



Form 990-PF

Return of Private Foundation

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

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

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052 2017

1 UI CEIT	shuar year zorr or tax year begr				, and ending		
Name (of foundation					A Employer identification	n number
The	Sukeforth Fam	ilv F	ound	dation		01-614889!	5
	and street (or P O box number if mail				Room/suite	B Telephone number	
982	2 Lakeview Driv	e				(207)649-8	3446
	town, state or province, country,		oreign	postal code		C If exemption application is	
		04358	•				
G Chec	ck all that apply: Initia	al return		Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
	Final	l return		Amended return		1	
	Addı	ress change		Name change	Ø	Foreign organizations macheck here and attach contact the contact that the contact tha	eeting the 85% test, omputation
H Chec	k type of organization:	Section 501	(c)(3) e	xempt private foundation		E If private foundation sta	atus was terminated
	ection 4947(a)(1) nonexempt ch	arıtable trus	t 🗀	Other taxable private founda	ation UT	under section 507(b)(1	
I Fair m	narket value of all assets at end of	f year J	Account	ting method: X Cash	Accrual	F If the foundation is in a	
(from	Part II, col. (c), line 16)	j		Other (specify)		under section 507(b)(1	
\$			t I, colu	mn (d) must be on cash bası	s.)		
Part	Analysis of Revenue and Exp	enses	nau not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	necessarily equal the amounts in co	olumn (a))		expenses per books	income	income	for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc	., received		360,853.		N/A	
Ju 2	Check If the foundation is not	required to attach	Sch B				
€ €	Interest on savings and temporary cash investments			1,129.	1,129.		Statement 1
4 هنج	Dividends and interest from sec	curities		87,741.	87,741.		Statement 2
Revenue 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	a Gross rents						
f [3]	Net rental income or (loss)						· ·
6	6a Net gain or (loss) from sale of assets not on line 10			19,276.			
) <u>§</u>	b Gross sales price for all1	<u>114,7</u>	<u>55.</u>			RECE	VED
≧ 7	Capital gain net income (from Part IV	', line 2)			19,276.	7,520	V
, ,	8 Net short-term capital gain					S MAY 1	2010
9	Income modifications						2018 8
^{2ක} 10:	Gross sales less returns and allowances					OGDE	
2018	Less Cost of goods sold					CODE	4, 01
୍ଦିର 🖟	c Gross profit or (loss)						
	Other income						<u></u>
12	Total. Add lines 1 through 11			468,999.	108,146.		
13	Compensation of officers, directors,	trustees, etc		0.	0.	<u> </u>	0.
14	Other employee salaries and wa	ages					
_ω 15	, , , , , , ,	irts					
စ္တု 16	a Legal fees		_			<u> </u>	
ο.,	Accounting fees	Stmt		4,300.	2,150.		2,150.
	Other professional fees	Stmt	4	47,612.	47,612.	 	0.
٦ <u>٦</u> ا		a-·	r	-		<u> </u>	
and Administrative 12 0 1 2 2 2 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2		Stmt	כ	1,019.	503.	<u> </u>	0.
를 19				ļ		ļ	
E 20						 	
Ž 21		ngs		 		ļ	ļ
E 22	• • • • • • • • • • • • • • • • • • • •	0++	c	100		 	100
Operating 52	Other expenses	Stmt	0	198.	0.	ļ	198.
E 24	• • • • • • • • • • • • • • • • • • • •			52 120	E0 005	}	2 249
ő "	expenses. Add lines 13 through			53,129.	50,265.	 	2,348. 275,650.
25	Contributions, gifts, grants paid			275,650.		 	2/5,650.
26		ients.		220 770	E0 265	1	277 000
	Add lines 24 and 25 Subtract line 26 from line 12:			328,779.	50,265.	 	277, 998.
1				140,220.		1	,
	A Excess of revenue over expenses and Net investment income (if negati		its	140,440.	57,881.		
	Adjusted net income (if negative,			 	37,001.	N/A	
	Aujusted het meonie (ir negative,	, enter -0-)				N/A	5 000 DE (2017)

_						
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30					
	(must agree with end-of-year figure reported on prior year's return)			ŀ	1	6,360,447.
2	Enter amount from Part I, line 27a			Ī	2	140,220.
3	Other increases not included in line 2 (itemize)	See	Statement	7	3	1,209,798.
4	Add lines 1, 2, and 3			[4	7,710,465.
5	Decreases not included in line 2 (itemize)			ſ	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line	6	7,710,465.			

Form **990-PF** (2017)

	Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use asset		Net value of noncharitable-use assets	((col. (b) divided by col. (c))
	2016	277,409.	5,537,660.		.050095
_	2015	291,179.	5,590,865.		.052081
_	2014	269,816.	5,820,362.		.046357
Ξ	2013	247,589.	5,597,369.		.044233
	2012	244,280.	5,006,742.		.048790
2	Total of line 1, column (d)			2	.241556
3	Average distribution ratio for the 5-year bas the foundation has been in existence if less	•), or by the number of years	_3	.048311
4	Enter the net value of noncharitable-use ass	sets for 2017 from Part X, line 5		4	6,652,536.
5	Multiply line 4 by line 3			_5	321,391.
6	Enter 1% of net investment income (1% of	Part I, line 27b)		6	579.
7	Add lines 5 and 6			7	321,970.
8	Enter qualifying distributions from Part XII,	line 4		8	277,998.
	If line 8 is equal to or greater than line 7, ch	eck the box in Part VI, line 1b, and comp	lete that part using a 1% tax rate.		

See the Part VI instructions.

Form **990-PF** (2017)

Bart VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)	Form 990-PF (2017) The Sukeforth Family Foundat		-6148895	
Date of ruling or determination letter: 1 1,158. 1 2,158. 1 1,			T 366 1113111	20110115)
b Domestic Coundations that meet the section 4947(a) requirements in Part V, check here				
of Part I, line 27b of Nat other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 5 Subtile A (income) lax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment lincome. Subtact line 4 from line 3. If zero or liss, enter -0- 5 Tax based on investment lincome. Subtact line 4 from line 3. If zero or liss, enter -0- 5 Ceditive?princts: a 2017 estimated tax polyments and 2016 overapyment credited to 2017 5 Exempt foreign organizations: As withheld at source 6 Tax disc. If the organizations: As withheld at source 6 Tax disc. If the displayments and 2016 overapyment or line 10 to 16 (Form 8868) 6 Backup withholding erroneously withhold 7 Total credits and payments. Add lines 5 as through 8d 8 Total credits and payments. Add lines 5 as through 8d 8 Total credits and payments. Add lines 5 as through 8d 8 Total credits and payments. Add lines 5 as through 8d 9 Total credits and payments. Add lines 5 as through 8d 10 Overapyment. If line 7 is more than the total of lines 5 and 8, enter the amount overspaid 10 Overapyment. If line 7 is more than the total of lines 5 and 8, enter the amount overspaid 10 Overapyment. If line 7 is more than 100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition in any political campangn? 1 Deal of spend more than 5100 during the year (either directly) or indirectly) for political purposes? See the instructions for the definition in the anison of 745 in 3 attached as the condition of the activities. 1 Deal the foundation in Explored to 15, attach a detailed description of the activities. 1 Deal of spend dome the 100 during the year (either directly) or indirectly) for political expenditure tax imposed on foundation managers. S Q. 2 Has the foundation in Explored t			_	1 150
c All cheer domestic foundations enter 2% of time 27b. Exempl foreign organizations, enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Sublists A (incremely tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on the incrementations. Subtract line 4 florm line 3.1 it zero or less, enter -0- 6 Cendetic Psyments: 2 2 1 7.158. 5 1 x based on the incrementations are subtracted to 2017 6 a 1 7.300. 6 Every foreign organizations - tax withheld at source 7 2 Tax paid with application for externation of time to the (Form 8868) 6 Buskow withholding erroneously withheld 7 1 Trial credits and psyments. Add with less \$ through 6d 8 Enter any peasity for underpayment of estimated tax. Check here	· · ·	and enter 1%		1,130.
2 Tax under section \$11 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2 4 Subtritle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax beased on investment income. Subtract line 4 from line 3.1 zero or lies, enter -0- 5 Tax beased on investment income. Subtract line 4 from line 3.1 zero or lies, enter -0- 5 Tax beased on investment income. Subtract line 4 from line 3.1 zero or lies, enter -0- 5 Tax beased on investment on the subtract line 4 from line 3.1 zero or lies, enter -0- 5 Tax beased on investment on the subtract line 4 from line 3.1 zero or lies, enter -0- 6 Text and any penalty from the subtract line 4 from line 3.1 zero or lies, enter -0- 6 Text and any penalty from the subtract line 4 from line 5.1 zero or line 1.1 to lie 4 from 2220 is attached 7 Total credits and payments. Add lines 6 attrough 6.0 8 Enter any penalty for underpayment of estimated tax. Enter the amount overgald 10 overgayment. If line 7 is more than the total or lines 5 and 8, enter the amount overgald 10 overgayment. If line 7 is more than the total or lines 5 and 8, enter the amount overgald 10 overgayment. If line 7 is more than the total or lines 5 and 8, enter the amount overgald 10 overgayment. If line 7 is more than the total or lines 5 and 8, enter the amount overgald 10 overgayment. If line 7 is more than the total or lines 5 and 8, enter the amount overgald 10 overgayment is line 7 is more than the total or lines 5 and 8, enter the amount overgald 10 overgayment is line 6 is considered to line 1 from	·		- }	
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4 Subtitle A (income) bit (domestic section 497(a)(1) frusts and baseline foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Toreds/Payments: a 2017 estimated tax payments and 2016 overpayment credided to 2017 be Evernal foreign organizations - Lax withheld at source 6 Tax being and payments. And hise Sa through 86 6 Touch credits and payments. And hise Sa through 86 8 Total credits and payments. And hise Sa through 86 8 Tix dea. If the total of these Sand 8 is more than line 7, orders amount oved 8 Tix dea. If the total of these Sand 8 is more than line 7, orders amount oved 9 Tix dea. If the total of these Sand 8 is more than line 7, orders amount oved 9 Tix dea. If the total of these Sand 8 is more than line 7, orders amount oved 9 Tix dea. If the total of these Sand 8 is more than line 7, orders amount oved 9 Tix dea. If the total of these Sand 8 is more than line 7, orders amount oved 9 Tix dea. If the total of these Sand 8 is more than line 7, orders amount oved 9 Tix dea. If the total of these Sand 8 is more than line 7, orders amount oved 10 Overpayment. If line 7 is more than 16 total of lines 5 and 8, enter the amount overpaid 11 Enter the manufol file in 10 to the Condition of the 11 total 10 total lines 11 total 11 t	2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	, , ,		
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b Exempt foreign organizations - Lax withhold at source c Tax paid with application for extension of time to file (Form 8868) d Backips withholding erroneously withheld 7 Total credits and payments. Add lines 6 at through 6d 8 DO. 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8 is more than line 7, enter amount owed 11 DO. 12 Enter the amount of lines 10 to be; Chedited to 2018 estimated tax but the lines of lines 5 and 8 is more than amount owerpaid 11 DO. 12 Fart VIII-A Statements Regarding Activities 13 During the lax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for polinical purposes? See the instructions for the definition if the activities. 10 Did it spend more than \$100 during the year (either directly or indirectly) for polinical purposes? See the instructions for the definition if the activities and copies of any materials published or distributed by the foundation in connection with the activities. 10 Did it be foundation in Expendition in Connection with the activities. 10 Did it be foundation in Expendition in Connection with the activities. 10 Did the foundation in Expendition in Connection with the activities. 10 Did the foundation in Expendition in Connection of the activities in Connection in Connection of the activities. 10 Did the foundation in Expendition in Connection of the activities. 10 Did the foundation in Expendition in Expendition in Connection of the activities. 10 Did the foundation make age in Connection of the activities. 11 Did the foundation in Expendition in Expendition in Connection of the activities. 12 Did the foundation high in Expendition i	6 Credits/Payments:			,
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d Backup withholding erroneously withheld 7 Total credits and payments. Add lines Sa through 6d 8 Their any penalty for undersyment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Total fill fill fill fill fill fill fill fi	b Exempt foreign organizations - tax withheld at source		Ì	1
7 Total credits and payments. Add lines 6a through 6d 8 Enter any peasity for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of times 5 and 6 is more than the total of lines 5 and 8, enter the amount owed 10 Overpayment. If hine 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 be. Credited to 2016 estimated tax ▶ 142. Refunded ▶ 10 142. 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes? See the instructions for the definition if the answer is *Yes* to 1a or *1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1c Did the foundation in Erorn *1120-POL for this year? 1c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. 1t) On the foundation. ▶ \$ 0. • (2) On foundation managers. ▶ \$ 0. • 2 Has the foundation engaged m any activities that have not previously been reported to the IRS? 1f *Yes,* attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS; in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If *Yes,* tatch a conformed copy of the changes 4 Did the foundation have interested business gross income of \$1,000 or more during the year? 5 Was there a liquidation, termination or, dissolution, or substantial contraction during the year? 1 Wes, *Tatch the statement required by <i>General Instruction 7</i> 8 Are the requirements of section 508(e) (relating to sections 4	c Tax paid with application for extension of time to file (Form 8868)		}	1
8 Enter any penalty for underpayment of estimated tax. Check here	d Backup withholding erroneously withheld	6d 0.		
8 Enter any penalty for underpayment of estimated tax. Check here	7 Total credits and payments. Add lines 6a through 6d	_7		1,300.
10 Overpayment, if line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be; Credited to 2018 estimated tax ▶ 14.2 . Refunded ▶ 11 0 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 intervene in any political campaign? 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it speed more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition in the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1c Did the foundation in Erom 1120-POL for the year? 1c Did the foundation in Erom 1120-POL for the year? 1c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 1) On the foundation ▶ \$ O. (2) On foundation managers. ▶ \$ O. • Enter the rembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ O. • Extrem the rembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ O. • Experiments any calculation in the activities. 1d Post in Yes, attach a detailed description of the activities. 1d Post in Yes, attach a detailed description of the activities. 1d Post in Yes, attach a detailed description of the activities. 2d A but the foundation have unrelated business gross income of \$1,000 or more during the year? 1d Yes, attach a feed attax return on Form 990-T for this year? 1d Yes, attach a legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing	8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a	attached 8	T	
11 Enter the amount of line 10 to be; Credited to 2018 estimated tax ▶ 14.2 Refunded ▶ 11 O-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 intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1a	9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9	7	
Part VII-A Statements Regarding Activities	10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	ı ▶ 10		142.
Part VII-A Statements Regarding Activities	11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	142 • Refunded ▶ 11		0.
any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-PDL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 2 X if "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously been reported to the IRS? if "Yes," attach a detailed description of the activities. 4 Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A b if "Yes," has it filed a tax return on Form 990-1 for this year? N/A 5 Was there a flugulation, termination, dissolution, or substantial contraction during the year? if "Yes," attach the statement required by General instruction 7 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By slate legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or • By slate legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or • By slate legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	Part VII-A Statements Regarding Activities			
b Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes? See the instructions for the definition if the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-PDL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0. e Enter the rembursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 3 Has the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," attach the state that e tax return on Form 990-1 for this year? N/A Was there a liquidation, termination, dissolution, or substantial contraction during the year? N/A The the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, 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, or By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions. ► ME b If the answer is "Yes" to line 7, has the foundation furnished a copy of form 990-PF to the Attorne	1a During the tax year, did the foundation attempt to influence any national, state, or local le	gislation or did it participate or intervene in		Yes No
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year? In the answer is "Yes" to line 7, has the foundation during the year? In the answer is "Yes" to line 7, has the foundation during the year? In the answer is "Yes" to line 7, has the foundation during the year? In the answer is "Yes" to line 7, has the foundation flavor persons become substantial contributors during the year? In the answer is "Yes" to line 7, has the foundation furnished a copy of Form Payo-PF to the Attorney General (or designate) of acch state as required by General Instruction G? If "No," attach explanation If "Yes," attach a cleam year 20,000 in assets at any time during the year? If Yes," attach a cleam year 20,000 in assets at any time during the year? If Yes," attach a cleam year 20,000 in assets at any time during the year? If Yes," attach a cleam year 20,000 in assets at any time during the year? If Yes," attach a cleam year 20,000 in assets at any time during the year? If Yes," attach a cleam year 20,000 in assets at any time during the year? If Yes," attach a cleam year 20,000 in assets at any time during the year? If Yes," attach a cleam year 20,000 in assets at any time during the year? If Yes," attach a conformation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV If Yes," the states to which the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation In the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation In the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or	any political campaign?	•	1a	X
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ME b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? if "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	The did the foundation have at least \$5,000 in assets at any time during the year? If Yes, con	mpiete Part II, col. (c), and Part XV	-'-	 ^ -
ME b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? if "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	On Finder the adaton to sub-state of the second of the sec			1 1 1
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10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X				
I rest diameter and addresses			ļ	
	uiu ally persons become substantial contributors during the tax year? If "Yes," attach a school	edule listing their names and addresses		

X

3b

4a

4b

N/A

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,

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

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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

Total number of other employees paid over \$50,000

Form 990-PF (2017) The Sukeforth Family Foundation	01-61	48895 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		
		j
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 N/A		
2		
		
3		
		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1		Amount
1 N/A	and Z.	Amount
I N/A		
		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	•	0.
		Form 990-PF (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		6 210 001
а		1a	6,310,201.
	Average of monthly cash balances	1b	443,643.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	6,753,844.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		_
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,753,844.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	101,308.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,652,536.
6	Minimum investment return. Enter 5% of line 5	6	332,627.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar foreign organizations, check here ▶ □ and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	332,627.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,158.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,158. 331,469.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	331,469.
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	331,469.
P	art XII Qualifying Distributions (see instructions)	<u> </u>	_
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	277 <u>,</u> 998.
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	277,998.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	277,998.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		

Form **990-PF** (2017)

Page 9

Part XIII Undistributed Income (se				
	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				331,469.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only		ļ	272,892.	
b Total for prior years:				
	J	0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012	,			
b From 2013				
c From 2014				
d From 2015				
e From 2016	j			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ▶\$277, 998.	1			
a Applied to 2016, but not more than line 2a			272,892.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	an a	E
c Treated as distributions out of corpus				
(Election required - see instructions)	0.)	İ		
d Applied to 2017 distributable amount				5,106.
e Remaining amount distributed out of corpus	0.			3,100.
·	0.1			0.
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract		1		
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				
assessed		0.		
d Subtract line 6c from line 6b. Taxable	}			
amount - see instructions		0.	· · · · · · · · · · · · · · · · · · ·	
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract	İ			
lines 4d and 5 from line 1. This amount must	1			206 262
be distributed in 2018				326,363.
7 Amounts treated as distributions out of	{	1	į	
corpus to satisfy requirements imposed by		1		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	.)			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.	_ \	ſ		
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:	į			
a Excess from 2013	1			
b Excess from 2014	ł			
c Excess from 2015				
d Excess from 2016	}	1		
e Excess from 2017_)	j	j j	

723581 01-03-18

723601 01-03-18

The Sukeforth Family Foundation

3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or positiess)	or substantial contributor	recipient		
a Paid during the year				
Albion Fire-Rescue	N/A	GOV	General Operating	
22 Main Street			Support	
Albion, ME 04910			<u> </u>	1,00
			1	
American Lung Association of Maine	N/A	PC	General Operating	
122 State Street			Support	500
Augusta, ME 04330	- 	 	+	
		1		
Bingham Fire Department	N/A	GOV	General Operating	
13 Murray Street	,		Support	
Bingham, ME 04920		1		1,000
Boy Scouts of America, Pine Tree	N/A	PC	Pack 479 (\$1,000);	
Council	,,		Camp Bomazeen	
146 Plains Road		ļ	(\$15,000);	
Raymond, ME 04071				16,000
		}		
		ł		
Central Maine Bible Conference	N/A	PC	Camp Fair Haven	
81 West Fairhaven Lane				25.00
Brooks, ME 04921 Total See Co	ontinuation shee)+ (g \	<u> </u>	25,000 275,650
b Approved for future payment	Jicindacion snee	(B /	Ja	
None		ł		
None		l		
		ļ — — — —	 	
		İ		
		[
	1			
Total	<u> </u>	L	▶ 3b	
1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1				000 DE (20

Part XVI-A Analysis	of	Income-Producing	Activities
---------------------	----	------------------	-------------------

	Harolated	huginong income	T contract	hu acotton 510 510 514	
Enter gross amounts unless otherwise indicated.	(a) Business	business income (b) Amount	Exclu-	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	iuncuon income
å	-				
b	-		+		
c	-		├		
d	-		 _ _		
e	-		↓		
<u> </u>	-		┼─┼		
g Fees and contracts from government agencies			╂		
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash			1 4	1 120	
Investments			14	1,129. 87,741.	
4 Dividends and interest from securities			14	0/,/41.	
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	 		1 1		
7 Other investment income	 		+		
8 Gain or (loss) from sales of assets other	1 1			10.076	
than inventory	 		18	19,276.	
9 Net income or (loss) from special events	<u> </u>		- -		
10 Gross profit or (loss) from sales of inventory	 		↓ _↓_		
11 Other revenue:	1 1		1 1		
å	-		 		
b	-		+-+		
¢	-				
d			 		
e	.		+	100 110	
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	بالبالا	108,146.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	108,146.
(See worksheet in line 13 instructions to verify calculations.)		 _			
Part XVI-B Relationship of Activities	to the Accor	nplishment of E	xempt P	urposes	
Line No. Explain below how each activity for which inc			ontributed	I importantly to the accomp	lishment of
the foundation's exempt purposes (other than	n by providing fund	is for such purposes).			
	- 				
					. <u> </u>

	<u> </u>				
Part XVII	Information Regarding	Transfers to a	and Transactions an	d Relationships	With Noncharitable
	Exempt Organizations				

	•			ng with any other organization	i described in sect	(ion 50 i(c)	1 1	162	INO
(other th	han section 501(c)(3) organ	iizations) or in section 527,	relatın	g to political organizations?					
a Transfei	rs from the reporting found:	ation to a noncharitable exe	mpt or	rganization of:]		
(1) Cas	sh	*					1a(1)		X
(2) Oth	er assets						1a(2)		X
b Other tra	ansactions:								
(1) Sal	es of assets to a noncharita	ble exempt organization					15(1)		X
(2) Pur	chases of assets from a no	ncharitable exempt organiza	ation				1b(2)		X
(3) Rer	ntal of facilities, equipment,	or other assets					1b(3)		X
(4) Rei	mbursement arrangements						1b(4)		X
(5) Loa	ins or loan guarantees						1b(5)		X
(6) Per	formance of services or me	mbership or fundraising so	licitatio	ons			1b(6)		X
c Sharing	of facilities, equipment, ma	uling lists, other assets, or p	aid em	nployees			1c		X
d If the an	swer to any of the above is	"Yes," complete the following	ng schi	edule. Column (b) should alw	ays show the fair r	market value of the goods,	other ass	ets,	
or service	ces given by the reporting fo	oundation. If the foundation	receiv	red less than fair market value	in any transaction	n or sharing arrangement, s	how in		
column	(d) the value of the goods,	other assets, or services rea	ceived.	·					
(a)Line no	(b) Amount involved	(c) Name of nonch	arıtabl	e exempt organization	(d) Description	n of transfers, transactions, and	sharing arr	angeme	nts
		N	/A	· · · · · · · · · · · · · · · · · · ·	†				
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				<u> </u>	ļ				
					<u> </u>				
2a Is the fo	undation directly or indirect	tly affiliated with, or related	to, one	or more tax-exempt organiza	itions described	 			
ın sectio	n 501(c) (other than section	n 501(c)(3)) or in section 5	27 ?				Yes	X	No
b If "Yes,"	complete the following sche	edule.							
	(a) Name of org	janization		(b) Type of organization		(c) Description of relations	hip		
	N/A								
									
				 	_ _				
Und	er penalties of perjury, I declare	that I have examined this return,	ıncludıı	ng accompanying schedules and s	tatements, and to the	best of my knowledge			
Sign and	belief, it is true, correct, and corr	nplete Declaration of preparer (o	ther tha	ın taxpayer) is based on all informa	tion of which prepare	r nas any knowledge reti	y the IHS d urn with the	prepar	er
Here	() ourla	S 16.1		15-9-18	Truste		wn below?	See ins	1
	gnature of officer or trustee	suregous	<u> </u>	Date	Title		X Yes		J No
	Print/Type preparer's na		ror'n n			Check If PTIN			=
	r mio rype preparer s na	тера (ггера	قاسط راتا ا	ignature	Date	<u> </u>			
Paid	Mighal -	Deret -			(F / C 4 / 4 A	self- employed	1 2 1 2	2 2 2	
	Nicholas E				5/04/18		1310		
Preparer	1 0	ER NEWMAN &	NOY	ES		Firm's EIN ► 01-0	4945	26	
Use Only									
	Firm's address ► BO			-	_				
	PO:	RTLAND, ME 0	411	.2		Phone no. (207)			
						F	orm 99 0	-PF	(2017)

3 Grants and Contributions Paid During the \				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Children's Discovery Museum	N/A	PC	General Operating	
171 Capitol Street, Suite 2			Support	
Augusta, ME 04330	 	 		2,500
Children's Dyslexia Centers, Inc.	N/A	PC	Bangor Center	
33 Marrett Road	1	ł	ļ	
Lexington, MA 02421				5,000
China Baptist Church	N/A	PC	General Operating	
36 Causeway Road	İ	1	Support	
China, ME 04358				5,00
Christian Education League	N/A	PC	General Operating	
70 Sewall Street]	Support	
Augusta, ME 04330				40,50
				
Eastern Maine Healthcare Systems	N/A	PC	Inland Hospital	
200 Kennedy Memorial Drive	[] / h	1 **	liniana nospitai	
Waterville, ME 04901	ľ		}	13,000
, , , , , , , , , , , , , , , , , , , ,			+	,
Frakine Academy	7/3	P.G.	Bll Chamba Boostons	
Erskine Academy 309 Windsor Road	N/A	PC	All Sports Boosters	
South China, ME 04358		j	1	500
South China, ME 04356	 		+	
Hospice Volunteers of Waterville Area	N/A	PC	General Operating	
304 Main Street		1	Support	
Waterville, ME 04901 Kennebec Valley Community College	1/2		Dowbons Modaline	1,000
	N/A	GOV	Barbara Woodlee	
92 Western Avenue Fairfield, ME 04937			Scholarship Fund	
rattiteid, WP 04321			(\$5,000); General Operating Support	
		1	1	10,000
	 		(\$5,000)	10,000
Maine Children's Home for Little	N/A	PC	General Operating	
Wanderers			Support	
93 Silver Street				
Waterville, ME 04901	_		 	5,000
Maine Right to Life Educational Fund	N/A	PC	General Operating	
P.O. Box 257			Support	
Auburn, ME 04212-0257		<u> </u>	<u> </u>	2,000
Total from continuation sheets				232,150

Part XV Supplementary Information				
3 Grants and Contributions Paid During the	If recipient is an individual,	Γ		
Recipient Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Hamo and address (nome or passiness)	or substantial contributor	recipient		
Mid-Maine Homeless Shelter	N/A	PC	General Operating	
19 Colby Street	N/A	PC	Support	
Waterville, ME 04901			Support	5,000
,				
Oakland Fire Department	N/A	GOV	General Operating	
11 Fairfield Street			Support	
Oakland, ME 04963				100
Riding to the Top Therapeutic Riding	N/A	PC	General Operating	
Center			Support	
14 Lilac Drive				
Windham, ME 04062				2,500
Salvation Army	N/A	PC	General Operating	
P.O. Box 3647			Support	40.000
Portland, ME 04104				19,000
Shriners Hospital for Children	N/A	PC	Boston Hospital	
2900 North Rocky Point Drive	,,,,	**	(\$20,000); Springfield	
Tampa, FL 33607			Hospital (\$20,000)	40,000
Solon Church	N/A	PC	General Operating	
21 Waterville Road			Support	
Norridgewock, ME 04957				500
Solon Fire Department	N/A	GOV	General Operating	
P.O. Box 214 Solon, ME 04979			Support	1,000
South China Community Church	N/A	PC	General Operating	
P.O. Box 335			Support	
South China, ME 04358				2,000
Spectrum Generations	N/A	PC	General Operating	
38 Gold Street			Support	
Waterville, ME 04901				5,220
Sunshine Club of Crippled Children	N/A	PC	General Operating	
33 Starlight Drive	, A	FC	Support	
Eddington, ME 04228				4,000
Total from continuation sheets			'	

The Sukeforth Family Foundation

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	OUNTING AND AND AND AND AND AND AND AND AND AND	
Town of China	N/A	GOV	China Community Days	
571 Lakeview Drive			(\$500); Fire	
China, ME 04358			Department (\$2,500);	
		 	Utility Fund (\$1,000)	4,00
		}		
Travis Mills Foundation	N/A	PC	General Operating	
89 Water Street	Ĺ		Support	
Hallowell, ME 04347			 	10,030
Weinersite of Couthorn Wains	3/2	007	General Operating	
University of Southern Maine 96 Falmouth Street	N/A	GOV	Support	
Portland ME 04103			pappore	2,000
	+	†	+	
Vassalboro Fire Department	N/A	GOV	General Operating	
P.O. Box 134			Support	
North Vassalboro, ME 04962				2,000
Waldo County General Hospital	N/A	PC	Donald S. Walker	
118 Northport Avenue			Health Center	
Belfast, ME 04915		<u> </u>		5,000
Waldo County YMCA	N/A	PC	General Operating	
157 Lincolnville Avenue		İ	Support	
Belfast, ME 04915			++	100
Washington March M. Jankson				
Washington Advent Christian Camp 2 Deer Lane	N/A	PC	General Operating Support	
Hallowell, ME 04347			Support	20,500
Waterville Area Boys & Girls Club	N/A	PC	General Operating	
126 North Street		1	Support	
Waterville, ME 04901	+	 	+	17,500
Waterwille Are- Dies		1 70		
Waterville Area YMCA 126 North Street	N/A	PC	Camp Tracy Campership	
Waterville, ME 04901			Fund	1,000
	 	 	 	1,500
Waterville Opera House Association	N/A	PC	General Operating	
93 Main Street, Suite 3]		Support	
Waterville, ME 04901				5,00
Total from continuation sheets				

Part XV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual.			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
(or substantial contributor	recipient		
alica - II Hawath of Tolle	7/3	1		Ì
inslow Family Fourth of July	N/A	PC	General Operating	ļ
Committee			Support	
P.O. Box 8006 Winslow, ME 04901		1	}	20,
ATHRIOW, ME 04301		 		200
		į		
Winslow Fire Department	N/A	GOV	General Operating	
114 Benton Avenue	•		Support	
Winslow, ME 04901				1,000
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)	
Total from continuation sheets		<u> </u>		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

Employer identification number

	The Sukeforth Family Foundation	01-6148895
Organization t	ype (check one)	
Filers of:	Section:	
Form 990 or 99	0-EZ 501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
=	rganization is covered by the General Rule or a Special Rule . ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule See instructions
General Rule		
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaty) from any one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special Rules		
section any or	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppose 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 10 is contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the arrown 990-EZ, line 1 Complete Parts I and II.	6a, or 16b, and that received from
year, t	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received frontal contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or exercision of cruelty to children or animals. Complete Parts I, II, and III	
year, c is chec purpos	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro contributions exclusively for religious, charitable, etc., purposes, but no such contributions totalecticked, enter here the total contributions that were received during the year for an exclusively religious. Don't complete any of the parts unless the General Rule applies to this organization because us, charitable, etc., contributions totaling \$5,000 or more during the year	i more than \$1,000 If this box ous, charitable, etc ,
but it must ans	ganization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E wer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its esn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

Name of organization

Employer identification number

The Sukeforth Family Foundation	01-6148895
Part I Contributors (see instructions) Has duplicate contra of Part Life additional arress in product	

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	S. Douglas & Rita C. Sukeforth 982 Lakeview Drive South China, ME 04358	s360,853.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>. </u>		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

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Name of organization

Employer identification number

The Sukeforth Family Foundation

01-6148895

art II	Noncash Property (see instructions) Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_1	1417 shares Autodesk; 325 shares Comcast; 397 shares L3 Technologies	-	
Ì		\$ 240,853.	12/29/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
}		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723454 11-01-17

Form 990-PF Intere	st on Savi	ngs and Tem	porary	Cash In	vestments	Statement 1
Source		(a Reve Per B	nue		(b) vestment come	(c) Adjusted Net Income
RBC Advisors			1,129.		1,129.	
Total to Part I, li	ne 3		1,129.		1,129.	
Form 990-PF	Dividend	s and Inter	est fro	m Secur	ities	Statement 2
Source	Gross Amount	Capital Gains Dividend	Re	(a) venue Books	(b) Net Inves ment Inco	_
RBC Advisors	95,426	7,68	5.	87,741.	87,74	1.
To Part I, line 4	95,426	7,68	5.	87,741.	87,74	1.
Form 990-PF		Accounti	ng Fees			Statement 3
Description		(a) Expenses Per Books	(b Net In ment I	vest-	(c) Adjusted Net Incom	
Accounting Fees		4,300.		2,150.		2,150.
To Form 990-PF, Pg	1, ln 16b =	4,300.		2,150.		2,150.
Form 990-PF	01	ther Profes	sional	Fees		Statement 4
Description		(a) Expenses Per Books	(b Net In ment I	vest-	(c) Adjusted Net Income	
Investment Fees		47,612.	4	7,612.		0.
To Form 990-PF, Pg	1, ln 16c	47,612.	4	7,612.		0.
	_					

Form 990-PF	Tax	Taxes		Statement
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom	
Foreign Tax Excise Tax	503. 516.	503.		0
To Form 990-PF, Pg 1, ln 18	1,019.	503.		0
Form 990-PF	Other E	xpenses		Statement
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom	
Office Expenses	198.	0.		198
To Form 990-PF, Pg 1, ln 23	198.	0.		198
Form 990-PF Other Increases	s in Net Ass	ets or Fund B	alances	Statement
Description				Amount
Unrealized Gain on Investment Miscellaneous Timing Differen			•	1,209,658 140
			-	
Total to Form 990-PF, Part II	II, line 3		=	1,209,798
Total to Form 990-PF, Part II Form 990-PF	Corporate	e Stock	=	1,209,798 Statement
			ok Value	
Form 990-PF	Corporate	Во	ok Value 6,986,866.	Statement Fair Market

Form 990-PF Ot	ther Investments		Statement 9
Description	Valuation Method	Book Value	Fair Market Value
Mutual Funds-see Statement 11	FMV	478,030.	478,030.
Total to Form 990-PF, Part II, li	ine 13	478,030.	478,030.
	XV - Line 1a Foundation Manage	rs	Statement 10

Name of Manager

S. Douglas Sukeforth Rita C. Sukeforth