	INC.		<u>04-32883</u>	<u>86 Page 6</u>
(1) Carry on propagands, or otherwise attempt to influence legislation (section 4945(s))?  (2) Influence the outcome of any spench public election (see section 4955); or to carry on, directly,  "any voter registration drive?  (3) Provide a grient to an individual for travel, study, or other similar purposes?  (4) Provide a grient to an individual for travel, study, or other similar purposes?  (3) Provide for any purpose other than religious, chantable, scientific, liferary, or educational purposes, or for the prevention of cretify to children or animals?  (5) Provide for any purpose other than religious, chantable, scientific, liferary, or educational purposes, or for the prevention of cretify to children or animals?  (5) Provide for any purpose other than religious, chantable, scientific, liferary, or educational purposes, or for the prevention of cretify to children or animals?  (5) Provide for any purpose other than religious, chantable, scientific, liferary, or educational purposes, or for the prevention of cretify to children or animals?  (6) I array strate in the student or than consecution of the scientific or chantable in the scientific or scientific or chantable in the scientific or scientifi	Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any other registation steve?  (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?  (5) Provide for any purpose other than retaplous, charitable, etc., organization described in section  49.65(c)(4)(4)? See instruction of creatly to difference or animals?  (5) Provide for any purpose other than retaplous, charitable, seemfule, therapy, or educational purposes, or for the prevention of creatly to difference or animals?  (6) If the animals of section 53 (4) (5), did any of the transactions faul to qualify under the exceptional described in Regulations section 53.4945 or in a current innice regarding desister assistance sheck here  (8) If the animals or appropriate in the season of the se	5a During the year did the foundation pay or incur any amount to:				
any voter registration drive?  (3) Provide a grant to an organization other than a charitable, etc., organization described in section 4545(6)(4)(A)(A) (see instructions)  (5) Provide to grant to an organization other than a charitable, etc., organization described in section 4545(6)(4)(A)(A) (see instructions)  (5) Provide to any purpose other than religious, charitable, scientifie, literary, or educational purposes, or for the prevention of criefly to children or animals?  If way is make "vise" to Su(1)(4) daily of the transactions fall to qualify under the exceptions described in Repulsions 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 keek here  of this answer is "vise" to question 53.4(4), does the foundation claim eximption from the tax because it maintained expenditure respondently for the grant?  If "vise," attach the statement required by Regulations section 53.4945-5(e)  8 bit the foundation, during the year, per premiums, directly or indirectly, on a personal benefit contract?  If "vise," to 65, in Form 870.  1 bit the loundation, during the year, per premiums, directly or indirectly, on a personal benefit contract?  If "vise," to 65, in Form 870.  1 In Types," to 65, in Form 870.  1 In Types," to 65, in Form 870.  1 Information About Officers, Directors, Trustees, Foundation Managers, Highly  Pald Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address of have any net moone attributable to the transaction?  On the pald, in the pald, in the pald	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y6	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide agrant to an organization other than a charable, etc., organization described in section  4945(d)4(A)? (see instructions)  (5) Provide for any purpose other than a charable, etc., organization described in section  5) I alway answer is "Yes" to \$4(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.495 for in a current notice regarding desaster assistance (see instructions)?  Organizations relying on a current notice regarding desaster assistance (see instructions)?  Organizations relying on a current notice regarding desaster assistance check here  of the answers "Yes" to question \$64(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(q)  B old the foundation, during the yay, reavy premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 60, the Form 8870.  A Nan yim during the tax year, was the foundation a party to a prohibited tax shelter transaction?  I have the foundation during the year, and year may premium, directly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Analysis of the grant shell be the transaction?  I have the foundation of the foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation foundation	(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,	,	} {
(3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide agrant to an organization other than a charable, etc., organization described in section  4945(d)4(A)? (see instructions)  (5) Provide for any purpose other than a charable, etc., organization described in section  5) I alway answer is "Yes" to \$4(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.495 for in a current notice regarding desaster assistance (see instructions)?  Organizations relying on a current notice regarding desaster assistance (see instructions)?  Organizations relying on a current notice regarding desaster assistance check here  of the answers "Yes" to question \$64(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(q)  B old the foundation, during the yay, reavy premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 60, the Form 8870.  A Nan yim during the tax year, was the foundation a party to a prohibited tax shelter transaction?  I have the foundation during the year, and year may premium, directly, to pay premiums on a personal benefit contract?  If "Yes," attach the statement required by Analysis of the grant shell be the transaction?  I have the foundation of the foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation foundation aparty to a prohibited tax shelter transaction?  I have the foundation foundation foundation	any voter registration drive?		Ye	es X No	1 1
(4) Provide a grant to an organization of their than a charitable, etc., organization described in section  4945()(4)(A)? (see instructions)  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of ouely to children or animals?  I if any answers in Yes to 54(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 (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A  N/A  Yes No  N/A  N/A  Yes No  N/A  Yes No  N/A  Organizations relying on a current notice regarding disaster assistance (see instructions)?  N/A  Yes No  N/A  N/A  Yes No  N/A  N/A  Yes No  N/A  N/A  Yes No  N/A  Yes No  N/A  Yes No  N/A  N/A  Yes No  N/A  Yes No  N/A  N/A  Yes No  N/A  N/A  N/A  Yes No  N/A  N/A  Yes No  N/A  N/A  Yes No  N/A  N/	(3) Provide a grant to an individual for travel, study, or other similar purposes	?			1 1
4945(d)(4)(A)(A)(A)(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?  I literary answer is "Yes" to \$1(1)(5), did any of the transactions fall to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding descater assistance (see instructions)?  Organizations relying on a current notice regarding descater assistance check here  I the answers "Yes" to question \$4(4), does the foundation claim exception from the tax because it maintained expenditure responsibility for the grain?  If "Yes," affacts the statement required by Regulations section \$3.4945.5(d)  B old the foundation, during the tax, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes "to 6b, file Form 8870.  Ta All any time during the fax year, was the foundation a party to a prohibited tax shaller transaction?  I list all officers, directors, trustees, foundation managers and their compensation.  1 List all officers, directors, trustees, foundation managers and their compensation.  1 List all officers, directors, trustees, foundation managers and their compensation.  2 All any time during the fax year, was the foundation managers and their compensation.  3 CAROLYN M. SAYWARD SEE STATEMENT 7 SECRETARY, DIRECTOR  1 NATE 'S WAY  CAPE NEDDICK, ME 03.902  1 0.00  0.00.  0.00.  1 0.	• • • • • • • • • • • • • • • • • • • •				1 1
(s) Provide for any purpose other than reliquious, characteris, soenthis, literary, or educational purposes, or for the prevention of cuelty to children or animals?  If ill any answer is "Yes to 5a(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 diseaster assistance (see instructions)?  N/A Organizations reliquing on current notice regarding diseaster assistance (see instructions)?  N/A Organizations reliquing on current notice regarding diseaster assistance (see instructions)?  N/A Organizations reliquing on current notice regarding diseaster assistance (see instructions)?  N/A Organizations reliquing on current notice regarding diseaster assistance (see instructions)?  N/A Organizations reliquing on current notice regarding diseaster assistance (see instructions)?  N/A  N/A  N/A  Yes N/A  N/A  Yes No No N/A  Yes No No N/A  Yes No No N/A  Yes No No No N/A  Yes No No No No N/A  Yes No No No No No No No No No No No No No	• •			s X No	1 1
b If any answer is "Yes" to \$4, 10-5, and any of the transactions fail to qualify under the exceptions described in Regulations section 53, 4345 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)?  Organizations relying on 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)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  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, on a personal benefit contract?  If "Yes," at 80, bif the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  If I List all officers, directors, trustees, foundation managers, and their compensation.  I List all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Tiflid, and average of the policy of the state of the policy of the state of the policy of the foundation during the average of the policy of the state of the policy of the state of the policy of the foundation during the average of the policy of the foundation during the average of the policy of the foundation during the policy of the foundation during the policy of the foundation during the policy of the foundation during the policy of the foundation during the policy of the foundation during the policy of the foundation during the policy of the foundation during the policy of the foundation during the policy of the foundation during t	, , , , , ,	or educational nurnoses, or f	<del></del> ·		
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 53.4915 or in a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  of the answer is Yes' to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the gran?  If Yes, "attach the statement required by Regulations section 53.4945-5(d)  6a Did the foundation, dump the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes' and the foundation, dump the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes' and the foundation, dump the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes' and the foundation, dump the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes' and the foundation, dump the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes' and the foundation, dump the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes' and the foundation, dump the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes is No  If Yes is No  A the foundation dump the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes is No  If Yes		, or outdutional purposed, or i		s X No	- (
section 53.4945 or in a current notice regarding desaler assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance check here  if the answer is "Yes" to question 53.494, 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 Dut the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes" to 8b, file Form 8870.  If "Yes" to 8b, file Form 8870.  If "Yes" the foundation receive any funds, directly or indirectly, on a personal benefit contract?  If "Yes" the foundation receive any proceeds or have any net income attributable to the transaction?  It is all officers, directors, trustees, foundation managers and their compensation.  (a) Name and address  (b) Title, and average (c) Compensation (d) Compensation (d) Compensation (d) Compensation (d) Compensation (d) Particular (d) Compensation (d) Compen	•	der the excentions described i		.5	
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 grain?  If Yes, "attach the statement required by Regulations section 53 4945-5(d)  8 Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If Yes's 106, the Form 870.  7a At any time during the lax 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 (c) Compensation (fir not paid, by the state of the paid of the			iii riegulationo	NI/A	in
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 grain?  If Yes, Itach 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, 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?  b If Yes, Idd the foundation receive any proceeds or have any net income attributable to the transaction?  1 List all officers, directors, trustees, foundation managers and their compensation.  1 List all officers, directors, trustees, foundation managers and their compensation.  CAROLYN M. SAYWARD SEE STATEMENT 7.  SECRETARY, DIRECTOR  1 NATE 'S WAY  CAPE NEDDICK, ME 0.390.2  1 0.00  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · ·	•			
expenditure responsibility for the grant?  // Yes, "attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, riceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  // Yes 'X No  // B Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  // Yes 'to 6b, file Form 8870.  7a At any time during the lax year, was the foundation a party to a prohibited tax shelter transaction?  7a At any time during the lax 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  (a) Name and address  (a) Name and address  (a) Name SAYWARD SEE STATEMENT 7  SECRETARY, DIRECTOR  1 NATE 'S WAY  CAPE NEDIDICK, ME 03902  1 0.00  0 0.0.  CHRISTINA C.M. WHITAKER SEE STATIMIT 7PREASURER, DIRECTOR  8 CUNNINGHAM ROAD  FREEPORT, ME 04032  1.00  0.0.  CHRISTINA C.M. WHITAKER SEE STATEMENT 7  PRESIDENT, DIRECTOR  48 ANNIS LANE  (a) Name and address of each employees paid more than \$50,000  (b) Trite, and average horizontal average developed by the properties of			mad		1 1
6a Did the foundation, during the year, exceeve 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?  fi "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?  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7b 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  CAROLYN M. SAYWARD SEE STATEMENT 7  SECRETARY, DIRECTOR  1 NATE 'S WAY  CAPE NEDDICK, ME 03902  10.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	• • • • • • • • • • • • • • • • • • • •				
6a 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 shelter transaction?  If 'Yes' to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If 'Yes' to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If I was any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If I was any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  I was any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  I was any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  I was any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  I was any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  I was any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  I was any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  I was any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  I was any time during the tax year, was the foundation aparty to a prohibited tax shelter transaction?  In an any time during the tax year, was the foundation of the foundation aparty to a prohibited tax shelter transaction?  I was any time during the tax year, was the foundation of the foundation aparty to a prohibited tax shelter transaction?  I was an and address.  I was an advanced to the foundation and the foundation of the foundation of the foundation aparty to a prohibited tax shelter transaction?  I was an advanced to the foundation and	• • •		1/A1	ן טאויייין אּוּ	
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  ## "Yes" of bb, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  ## Yes" of bb, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  ## Yes" of 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 prevent devoted to position (file of paid, and address)  (file of paid, and address)  (g) Compensation (file of paid, and address)  (g) Compensation (file of paid, and address)  (g) Compensation (g)	· · · · · · · · · · · · · · · · · · ·	• •		,	
b Drd the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If 'Yes' to 6b, lile Form 8870.  7 At At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  If 'Yes' to 6b, lile Form 8870.  7 At 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  (a) Name and address  (b) Title, and average hours per week devoled to position  (In or paid, employees the employees to the party of the transaction?  CAROLYN M. SAYWARD SEE STATEMENT 7  SECRETARY, DIRECTOR  1 NATE'S WAY  CAPE NEDDICK, ME 03902  1 0.00  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		pay premiums on		. <del>[</del> ]	<b> </b>
If "Yes" to 6b, file Form 8870.   Tax at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   Yes   X   No	•		T6	l l	
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  b     'Yes', did the foundation receive any proceeds or have any net recome 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 (no position)  (c) Compensation ((f) Compensation ((f) Into paid, other deposition)  (d) Cannoblems to employee shall be recompensation.  (e) Expense account, other allowances  CAROLYN M. SAYWARD SEE STATEMENT 7  SECRETARY, DIRECTOR  10.00 0.0.0.0.  CHRISTINA C.M. WHITAKER SEE STATMNT 7TREASURER, DIRECTOR  8 CUNNINGHAM ROAD  FREEPORT, ME 04032 1.00 0.0.0.0.  A. KATHLEEN HASTINGS SEE STATEMENT 7  PRESIDENT, DIRECTOR  48 ANNIS LANE  HOPE, ME 04847 2.00 0.0.0.0.  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 prevek devoted to position (c) Compensation (d) C		Dersonal Denetit Contract?		1-5	·0
Bit Yes, 1 did the foundation receive any proceeds or have any net income attributable to the transaction?   N/A   7b	•	-	[ <del>-</del> ],,	[ <del>32</del> ]	i i
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.    Compensation   Com			Ye		
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 (fin of paid, enter -0) to paid enter -0) to position (fin of paid, enter -0) to position (fin of paid, enter -0) to position (fin of paid, enter -0) to paid enter -0) to paid enter -0) to position (fin of paid, enter -0) to paid enter -0) to paid enter -0) to paid enter -0) to paid enter -0) to paid enter -0) to paid enter -0) to paid enter -0) to paid enter -0) to paid enter -0) to paid enter -0) to pa			mana Himbl		<u>D</u>
1 List all officers, directors, trustees, foundation managers and their compensation.  (b) Title, and average hours per week devoted to position  (a) Name and address  (a) Name and address  (a) Name and address  (b) Title, and average hours per week devoted to position  (f) to paid, enter-0-1  RECTOR  SECRETARY, DIRECTOR  1 NATE 'S WAY  CAPE NEDDICK, ME 03902  10.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		ees, Foundation Ma	inagers, nigni	У	
(a) Name and address (a) Name and address (b) Title, and average hours per veek devoiced (iff not paid, enter to) constitution (iff not paid, enter the address of each enter to) constitution (iff not paid, enter the address of each enter to) constitution (iff not paid, enter the address of each enter to) constitution (iff not paid, enter the address of each enter the allowances and could not constitute the paid enter the allowances and enter t	<del></del>	compensation			
CAROLYN M. SAYWARD SEE STATEMENT 7  I NATE'S WAY  CAPE NEDDICK, ME 03902  10.00  CHRISTINA C.M. WHITAKER SEE STATMNT 7TREASURER, DIRECTOR  8 CUNNINGHAM ROAD  FREEPORT, ME 04032  1.00  0.0.0.  A. KATHLEEN HASTINGS SEE STATEMENT 7 PRESIDENT, DIRECTOR  48 ANNIS LANE  HOPE, ME 04847  2.00  0.0.0.0.0.  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  Total number of other employees paid over \$50,000	List an officers, an ectors, a astees, foundation managers and then	<del>,</del>	(c) Compensation	(d) Contributions to	(a) Expense
1 NATE'S WAY  CAPE NEDDICK, ME 03902  10.00  CHRISTINA C.M. WHITAKER SEE STATMNT 7 TREASURER, DIRECTOR  8 CUNNINGHAM ROAD  FREEPORT, ME 04032  1.00  0.0.0.0.  A. KATHLEEN HASTINGS SEE STATEMENT 7 PRESIDENT, DIRECTOR  48 ANNIS LANE  HOPE, ME 04847  2.00  0.0.0.0.0.  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  NONE  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (c) Compensation  (d) Combutions to employee enter plants and defense account, other allowances  (e) Expense account, other allowances  Total number of other employees paid over \$50,000	(a) Name and address	hours per week devoted to position	(If not paid,	employee benefit plans   and deferred compensation	account, other
1 NATE'S WAY  CAPE NEDDICK, ME 03902  CHRISTINA C.M. WHITAKER SEE STATMNT 7 TREASURER, DIRECTOR  8 CUNNINGHAM ROAD  FREEPORT, ME 04032  A. KATHLEEN HASTINGS SEE STATEMENT 7 PRESIDENT, DIRECTOR  48 ANNIS LANE  HOPE, ME 04847  2.00  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  Compensation of five highest-paid employee paid more than \$50,000  NONE  Total number of other employees paid over \$50,000  ▶ 0	CAROLYN M. SAYWARD SEE STATEMENT 7	SECRETARY, DI	RECTOR		
CHRISTINA C.M. WHITAKER SEE STATEMENT 7 8 CUNNINGHAM ROAD FREEPORT, ME 04032 1.00 0.0.0.  A. KATHLEEN HASTINGS SEE STATEMENT 7 48 ANNIS LANE HOPE, ME 04847 2.00 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  NONE  (b) Trite, and average hours per week devoted to position NONE  (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (d) Contributions to employee the entitions and deferred compensation (e) Expense account, other allowances (e) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (d) Contributions to entition and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances (e) Compensation (c) Compensation (c) Compensation (c) Compensation (d) Contributions to entition and deferred compensation (e) Expense (e) Expens	1 NATE'S WAY	1	)	)	
CHRISTINA C.M. WHITAKER SEE STATEMENT 7 TREASURER, DIRECTOR 8 CUNNINGHAM ROAD FREEPORT, ME 04032 1.00 0.0.0.  A. KATHLEEN HASTINGS SEE STATEMENT 7 PRESIDENT, DIRECTOR 48 ANNIS LANE HOPE, ME 04847 2.00 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) Trite, and average hours per week devoted to position NONE  (c) Compensation (c) Compensation (c) Compensation (c) Compensation (d) Contributions to employee benefit plans additional compensation of the deferred compensation of the deferred compensation.  Total number of other employees paid over \$50,000	CAPE NEDDICK, ME 03902	10.00	0.	0.	0.
8 CUNNINGHAM ROAD FREEPORT, ME 04032 1.00 0.0.0.  A. KATHLEEN HASTINGS SEE STATEMENT 7 48 ANNIS LANE HOPE, ME 04847 2.00 0.0.0.0.  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 NONE  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation (d) Contributions to small deferred compensation of mid deferred compensation of the position  (e) Expense account, other allowances  Total number of other employees paid over \$50,000	CHRISTINA C.M. WHITAKER SEE STATMNT 7	TREASURER, DIR	ECTOR		
A. KATHLEEN HASTINGS SEE STATEMENT 7 PRESIDENT, DIRECTOR  48 ANNIS LANE HOPE, ME 04847  2.00 0.0.0.  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  (b) Title, and average hours per week devoted to position NONE  (c) Compensation (d) Combubuts to employee paid more than \$50,000  (e) Expense account, other allowances  NONE  Total number of other employees paid over \$50,000	8 CUNNINGHAM ROAD		•		
48 ANNIS LANE HOPE, ME 04847  2.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	FREEPORT, ME 04032	1.00	0.	0.	0.
## HOPE, ME 04847  2.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	A. KATHLEEN HASTINGS SEE STATEMENT 7	PRESIDENT, DI	RECTOR		
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  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee limits and deferring a did deferring and			}	}	
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  (b) Tritle, and average hours per week devoted to position  (c) Compensation  (d) Combinions to employee light pairs account, other allowances  (e) Expense employees account, other allowances  Total number of other employees paid over \$50,000	HOPE, ME 04847	2.00	0.	0.	0.
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Combubbons to employee paid more than \$50,000  (e) Expense account, other allowances  NONE  Total number of other employees paid over \$50,000					
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Combubbons to employee paid more than \$50,000  (e) Expense account, other allowances  NONE  Total number of other employees paid over \$50,000			{	{	
(a) Name and address of each employee paid more than \$50,000  NONE  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Combubbons to employee paid more than \$50,000  (e) Expense account, other allowances  NONE  Total number of other employees paid over \$50,000			1		
(a) Name and address of each employee paid more than \$50,000  NONE  Co Compensation employee benefit plas adderred compensation allowances  Total number of other employees paid over \$50,000	2 Compensation of five highest-paid employees (other than those inc	<del></del>	enter "NONE."		
NONE    devoted to position   compensation   allowances	(a) Name and address of each employee hald more than \$50,000	(b) Title, and average	(a) Componentian	employee benefit plans	(e) Expense
Total number of other employees paid over \$50,000 ▶ 0	(a) Name and address or each employee paid more than \$\phi \phi_0,000	devoted to position	(C) Compensation	and deterred compensation	
	NONE				
			<u> </u>	<u> </u>	
			1		
				<u> </u>	
			}		
		].	}		
		] .	)	}	
Form <b>990-PF</b> (2016)	Total number of other employees paid over \$50,000				0
				Form	990-PF (2016)

Form 990-PF (2016) THE MORTON FOUNDATION, INC.		288386 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NO	NE."	
• (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del></del>		
	<del></del>	<del></del>
T-4-1 sumbor of others recover our CES 000 for marked and a survey		▶ 0
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in	formation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced,	etc.	Expenses
1		
CER CHAMPANAM 10		22622
SEE STATEMENT 10		23633.
<u></u>		
SEE STATEMENT 11		33005.
NURSING LEADERSHIP ACADEMY: NLA IS A PROGRAM T	O SUPPORT	
NURSING LEADERSHIP		40707
		40797.
*		
Part IX-B Summary of Program-Related Investments	· · · · · · · · · · · · · · · · · · ·	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1  N/A	and 2.	Amount
1N/A		
2		
All all and a second a second and a second a		
All other program-related investments. See instructions.  3		
°		
Tatal Add Inno 1 through 2		0.
Total. Add lines 1 through 3		0,

<u> P</u>	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndatio	ns, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1957283.
þ	Average of monthly cash balances	1b	55007.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2012290.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	}	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2012290.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	30184.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1982106.
6	Minimum investment return. Enter 5% of line 5	6	99105.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here ► X and do not complete this part.)	d certa	un
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7_	/
P	art XII Qualifying Distributions (see instructions)	_	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	137545.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	137545.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	257.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	137288.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies	s for the section

Form **990-PF** (2016)

4940(e) reduction of tax in those years.

Form 990-PF (2016) THE MOR Part XIV Private Operating F	TON FOUNDATI	ON, INC.	guestion (I)	04-328	8386 Page 10
			, question 9)		
1 a If the foundation has received a ruling of			. 05/	20/96	
foundation, and the ruling is effective fo <b>b</b> Check box to indicate whether the found	· · · · · · · · · · · · · · · · · · ·	*			2(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	ioundation described in	Prior 3 years	942())(3) 01 4942	(1)(2)
income from Part I or the minimum	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	(4) 2010	(8) 2010	(0) 2011	(0) 20 10	(6) 10101
	18829.	23860.	0.	91148.	1338 <u>37.</u>
each year listed <b>b</b> 85% of line 2a	16005.		0.	77476.	113761.
- · · · · · · · · · ·	16003.	20281.		1/4/0.	113/01.
c Qualifying distributions from Part XII,	137545.	122650	75005	126650	160607
line 4 for each year listed	13/343.	122658.	75825.	126659.	462687.
d Amounts included in line 2c not			1		
used directly for active conduct of	40000	40000	20100	E00E0	150150
exempt activities	40000.	40000.	20100.	50050.	<u> 150150.</u>
e Qualifying distributions made directly			1	,	
for active conduct of exempt activities.	03545	22650	55305	7,500	21252
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	97545.	82658.	55725.	76609.	312537.
alternative test relied upon:	}		)		
a "Assets" alternative test - enter:	1	ł	j		$/\chi_0$ .
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>	<del></del>				
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter					0.
2/3 of minimum investment return			ł		
shown in Part X, line 6 for each year listed	66070.	66640.	72624.	68559.	273893.
c "Support" alternative test - enter:					
(1) Total support other than gross		ĺ	ľ		
investment income (interest,					
dividends, rents, payments on	)		Ĭ		
securities loans (section 512(a)(5)), or royalties)				}	0.
(2) Support from general public	<del></del>				<del>`</del>
and 5 or more exempt		·	{		
organizations as provided in section 4942(j)(3)(B)(iii)	ł	ļ			0.
(3) Largest amount of support from	<del>-</del>	·			
an exempt organization					0.
(4) Gross investment income	<del></del>				0.
Part XV   Supplementary Info	rmation (Complete	this part only if	the foundation	nad \$5.000 or mor	
at any time during t				40,000 01 1	
1 Information Regarding Foundation	<del>-</del>				
a List any managers of the foundation wh	•	an 2% of the total contrib	outions received by the fo	oundation before the close	of any tax
year (but only if they have contributed n			adding reconvey by the re		or any tax
NONE					
b List any managers of the foundation wh	o own 10% or more of the s	stock of a corporation (or	r an equally large portion	of the ownership of a part	nership or
other entity) of which the foundation ha			an equally large person	or the entherent of a part	noromp or
NONE					
2 Information Regarding Contribut	ion Grant Gift Loan S	Scholarship etc. Pro	grame:		<del></del>
Check here ► X if the foundation of				t accent unsolicited reques	ts for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	<del>`</del>	<del></del>			
<u> </u>	20. 0. 0	, porcon to union applica		<b>.</b>	
<b>b</b> The form in which applications should be	pe submitted and information	n and materials they sho	uld include:		
c Any submission deadlines:		<del></del>			
d Any restrictions or limitations on award	s, such as by geographical a	areas, charitable fields, ki	inds of institutions, or ot	her factors:	

Part XVI-A Analysis of Income-Producing Activities

Enter erec	amounts unless otherwise indicated	Unrelated	business income	Excluded b	y section 512, 513, or 514	(c)
•	s amounts unless otherwise indicated.  n service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
•		code		1000		
d		-	<del></del> _	<del>                                     </del>		
e		-		<del> </del>		
f <u>-</u>	<del></del>	-				
•	and contracts from government agencies					
	rship dues and assessments	ļ	<del></del>	<del></del>		
	on savings and temporary cash			1 1		2
Investm 4 Daydon	erns ds and interest from securities	<del></del>		14	45197.	3
	al income or (loss) from real estate:	<del> </del>		14	45197.	
	t-financed property		<del></del>	+		
	debt-financed property	<del> </del>	<del></del>			
	al income or (loss) from personal	<del> </del>		1		<del></del>
propert						
	vestment income			14	11945.	
	(loss) from sales of assets other	ļ — — †		<del>  -</del> -		
than inv						2813
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
1 Other re	venue:			T-1-		
a b c d d d d d d d d d d d d d d d d d d						
		_	<del></del>			·
c		_				
d		-				
е		_				
			0	•		
	dd line 12, columns (b), (d), and (e)				13	59958
See works	heet in line 13 instructions to verify calculations.)		<del></del>			
Part X	VI-B Relationship of Activities	to the Accor	mplishment of E	Exempt Po	urposes	
Line No.	Explain below how each activity for which inc	come is reported in	column (e) of Part XVI	-A contributed	importantly to the accomp	olishment of
	the foundation's exempt purposes (other tha	n by providing fund	ds for such purposes).			
4	INVESTMENT INCOME USEI	TO FUND	CHARITABL	E ACTI	VITIES	·
	<u> </u>					
					·	
			<del></del>			
				<del></del>		<del></del>
	<del> </del>					
	<del> </del>			-		<del></del>
				·		
	<b></b>			<del></del> -	<del></del>	
	<del> </del>		<del></del>			
		_ <del></del> .				
	<del></del>					

2a Ist	he foundation directly or indirectly affiliated with, or re	elated to, one or more tax-exempt organ	ızatıons described	
ın s	section 501(c) of the Code (other than section 501(c)(	(3)) or in section 527?		L∐Yes X No
<b>b</b> If "	Yes," complete the following schedule.			
	(a) Name of organization	(b) Type of organization	(c) Descrip	tion of relationship
	N/A			
				=
Sign	Under penalties of perjury, I declare that I have examined this and belief, it is true, correct, and complete Declaration of prejude.			wledge return with the preparer
Here	Signature of office or trustee	19.10.18	Secretari	shown below (see instr )?  X Yes No
		Preparer's signature	Title Check	If PTIN
	Finite Type preparer smalle	rieparei's signature	self- empl	` ` ` `
Paid	BRADLEY JON NYSTEDT	Ical Moster	02/01/18	P00085729
Prep	THE PERSON NAMED IN COLUMN 1	ETCHER PLIC	Firm's EI	N ► 20-3036644
1150	JAIV I	,		

SUITE 221

Firm's address ▶ 2970 N. SWAN ROAD -

TUCSON, AZ 85712

Form **990-PF** (2016)

Phone no. 520-881-3900

	are re   Capital Gaille and Ed	2009 IOL LOV OIL HILACORILEHE HIPAHIE					_
	(a) List and	d describe the kind(s) of property sol rick warehouse; or common stock, 2	d, e.g., real estate,	(b)	How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1.		CT FROM SCH K-1			D - Donation		, , , , ,
		CT FROM SCH K-1					
_		CT FROM SCH K-1			P		
		MORGAN STRAT INC	OPP			VARTORIC	10/05/16
		S FARGO ABSOLT R			P		10/05/16
		MORGAN STRAT OP					VARIOUS
		LLS FARGO ABSOLT					VARIOUS
r		THOUGH ADDOUT				VARIOOD_	VARIOUD
<u>'</u>	<del></del>						
<u> </u>	<del></del>						<del></del>
k	· · · · · · · · · · · · · · · · · · ·						
1							
n	 )						
n	_ <del></del>						
C							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			Gain or (loss) lus (f) minus (g)	
a							-21576.
b							27657.
С							10.
d	1212.		1173.				39.
е	454.		434.				20.
f	27945.		28693.				-748.
g	28803.		31392.				-2589.
h							
1							
1							
<u>k</u>							
<u> </u>							
m						<del></del>	
<u>n</u> o	<del></del>				<del></del>		
<u>-</u>	Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69		(1) Loc	ses (from col. (h))	
_		(j) Adjusted basis	(k) Excess of col. (i)		Gains (excess o	of col. (h) gain ove	r col. (k),
	(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any		but n	ot less than "-0-")	
a				**	······································		-21576.
b							27657.
С							10.
d				**			39.
e				**			20.
f							-748.
g							-2589 <b>.</b>
h		<u> </u>					
L		ļ <i>-</i>					
Ļ			<del></del>				
<u>k</u>							
1_		<del> </del>	<del> </del>				
<u>m</u>		<del> </del>	<del></del>				
<u>n</u>		<del> </del>	<del></del>				
0	<del></del>	L	L				
)	Capital gain net income or (net ca	apital loss) { If gain, also enter "-(	in Part I, line 7	9			2813.
			, I	2		<del></del>	2013.
3	Net short-term capital gain or (loan figure), also enter in Part I, line 8,	ss) as defined in sections 1222(5) ar	ia (6):				
	If (loss), enter "-0-" in Part I, line			3			-21517.
_	<del></del>						

H
5
ă
æ
Z
¥
⋖
ZI
8
ž
0
ž
ž
0
Ā
ਨੁ
띪
굡
۵
716
ă

FOR	99 M	FORM 990-PF PAGE 1					6	990-PF		ļ					
ă°	Asset No	Description	Date Acquired	Method	Life	00c>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	н	FURNITURE	06/29/05 200DB	2000B	7.00	MO17	857.				857.	857.		0	857.
	77	FAX MACHINE	06/29/05	2000B	5.00	MQ17	382.				382.	382.	-	0	382.
	m	LIGHT FIXTURE	06/29/05	200DB	7.00	MQ17	457.				457.	457.		0	457.
	4	сомритея	05/02/06 200DB	200DB	5.00	MQ17	2435.				2435.	2435.		0	2435.
	Ŋ	COMPUTER	03/06/08 200DB	200DB	5.00	MQ17	2000.			1000.	1000.	1000.		0	1000.
	9	COMPUTER	05/12/08 200DB	200DB	5.00	MQ17	3800.			1900.	1900.	1900.		0	1900.
	-	COMPUTER	08/11/09 200DB	200DB	5.00	HY17	1490.			745.	745.	745.		0	745.
	- 00	COMPUTER	02/23/10 200DB	200DB	5.00	HY17	1989.			995.	994.	994.		0	994.
	6)	9 LAPTOP COMPUTER	01/18/11 200DB	200DB	5.00	MQ17	760.			760.				0	
	10	10 PRINTER	03/01/11 200DB	200DB	5.00	MQ17	207.			207.				0	
	11	11 IPAD	05/03/11	200DB	5.00	MQ17	870.			870.				0	
	12	12 COMPUTERS	07/29/13	200DB	5.00	HY17	2580.			1290.	1290.	919.		148.	1067.
	13	COMPUTER	04/09/14	200DB	5.00	HY17	1600.			800.	800.	570.		93.	662.
		* TOTAL 990-PF PG 1 DEPR					19427.			8567.	10860.	10259.		240.	10499.
6281	628111 04-01-16	1-01-16					(D) - Asset disposed	peso		*	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revita	lization Deduc	tion, GO Zone

FORM 990-PF INTERE	ST ON SAVING	GS AND	TEMPOR	LARY	CASH	INVESTMENT	s s	TATEMENT	4
SOURCE			(A) REVENUE R BOOK			(B) INVESTMENT INCOME		(C) ADJUSTED NET INCOM	
BATH SAVINGS				3.		3.	<u> </u>		3.
TOTAL TO PART I, LI	NE 3			3.		3.			3.
FORM 990-PF	DIVIDENDS	AND IN	TEREST	FRO	M SEC	URITIES	S'	TATEMENT	 5
SOURCE	GROSS AMOUNT	CAPI GAI DIVID	ns	RE	(A) VENUE BOOK		EST-	(C) ADJUSTI NET INCO	
MISSION DISTRICT LLC MORGAN STANLEY	44968. 229.		0.		4496 22		968. 229.	449	68. 29.
TO PART I, LINE 4	45197.		0.		4519	7. 45	197.	451	97.
FORM 990-PF		OTHE	R INCO	ME			S'.	<b>TATEMENT</b>	6
DESCRIPTION			RE	(A) VENU BOO		(B) NET INVES MENT INCO		(C) ADJUSTEI NET INCOM	
MISSION DISTRICT N/T DIST MISSION DISTRICT OTHER			6269. 5676.					6269. 5676.	
TOTAL TO FORM 990-P	F, PART I, L	INE 11		1:	1945.	119	45.	1194	15.

FORM 990-PF	OTHER PROFES	SIONAL FEES	STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
INVESTMENT ADVISOR FEES	18932.	18932.	18932.	0.	
TO FORM 990-PF, PG 1, LN 16C	18932.	18932.	18932.	0.	
FORM 990-PF	TAX	ES	STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
FOREIGN TAX	3218.	0.	3218.	0.	
TO FORM 990-PF, PG 1, LN 18	3218.	0.	3218.	0.	
FORM 990-PF	OTHER E	XPENSES	SI	чатемент 9	
FORM 990-PF DESCRIPTION	OTHER E	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE PURPOSES	
DESCRIPTION  MASS FORM PC FILING FEE	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE	
DESCRIPTION  MASS FORM PC FILING FEE CHARITABLE PROGRAMS SEE STATEMENT 7	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME  0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DESCRIPTION  MASS FORM PC FILING FEE CHARITABLE PROGRAMS SEE STATEMENT 7 MISSION DISTRICT PORTFOLIO DED	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME  0.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
	(A) EXPENSES PER BOOKS  35.  97435.	(B) NET INVEST- MENT INCOME  0.	(C) ADJUSTED NET INCOME  0.	(D) CHARITABLE PURPOSES  35.	

COLUMN (D), LINE 23 OF PART I INCLUDES AMOUNTS FOR CHARITABLE PROGRAMS CONDUCTED DIRECTLY BY THE FOUNDATION. SEE PART IX-A FOR DETAILS.

PART VIII DISCLOSES COMPENSATION PAID TO OFFICERS, ETC. DURING THE YEAR. \$0.00 WAS PAID TO ANY OFFICER, DIRECTOR

ETC., FOR SUCH DUTIES.

COMPENSATION WAS PAID FOR SERVICES PROVIDED BY INDIVIDUALS WHO ARE OFFICERS, DIRECTORS, ETC., FOR SERVICES THEY PROVIDE IN CARRYING OUT THE DIRECT CHARITABLE ACTIVITIES OF THE FOUNDATION. THIS COMPENSATION INCLUDED THE FOLLOWING: CAROLYN M. SAYWARD \$17500 CHRISTINA FRANCIS \$22700 KATHLEEN HASTINGS \$30000

FORM 990-PF	OTHER	INVESTMENTS		STATEMENT	1:
DESCRIPTION	PTION VALUATION METHOD		BOOK VALUE	FAIR MARKET VALUE	
MISSION DISTRICT BANK OF BARODA		COST	1729321. 50000.	19400	
BANK OF CHINA		COST	50000.	498	
TOTAL TO FORM 990-PF, PART II,	LINE 1	.3	1829321.	20398	65
FORM 990-PF DEPRECIATION OF A	ASSETS	NOT HELD FOR	INVESTMENT	STATEMENT	12
DESCRIPTION		COST OR HER BASIS	ACCUMULATED DEPRECIATION	BOOK VALU	E
FURNITURE		HER BASIS	DEPRECIATION 857.	BOOK VALU	0 .
FURNITURE FAX MACHINE		HER BASIS 857. 382.	DEPRECIATION 857. 382.	BOOK VALU	0.
FURNITURE FAX MACHINE LIGHT FIXTURE		857. 382. 457.	DEPRECIATION 857. 382. 457.	BOOK VALU	0 0 0
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER		857. 382. 457. 2435.	857. 382. 457. 2435.	BOOK VALU	0 0 0 0
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER COMPUTER		857. 382. 457.	DEPRECIATION 857. 382. 457.	BOOK VALU	0 0 0 0
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER COMPUTER COMPUTER		857. 382. 457. 2435. 2000.	857. 382. 457. 2435. 2000.	BOOK VALU	0 0 0 0
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER		857. 382. 457. 2435. 2000. 3800.	857. 382. 457. 2435. 2000. 3800.	BOOK VALU	0 0 0 0 0 0 0
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER LAPTOP COMPUTER		857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760.	857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760.	BOOK VALU	0 0 0 0 0 0 0 0 0 0 0
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER LAPTOP COMPUTER PRINTER		857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760. 207.	857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760. 207.	BOOK VALU	0 0 0 0 0 0 0 0 0
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER LAPTOP COMPUTER PRINTER		857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760. 207. 870.	857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760. 207. 870.		0 0 0 0 0 0 0 0 0 0 0 0
DESCRIPTION  FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER LAPTOP COMPUTER PRINTER IPAD COMPUTERS COMPUTERS		857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760. 207.	857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760. 207.	2	

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

## ACTIVITY ONE

FORM 990-PF

THE FOUNDATION PROVIDES A PROGRAM AND STAFF TO WORK AT YORK MIDDLE SCHOOL WITH TEACHERS AND SPECIAL EDUCATION CASE MANAGERS IN GRADES 5-8 TO IMPROVE THE EDUCATIONAL ENVIRONMENT FOR STUDENTS WITH SPECIAL EDUCATION NEEDS. TODAY'S EDUCATION MODEL IS BASED ON AN INCLUSION MODEL THAT MEANS STUDENTS WITH SPECIAL EDUCATION NEEDS SHOULD BE LEARNING IN THE LEAST RESTRICTIVE ENVIRONMENT WHICH IN MOST

STATEMENT 13

CASES MEANS THE REGULAR EDUCATION SETTING. THE CHALLENGE IS THE CURRICULUM BEING OFFERED IN SCHOOLS IS NOT DEVELOPED TO MEET THE NEEDS OF STUDENTS WITH SPECIAL EDUCATION NEEDS. THE FOUNDATION PROGRAM PROVIDES A STAFF PERSON, CAROLYN SAYWARD, WHO IS A CERTIFIED MAINE TEACHER WITH A MASTER'S DEGREE. SHE BRIDGES THE GAP BETWEEN CLASSROOM TEACHERS AND SPECIAL EDUCATION CASE MANAGERS TO MEET THE NEEDS OF SPECIAL EDUCATION STUDENTS WITH INDIVIDUALIZED EDUCATION PLANS (IEP). SHE COLLABORATES WITH THE GRADE LEVEL TEAMS TO DISCUSS HOW SHE CAN ADAPT CURRICULUM TO BETTER MEET STUDENT NEEDS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

23633.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 14

## ACTIVITY TWO

HEART TO HEART: HEART TO HEART IS A FAMILY FOCUSED, FAMILY RUN SUPPORT PROGRAM FOR PEOPLE IN MAINE WHO HAVE BEEN AFFECTED BY CONGENITAL HEART DISEASE (CHD). WE DO NOT OFFER MEDICAL ADVICE OR PROFESSIONAL COUNSELING BUT INSTEAD OFFER GUIDANCE AND SUPPORT TO ONE ANOTHER WHILE WE NAVIGATE THE WORLD OF CHD FOR OUR CHILDREN. WE PROVIDE COMFORT BAGS TO PARENTS WHO HAVE A CHILD IN THE HOSPITAL, 2 FAMILY EVENTS PER YEAR TO GET CHD FAMILIES TOGETHER, ADULT ONLY SUPPORT GROUPS WITH GUEST SPEAKERS TWICE A YEAR AND A WEBSITE WITH A NUMBER OF DIFFERENT RESOURCES FOR THE PUBLIC.

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 2

33005.