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Department of the Treasury

Internal Revenue Service

DLN: 93491100002168

OMB No 1545-0052

2017

Return of Private Foundation

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

▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017 A Employer identification number Name of foundation Donato J Tramuto Foundation Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) PO Box 1728 (207) 646-5001 City or town, state or province, country, and ZIP or foreign postal code Ogunquit, ME 03907 ${f C}$ If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here Amended return ☐ Final return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change ☐ Name change E If private foundation status was terminated ☑ Section 501(c)(3) exempt private foundation H Check type of organization under section 507(b)(1)(A), check here ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation I Fair market value of all assets at end **J** Accounting method ☐ Cash ☑ Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col (c), ☐ Other (specify) line 16) \$ 694,073 (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total (d) Disbursements for charitable Revenue and (b) Net investment Adjusted net (c) of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) equal the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach 620.604 schedule) Check ▶ ☐ If the foundation is **not** required to attach 2 3 Interest on savings and temporary cash investments Dividends and interest from securities 30 Gross rents 5a b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 296,281 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) c Other income (attach schedule) 5,863 0 11 648,884 0 Total. Add lines 1 through 11 . . 296,311 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses 16a Legal fees (attach schedule) . . . Accounting fees (attach schedule) Other professional fees (attach schedule) 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 20 55,308 21 Travel, conferences, and meetings . 0 22 Printing and publications . . . 23 Other expenses (attach schedule) 7.817 24 Total operating and administrative expenses. Add lines 13 through 23 63,125 309,373 309,373 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 372,498 309,373 27 Subtract line 26 from line 12 Excess of revenue over expenses and 276,386 disbursements 296 311 Net investment income (if negative, enter -0-) Adjusted net income(If negative, enter -0-)

| | 2 | Savings and temporary cash investments | 309,597 | 1,312 | 1,312 |
|------|-----|--|---------|---------|---------|
| | 3 | Accounts receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) 61 | | | |
| | | Less allowance for doubtful accounts ▶ | 61 | 61 | 61 |
| 2 | 8 | Inventories for sale or use | | | |
| sets | 9 | Prepaid expenses and deferred charges | | | |
| AS | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | ь | Investments—corporate stock (attach schedule) | 0 | 234,356 | 468,242 |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | ۱., | Land huildings and sourcest basis • 40.770 | | | |

460,187

7,653

7,653

452,534

452,534

460,187

1

2 3

4

5

6

410,040

276,386

686,426

233,892

452,534 Form **990-PF** (2017)

6,238

410,040

410,040

416,278

694,073

Land, buildings, and equipment basis 14 Less accumulated depreciation (attach schedule) ▶ 10,772 Other assets (describe > . 15 Total assets (to be completed by all filers—see the 16 416,278 instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses . 18 Grants payable. . Liabilities 19 Deferred revenue . 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule). . . . ارچە 22 Other liabilities (describe -6,238

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Total net assets or fund balances (see instructions) . . .

23

24

25

26

27

28

29

30

31

Part III

2

3

4

Unrestricted

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

or Fund Balances

Net Assets

| | (a) the kınd(s) of property sold (e g , re rehouse, or common stock, 200 shs | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|--|--|---------------------------------|--|--|-------------------------------|
| 1 a Tivity Health Inc Com | | | | 2016-06-30 | 2017-12-12 |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| | (f) | | (g) | (1 | h) |
| (e) Gross sales price | Depreciation allowed | Cost or | other basis | Gain o | r (loss) |
| · | (or allowable) | plus exp | ense of sale | (e) plus (f |) mınus (g) |
| a 4 | 39,982 | | 143,701 | | 296,281 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for asset | ts showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | (| I) |
| | (j) | | (k) | | h) gain minus |
| (i) FMV as of 12/31/6 | Adjusted basis | | of col (ı) | | less than -0-) or |
| 1 14 V as 01 12/31/0 | as of 12/31/69 | over co | l (j), if any | Losses (fro | om col (h)) |
| a | | | | | 296,281 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| • | gain or (loss) as defined in sections : lart I, line 8, column (c) (see instructi | | ` I | 3 | 296,281 |
| | Under Section 4940(e) for Re | | | | |
| For optional use by domestic | private foundations subject to the sec | ction 4940(a) tax on ne | et investment incom | e) | |
| f section 4940(d)(2) applies, | leave this part blank | | | | |
| Vas the foundation liable for t | the section 4942 tax on the distributant qualify under section 4940(e) Do | | · · | γ | es 🔽 No |
| 1 Enter the appropriate a | mount in each column for each year, | see instructions before | e making any entries | 5 | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitat | ole-use assets | (d) Distribution rati (col (b) divided by co | |
| 2016 | 395,960 | | 311,334 | ((-,, - | 1 271817 |
| 2015 | 132,519 | | 172,601 | | 0 767777 |
| 2014 | 124,857 | | 139,601 | | 0 894385 |
| 2013 | 51,867 | | 78,421 | | 0 661392 |
| 2012 | 47,224 | | 52,539 | | 0 898837 |
| 2 Total of line 1, column | (d) | | 2 | | 4 494208 |
| 3 Average distribution rat | o for the 5-year base period—divide indation has been in existence if less | the total on line 2 by 5 | , or by the | | 0 898842 |
| | oncharitable-use assets for 2017 fron | | 4 | | 242,651 |
| 5 Multiply line 4 by line 3 | | | 5 | | 218,105 |
| 6 Enter 1% of net investm | nent income (1% of Part I, line 27b) | | 6 | | 2,963 |
| 7 Add lines 5 and 6 . | | | 7 | | 221,068 |
| | tions from Part XII, line 4 , | | 8 | | 309,373 |
| | reater than line 7, check the box in Pa | | | g a 1% tax rate Se | |

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

| | · · · · · · · · · · · · · · · · · · · | | | |
|-----------|---------------------------------------|----------------------|----------------------|------------------------|
| Down WIII | Information About Officers, | Directors, Trustees, | Foundation Managers, | Highly Paid Employees, |
| Part VIII | and Contractors | | | |

| 1 List all officers, directors, trustee | es, foundation managers ar | nd their compensation | (see instructions). | |
|---|---|---|---|---------------------------------------|
| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| See Additional Data Table | | | Componibution. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 Compensation of five highest-pai | d employees (other than t | hose included on line : | L—see instructions). If nor Contributions to | ie, enter "NONE." |
| (a) Name and address of each employee pa more than \$50,000 | Title, and average hours per week (b) devoted to position | (c) Compensation | employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE | | | (a) compensation | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid ove | | | | |
| 3 Five highest-paid independent co | | | | 0 E". |
| (a) Name and address of each person | | 1 | e of service | (c) Compensation |
| NONE | | | | |
| | | | | |
| | | - | | |
| | | | | |
| | | | | |
| | | _ | | |
| | | | | |
| | | - | | |
| Total number of others receiving over \$50 | ,000 for professional services | | | 0 |
| Part IX-A Summary of Direct C | | | | |
| List the foundation's four largest direct charitable organizations and other beneficiaries served, con | | | nation such as the number of | Expenses |
| 1 | | | | |
| | | | | |
| | | | | |
| 2 | | | | |
| | | | | |
| 3 | | | | |
| | | | | |
| 4 | | | | |
| - | | | | |
| | | | | |
| Part IX-B Summary of Program | m-Related Investments | (see instructions) | | |
| Describe the two largest program-related inve | stments made by the foundation d | uring the tax year on lines 1 | and 2 | Amount |
| 1 | | | | |
| | | | | |
| 2 | | | | |
| | | | | |
| All II | <u> </u> | | | |
| All other program-related investments 3 | See instructions | | | |
| | | | | |
| | | | | |
| Total. Add lines 1 through 3 . | | · · · · · · · · | | 000 PE (2017) |

309,373

309.373

2.963

306.410

Form 990-PF (2017)

1a

1b

2

3a 3h

4

5

Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

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

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

8,666

8.666

Form 990-PF (2017)

0

(d)

2017

| Form 990-PF (20 | 17) | |
|-----------------|--|---|
| Part XIII | Undistributed Income (see instructions |) |

From 2012.

b From 2013. . . . c From 2014. . .

d From 2015.

e From 2016.

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

b Excess from 2014. .

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

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

1 Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. **b** Total for prior years

Excess distributions carryover, if any, to 2017

395,961

51.867 124,857

132.519

395.961

300.707

47.224 51,867

124 857 132.519

(a)

Corpus

(b)

Years prior to 2016

(c)

2016

752.428

300.707

1,053,135

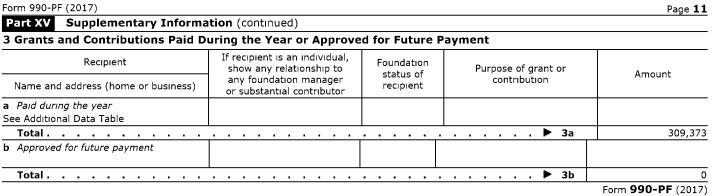
47.224

1,005,911

0

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
See Additional Data Table

See Additional Data Table



| | Unrelated by | siness income | Evaluaded by costic | n 512, 513, or 514 | (e) |
|--|--|--|---|---------------------------------------|-------------------------------------|
| er gross amounts unless otherwise indicated | (a) | (b) | (c) | (d) | Related or exemp function income |
| Program service revenue a | Business code | Amount | Exclusion code | Amount | (See instructions |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | <u> </u> | | | | |
| g Fees and contracts from government agencies | | | | | |
| Membership dues and assessments | | | | | |
| Interest on savings and temporary cash investments | | | | | |
| Dividends and interest from securities | | | 14 | 30 | |
| Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property. | | | | | |
| b Not debt-financed property Net rental income or (loss) from personal property | , | | | | |
| Other investment income | 1 | | | | |
| Gain or (loss) from sales of assets other than | | | | | |
| inventory | | | 18 | 22,387 | |
| Net income or (loss) from special events | | | | | |
| Gross profit or (loss) from sales of inventory Other revenue | | | | | |
| a June 10th Gala | | 1,500 | | | |
| b Book Sales | 900099 | 4,363 | 05 | | |
| c | | | | | |
| d | | | | | |
| | | | | | |
| e | | 5 863 | | 22 /117 | |
| e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) | | 5,863 | | 22,417 .3 | |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calci | ulations) | | 1 | | |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the substitution of the substitution o | ulations) he Accomplish | ment of Exem | pt Purposes | 3 | 28,28 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calci | ulations) he Accomplish i income is reporte | ment of Exempled in column (e) of | 1 pt Purposes F Part XVI-A contribe | 3uted importantly to | 28,28 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second secon | ulations) he Accomplish income is reporte xempt purposes (o | ment of Exempled in column (e) of other than by prov | pt Purposes F Part XVI-A contribution funds for such | 3uted importantly to n purposes) (See | 28,28 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calciant XVI-B Relationship of Activities to to the accomplishment of the foundation's elinstructions) | ulations) he Accomplish income is reporte xempt purposes (o | ment of Exempled in column (e) of other than by prov | pt Purposes F Part XVI-A contribution funds for such | 3uted importantly to n purposes) (See | 28,28 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to t ne No. Explain below how each activity for which the accomplishment of the foundation's elinstructions) | ulations) he Accomplish income is reporte xempt purposes (o | ment of Exempled in column (e) of other than by prov | pt Purposes F Part XVI-A contribution funds for such | 3uted importantly to n purposes) (See | 28,28 |
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| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to to the accomplishment of the foundation's elinstructions) | ulations) he Accomplish income is reporte xempt purposes (o | ment of Exempled in column (e) of other than by prov | pt Purposes F Part XVI-A contribution funds for such | 3uted importantly to n purposes) (See | 28,28 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to to the accomplishment of the foundation's elinstructions) | ulations) he Accomplish income is reporte xempt purposes (o | ment of Exempled in column (e) of other than by prov | pt Purposes F Part XVI-A contribution funds for such | 3uted importantly to n purposes) (See | 28,28 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to to the accomplishment of the foundation's elinstructions) | ulations) he Accomplish income is reporte xempt purposes (o | ment of Exempled in column (e) of other than by prov | pt Purposes F Part XVI-A contribution funds for such | 3uted importantly to n purposes) (See | 28,28 |
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| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to to the accomplishment of the foundation's elinstructions) | ulations) he Accomplish income is reporte xempt purposes (o | ment of Exempled in column (e) of other than by prov | pt Purposes F Part XVI-A contribution funds for such | 3uted importantly to n purposes) (See | 28,28 |
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| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to to the accomplishment of the foundation's elinstructions) | ulations) he Accomplish income is reporte xempt purposes (o | ment of Exempled in column (e) of other than by prov | pt Purposes F Part XVI-A contribution funds for such | 3uted importantly to n purposes) (See | 28,28 |
| Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to t ne No. Explain below how each activity for which the accomplishment of the foundation's elinstructions) | ulations) he Accomplish income is reporte xempt purposes (o | ment of Exempled in column (e) of other than by prov | pt Purposes F Part XVI-A contribution funds for such | 3uted importantly to n purposes) (See | 28,28 |

| orm 990-F | PF (2017) | | | | | | | Pa | ge 13 |
|------------------|---|---------------------------------|----------------------------|---------------------|---------------------------------------|--|------------------------------------|---------|--------------|
| Part XV | Information Re Exempt Organi | | ansfers T | o and Transact | ions and Rela | tionships With Noncha | ritable | | |
| | | directly engag | | | | zation described in section 50 ical organizations? | 1 | Yes | No |
| a Transfe | ers from the reporting foun | dation to a no | ncharitable | exempt organization | n of | | | | |
| (1) Ca | ash | | | | | | 1a(1) | | No |
| (2) Ot | ther assets | | | | | | 1a(2) | | No |
| b Other t | ransactions | | | | | | | | |
| (1) Sa | ales of assets to a nonchar | ıtable exempt | organızatıoı | n | | | 1b(1) | | No |
| (2) Pu | irchases of assets from a r | noncharitable e | exempt orga | anization | | | 1b(2) | | No |
| (3) Re | ental of facilities, equipmer | nt, or other as: | sets | | | | 1b(3) | | No |
| (4) Re | eimbursement arrangemen | its | | | | | 1b(4) | | No |
| (5) Lo | ans or loan guarantees. | | | | | | 1b(5) | | No |
| (6) Per | rformance of services or m | embership or | fundraising | solicitations | | | 1b(6) | | No |
| _ | g of facilities, equipment, n | - | - | | | | 1c | | No |
| of the o | goods, other assets, or ser | vices given by ingement, sho | the reporti w in column | ng foundation If th | e foundation rec ne goods, other a | d always show the fair marke eived less than fair market va assets, or services received on of transfers, transactions, and s | alue | ngemer | ıts |
| | | | | | | | | | |
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| | | | | | | | | | |
| describ | oundation directly or indire ed in section 501(c) of the " complete the following s (a) Name of organization | Code (other t | | | ection 527? | - | ☐ Yes | ✓ | No |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | - | | | | | |
| 0 | | , it is true, cor | | | | anying schedules and statemicher than taxpayer) is based o | on all info | rmatioi | n of |
| Here L | ***** | | | 2018-04-03 | **** | reti | y the IRS di urn h the prepa | | |
| <u> </u> | Signature of officer or t | rustee | | Date | Title | bel | | _ | |
| | Print/Type preparer's | name | Preparer's S | Signature | Date | Check if self- | | | |
| Paid | Derek K Markgren | СРА | | | 2018-04-0 | employed ▶ □ | P01284 | 4874 | |
| Prepar | er Firm's name ▶ Purd | y Powers & Co | mpany | | • | Firm's | EIN ▶01 | -04630 |)13 |

Firm's address ▶ 130 Middle Street

Portland, ME 04101

Phone no (207) 775-3496
Form **990-PF** (2017)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If Expense account, hours per week not paid, enter Contributions to (e) other allowances employee benefit plans (b) devoted to position -0-) and deferred compensation Donato J Tramuto Advisory Board ٥ 5 00 900 20th Ave South Nashville, TN 37212 Jeffrey Porter Advisory Board 0 0 1 00 PO Box 1728 Ogunquit, ME 03907 Mary Jane England Advisory Board 0 0 1 00 715 Albany Street Talbot Building Boston, MA 02118 Jeff Clark ٥ 0 Advisory Board 1 00 16A Woodbridge Road York, ME 03909 Anthony Pacillo O Advisory Board 0 1 00 Harvard University Cambridge, MA 02138 Earle Rugg Advisory Board 0 0 1 00 1950 Lafayette Road Portsmouth, NH 03801 Greg Titman ADvisory Board 0 0 1 00 PO Box 841 Ogunquit, ME 03907 Cheryl Staff 0 0 Advisory Board n 1 00 84 Fleetwood Drive Wells, ME 04090 Mary Kelleher Advisory Board 0 0 1 00 410 Edgebrook Drive Boylston, MA 01505 John Doherty Advisory Board 0 0 1 00 190 High Street Apt 307 Medford, MA 02155 Phil Johnston 0 Advisory Board 0 1 00 2 Heritage Drive Quincy, MA 02171 Dr Adam Leach 0 0 Advisory Board 1 00 885 Broadway Bangor, ME 04401

| or | m 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: |
|----|--|
| a | The name, address, and telephone number of the person to whom applications should be addressed |
| | Donato J Tramuto |

b The form in which applications should be submitted and information and materials they should include

Each year, two (2) high school seniors from the State of Maine are awarded an \$8,000 scholarship (\$1,000 per semester) to be used towards tuition and other expenses at a college or university of their choice. Scholarships are awarded on the basis of overall academic excellence,

PO Box 1728 Ogunquit, ME 03907 (207) 646-7790

leadership qualities and financial need Individuals from other areas can apply online and the Advisory board may approve these other scholarship grants 2018 application form is available online

c Any submission deadlines

All applications are due on or before March 31

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Max Scholarship \$8,000

| Fo | rm 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: |
|----|---|
| | a The name, address, and telephone number of the person to whom applications should be addressed |
| | Donato J Tramuto PO Box 1728 |
| | Ogunquit, ME 03907 (207) 646-7790 |

b The form in which applications should be submitted and information and materials they should include The Tramuto Foundation's newest program provides its scholarship recipients with the opportunity to gain confidence, develop leadership skills, and build friendships through a direct mentoring relationship with one of our Advisory Board members. Guidance provided by our professional board members helps students learn to address challenges and issues that are a typical part of college life and gain the

confidence they need to succeed in their studies and in life. Scholarship recipients are strongly encouraged to apply c Any submission deadlines

March 31 d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors

None

| or | m 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: | | | | | |
|----|---|--|--|--|--|--|
| а | The name, address, and telephone number of the person to whom applications should be addressed | | | | | |
| | Donato J Tramuto PO Box 1728 Ogunquit, ME 03907 (207) 646-7790 | | | | | |
| b | The form in which applications should be submitted and information and materials they should include | | | | | |
| | Each January, at the annual Advisory Board Meeting, special grants are awarded to four (4) organizations helping either an individual or community overcome a serious challenge. The following organizations have been helped by a Donato J. Tramuto Foundation grant. Ogunquit Playhouse Foundation hearing devices, Maine Special Olympics, Cambodia - The Sharing Foundation, Leukemia Society, Katrina, 3 Family's, Walden Street School Foundation, Windbrush Farm, State of Maine Foster Children Program, AIDS Seacoast Foundation, American Diabetes Association, The Friends Project, Frannie Peabody Center, Seacoast Hospice, Camp Sunshine, Gastro-Intestinal Research, Juvenile Diabetes | | | | | |

Research Fund, RFK Foundation and more

c Any submission deadlines
Application Deadline January 15

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors None

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount

status of

recipient

contribution

show any relationship to

any foundation manager

or substantial contributor

Name and address (home or business)

За

| | or substantial contributor | | |
|--|----------------------------|-------------------------|-------|
| a Paid during the year | | | |
| Abigail SnyderThomas Street Springvale, ME 04083 | None | Educational Scholarship | 1,440 |
| Agne Nixon1900 Stevens Drive Apt 411 Richland, WA 99354 | None | Educational Scholarship | 2,500 |
| Alex Alsalamı701 Cool Springs Blvd Franklin, TN 37067 | None | Educational Scholarship | 3,333 |
| Aubrey Elizabeth Chabot 294 Horace Mills Road | None | Educational Scholarship | 1,000 |

Wells, ME 04090

Bailey Marsh30 Oak Lane None Educational Scholarship

2,500 Wells, ME 04090

Total . 309,373

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Charlie Meister 4215 Bowtrail SW None Educational Scholarship 5,000 Calgary, Alberta T3C 2GA CA 15,000 Christ the King Seminary711 Knox Road None 501(c)(3) Contribution East Aurora, NY 14052

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| everydayhero5858 Horton St Ste 575 Emeryville, CA 94608 | None | NC | Contribution | 1,000 |
|---|------|----|--------------|--------|
| Francis Peabody AIDS Center 30 Danforth Street Portland, ME 04101 | None | | Contribution | 15,000 |
| | | | | |

| Francis Peabody AIDS Center 30 Danforth Street Portland, ME 04101 | None | Contribution | 15,000 |
|---|------|--------------|--------|
| Gerrity-Kerrigan Scholarship PO Box 1389 | None | Contribution | 500 |

York Beach, ME 03901 Total . .

309,373 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Amount Recipient show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Gastro-Intestinal Research Foundation None 501(c)(3)Contribution 5,000 20 W Kinzie St 17th Fl

| James La Daumha 100 Clubbassas Danid | Name | | Educational Cabalanahin | 2 000 |
|---|------|-----------|-------------------------|--------|
| Igor Kavaliou2 Pasture Lane Cape Neddick, ME 03902 | None | | Educational Scholarship | 2,000 |
| Heart Walk7272 Greenville Ave Dallas, TX 75231 | None | 501(c)(3) | Contribution | 1,000 |
| Health eVillages55 Walkers Brook Drive Reading, MA 01867 | None | 501(c)(3) | Contribution | 55,000 |
| Chicago, IL 60654 | | | | |

None Educational Scholarship 2,000

Jamie LaPointe108 Clubhouse Road Wells, ME 04090

Total . 309,373

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Jared Giles 788 Park Place 17 None Educational Scholarship 5,000 Brooklyn, NY 11216

| Laurie Baker475 E Lakeview Drive San Tan, AZ 85143 | None | | Educational Scholarship | 3,000 |
|---|------|-----------|-------------------------|--------|
| Lilli Wiseman218 Broadway Bangor, ME 04401 | None | | Educational Scholarship | 2,000 |
| Lwala Community AlliancePO Box 60688 | None | 501(c)(3) | Contribution | 37,500 |

| Bangor, ME 04401 | | | · | |
|---|------|-----------|--------------|--------|
| Lwala Community AlliancePO Box 60688 Nashville, TN 73206 | None | 501(c)(3) | Contribution | 37,500 |
| Nashville Rescue Mission | None | 501(c)(3) | Contribution | 250 |

| Nashville, TN 73206 | None | 301(0)(3) | Contribution | 37,50 |
|--|------|-----------|--------------|-------|
| Nashville Rescue Mission 639 Lafayette Street Nashville TN 372034226 | None | 501(c)(3) | Contribution | 25 |

| Nashville Rescue Mission | None | 501(c)(3) | Contribution | 2 |
|--------------------------|------|-----------|--------------|---|
| 639 Lafayette Street | | , ,, , | | |
| Nashville, TN 372034226 | | | | |

| Nasiiville Rescue Mission | None | 1 201(0)(3) | Contribution | 23 |
|---------------------------|------|-------------|--------------|----|
| 639 Lafayette Street | | | | |
| Nashville, TN 372034226 | | | | |
| | | • | | |

| Nashville, TN 372034226 | | |
|-------------------------|------|-------------|
| Total | | 309.373 |

3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a Paid during the year | | | | |
|--|------|-----------|--------------|-----|
| National Aviation Museum Foundation 1750 Radford Blvd Suite B | None | 501(c)(3) | Contribution | 500 |

| Pensacola, FL 32508 | | | | |
|--|------|-----------|--------------|-----|
| New Beginnings134 College Street Lewiston, ME 04240 | None | 501(c)(3) | Contribution | 1,0 |

| New Beginnings134 College Street Lewiston, ME 04240 | None | 501(c)(3) | Contribution | 1,000 |
|--|------|-----------|--------------|--------|
| Ogunquit Playhouse10 Main Street Ogunquit, ME 03907 | None | 501(c)(3) | Contribution | 15,000 |

| П | Ogunquit Playhouse10 Main Street Ogunquit, ME 03907 | None | 501(c)(3) | Contribution | 15,000 |
|---|--|------|-----------|-------------------------|--------|
| | Oliver Higgins1390 Kenduskeag Ave Bangor, MF 04401 | None | | Educational Scholarship | 2,500 |

| Oliver Higgins1390 Kenduskeag Ave Bangor, ME 04401 | None | Educational Scholarship | 2,500 |
|---|------|-------------------------|-------|
| Onvekachuku Evimegwu | none | Educational Scholarship | 2.500 |

| Bangor, ME 04401 | | | |
|-------------------------|------|-------------------------|-------|
| Onyekachuku Eyımegwu | none | Educational Scholarship | 2,500 |
| 1101 1st Street Apt 84 | | | |
| Wort Fargo ND E00704002 | | | i |

| Onyekachuku Eyımegwu | none | Educational Scholarship | 2,50 |
|--------------------------|------|-------------------------|------|
| 1101 1st Street Apt 84 | | · | |
| West Fargo, ND 580784003 | | | |

| West Fargo, ND 580784003 | | |
|--------------------------|------|-------------|
| Total | | 309,373 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Our Angels Gained Her Wings Go Fund None Contribution 500 for Kaitlyn O'Brien 1010 Second Avenue Suite 1770 San Diego, CA 92101

| Reid Michael Monk37 Knox Avenue Bangor, ME 04401 | None | | Educational Scholarship | 2,000 |
|---|------|-----------|-------------------------|--------|
| Robert F Kennedy Children's Action Corps 11 Beacon Street Suite 820 Boston, MA 02108 | None | 501(c)(3) | Contribution | 24,500 |
| Robert F Kennedy Flagship Program | None | 501(c)(3) | Contribution | 25,000 |

| 11 Beacon Street Suite 820 Boston, MA 02108 | | | | |
|---|------|-----------|--------------|--------|
| Robert F Kennedy Flagship Program 11 Beacon Street Suite 820 Boston, MA 02108 | None | 501(c)(3) | Contribution | 25,000 |
| Robert F Kennedy Foundation 515 Madison Ave Suite 718 | None | 501(c)(3) | Contribution | 35,000 |

| 11 Beacon Street Suite 820 Boston, MA 02108 | | | | |
|--|------|-----------|--------------|---------|
| Robert F Kennedy Foundation 515 Madison Ave Suite 718 New York, NY 10022 | None | 501(c)(3) | Contribution | 35,000 |
| Total | | | | 309,373 |

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

| Seana Grealey 571 Tatrus Poad | None | Educational Scholarship | 2 500 |
|--|----------------------------|-------------------------|-------|
| Samuel LaPointe108 Clubhouse Road Wells, ME 04090 | None | Educational Scholarship | 5,000 |
| a Paid during the year | | | |
| Name and address (nome or business) | or substantial contributor | | |

| Wells, ME 04090 | | | | |
|---|------|-----------|-------------------------|-------|
| Seana Grealey571 Tatnıc Road Wells, ME 04090 | None | | Educational Scholarship | 2,500 |
| St Augustine's Food Pantry | None | 501(c)(3) | Contribution | 1,000 |

| Taylor Reed | None | | Educational Scholarship | 6.000 |
|--|------|-----------|-------------------------|-------|
| St Augustine's Food Pantry 200 24th Avenue S Nashville, TN 37212 | None | 501(c)(3) | Contribution | 1,000 |
| Wells, ME 04090 | None | | Educational Scholarship | 2,300 |

| St Augustine's Food Pantry 200 24th Avenue S Nashville, TN 37212 | None | 501(c)(3) | Contribution | 1,000 |
|--|------|-----------|-------------------------|-------|
| Taylor Reed 402 West College Avenue Unit Box | None | | Educational Scholarship | 6,000 |

| Nashville, IN 3/212 | | | |
|--|---------------------------------------|---------------------------------------|-------|
| Taylor Reed 402 West College Avenue Unit Box 2422 Ada, OH 45810 | None | Educational Scholarship | 6,000 |
| | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | |

| 402 West College Avenue Unit Box 2422 Ada, OH 45810 | | | · | |
|---|------|-----------|--------------|-------|
| TJ Martell Foundation | None | 501(c)(3) | Contribution | 1,100 |

| Ada, OH 45810 | | | | |
|---|------|-----------|--------------|-------|
| TJ Martell Foundation 417 Fifth Ave 8th Fl | None | 501(c)(3) | Contribution | 1,100 |
| Naw York NV 10016 | | | | |

| TJ Martell Foundation 417 Fifth Ave 8th Fl New YOrk, NY 10016 | None | 501(c)(3) | Contribution | 1,100 |
|---|------|-----------|--------------|-------|

| New YOrk, NY 10016 | | |
|--------------------|------|-------------|
| Total | | 309,373 |

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Daid during the year

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| a raid during the year | | | | |
|---|------|-----------|--------------|-------|
| University of Nebraska Alzheimer's Disease Research 42nd and Emile Omaha, NE 68198 | None | 501(c)(3) | Contribution | 5,000 |

| Omaha, NE 68198 | | | | |
|--|------|-----------|--------------|-----|
| Wesleyan Heights United Methodist Church 1215 Scherm Rd Owensboro, KY 42301 | None | 501(c)(3) | Contribution | 250 |
| | | | | |

| Church 1215 Scherm Rd Owensboro, KY 42301 | | | | |
|---|------|-----------|--------------|--------|
| York County Community College 112 College Drive Wells, ME 04090 | None | 501(c)(3) | Contribution | 15,000 |

| York County Community College 112 College Drive Wells, ME 04090 | None | 501(c)(3) | Contribution | 15,000 |
|---|------|-----------|--------------|--------|
| Youth Villages3320 Brothers Blvd | None | 501(c)(3) | Contribution | 5,000 |

| 112 College Drive Wells, ME 04090 | | | | |
|---|------|-----------|--------------|-------|
| Youth Villages3320 Brothers Blvd Memphis, TN 38133 | None | 501(c)(3) | Contribution | 5,000 |

| Youth Villages3320 Brothers Blvd Memphis, TN 38133 | None | 501(c)(3) | Contribution | 5,00 |
|---|------|-----------|--------------|---------|
| Total | | | | 309,373 |

Total . За

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491100002168 |
|--------------------------------------|------------------|---------------------|
| TY 2017 Investments Corporat | e Stock Sche | dule |
| · | | |
| Name: [| Donato J Tramuto | Foundation |

| EIN: 03-0373845 | | |
|--------------------------|---------------------------|----------------------------------|
| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
| Fidelity Investment Acct | 234,356 | 468,242 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491100002168 | | | | |
|--------------------------------------|-----------------------------|---------------------|--|--|--|--|
| TY 2017 Other Decreases Schedule | | | | | | |
| Name: | Donato J Tramuto Foundation | | | | | |
| EIN: | 03-0373845 | | | | | |
| De | escription | Amount | | | | |
| Mark to Market Adjustment | | 233,892 | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: | 93491100002168 | | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|--|
| TY 2017 Other Expenses Schedule | | | | | | | |
| | Barrela 1.T | | | | | | |
| name: | Donato J Tramuto Foundation | | | | | | |
| EIN: | EIN: 03-0373845 | | | | | | |
| Other Expenses Schedule | | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | |
| Bank Fees | 698 | 0 | 0 | 0 | | | |
| Computer | 195 | 0 | 0 | 0 | | | |
| Entertainment | 3,544 | 0 | 0 | 0 | | | |

1,129

415

790

616

430

0

0

0

0

Hosting New Scholarship Recipients

Office Supplies

Website Design

Shipping

Telephone

Name: Donato J Tramuto Foundation

EIN: 03-0373845

| Other Income Schedule | | | | |
|-----------------------|-----------------------------------|--------------------------|---------------------|--|
| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income | |
| June 10th Gala | 1,500 | | 0 | |
| Book Sales | 4,363 | | 0 | |

DLN: 93491100002168

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DI | N: 93491100002168 | | |
|--------------------------------------|-----------------|--|-----------------------------------|-----------------------------|--|--|
| TY 2017 Other Liabilities Schedule | | | | | | |
| | | | | | | |
| Name: Donato J Tramuto Foundation | | | | | | |
| EIN: | 03-0373845 | | | | | |
| Description | n | | Beginning of Year - Book Value | End of Year - Book Value | | |
| BCU Visa | | | 6,238 | 7,653 | | |

| efile GRAPHIC print - | DO NOT PROCESS | As Filed Data - | | | | DLN: 93491100002168 |
|--|--|--|--|---|--|--|
| Schedule B | | Schedi | ule of Contribute | ors | | OMB No 1545-0047 |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | Attach to Form 990, 990-EZ, or 990-PF Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at | | | | ons is at | 2017 |
| Name of the organizate Donato J Tramuto Found | | | | | Employer id | entification number |
| | | | | | 03-0373845 | |
| Organization type (ch | eck one) | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | ☐ 501(c)(|) (enter number) o | organization | | | |
| | ☐ 4947(a)(| 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | ☐ 527 polit | ical organization | | | | |
| Form 990-PF | ✓ 501(c)(3 |) exempt private fo | oundation | | | |
| | 4947(a)(| 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | ☐ 501(c)(3 |) taxable private fo | undation | | | |
| | | | PF that received, during Complete Parts I and II | | | |
| Special Rules | | | | | | |
| under sections received from a | 509(a)(1) and 170(b |)(1)(A)(vı), that che during the year, tot | g Form 990 or 990-EZ the ocked Schedule A (Form al contributions of the gr plete Parts I and II | 990 or 990-EZ), P | art II, line 13, | 16a, or 16b, and that |
| during the year | total contributions of | of more than \$1,000 | , or (10) filing Form 990 0 <i>exclusively</i> for religious ranimals Complete Par | s, charitable, scien | | |
| during the year If this box is che purpose Don't | contributions exclused ecked, enter here the complete any of the | sively for religious, e total contributions parts unless the G | , or (10) filing Form 990 charitable, etc., purpose s that were received duri eneral Rule applies to t or more during the year | es, but no such con ing the year for an his organization be | ntributions tota exclusively relectance it received | led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i> |
| 990-EZ, or 990-PF), bu | t it must answer "No | o" on Part IV, line 2 | ile and/or the Special Ri 2, of its Form 990, or che at it doesn't meet the filin | eck the box on line | H of its | |
| For Paperwork Reduction for Form 990, 990-EZ, or 9 | | tructions | Cat No 30613X | Schedu | ıle B (Form 990, | 990-EZ, or 990-PF) (2017) |

| Schedule B (Form | 990, 990-EZ, or 990-PF) (2017) | | Page 2 |
|---|--|---------------------------------------|--|
| Name of organiza Donato J Tramuto F | | Employer identification 03-0373845 | number |
| Part I | Contributors (See instructions) Use duplicate copies of Part I if addition | onal space is needed | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Donato J Tramuto 900 20th Ave South Nashville, TN37212 | \$ 581,519 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Jeff Porter PO Box 1728 Ogunquit, ME03907 | \$ 12,100 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | Marcia Rosselli 44a Magnolia Street Arlington, MA02474 | \$ 10,000 | Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | Steve Savoy 1191 Union Street Manchester, NH03014 | \$ 5,500 | 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 |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |

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