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.

2017

| | | vare | ioai yeai 2017 oi tax year beginning | | , and ending | | |
|-----------------------|----------------|-------|---|------------------------------|----------------------|---|--|
| | | | foundation | | | A Employer identificatio | n number |
| | | | bert A & Iva B Grant C | | _ | | |
| | | | Heidi I. Marshall, Tr | | | 04-6548277 | <u></u> |
| | | | and street (or P O box number if mail is not delivered to stre | et address) | Room/suite | B Telephone number | 120 |
| | | | . Box 716 | | | 603-433-88 | |
| | | | own, state or province, country, and ZIP or foreign ${	t dgton}$, ${	t ME}$ 04009 | postal code | | C if exemption application is p | pending, check here |
| | | | | Indial return of a fe | ormer public oberity | D 4 Faraian acaanization | a abaali bara |
| | u (| neci | call that apply. Initial return Final return | Amended return | ormer public charity | D 1. Foreign organization | s, check here |
| | | | Address change | Name change | . 1 | Foreign organizations m check here and attach c | eeting the 85% test, |
| | H C | heck | | exempt private foundation | -m/l | 1 | |
| \sim | | _ | ection 4947(a)(1) nonexempt charitable trust | Other taxable private found | ation () | E If private foundation sta under section 507(b)(1 | |
| ろ | I Fa | | arket value of all assets at end of year J Accoun | | Accrual | F If the foundation is in a | |
| 1 | | | · · · · · · · · · · · · · · · · · · · | Other (specify) | | under section 507(b)(1 | |
| 7 | | \$ | 682,299. (Part I, colu | umn (d) must be on cash basi | is.) | | |
| | Pa | irt l | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements for charitable purposes |
| | _ | | necessarily equal the amounts in column (a) | expenses per books | income | income | (cash basis only) |
| | | 1 | Contributions, gifts, grants, etc., received | 502,301. | | N/A | |
| o£. | | 2 | Check It the toundation is not required to attach Sch. B | | | | |
| 2018 | | 3 | Interest on savings and temporary cash investments | 12. | 12. | | Statement 1 |
| 69 69 | | 4 | Dividends and interest from securities | 9,191. | 9,191. | <u> </u> | Statement 2 |
| কেব কেব | | | Gross rents | | <u> </u> | <u> </u> | |
| | | _ ` | Net rental income or (loss) | 19,614. | | | <u> </u> |
| JUE | e | | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 116,053. | 19,014. | | | ļ |
| | Revenue | | assets on line 6a 116,053. Capital gain net income (from Part IV, line 2) | | 19,614. | D=0- | |
| SCANNED | æ | 8 | Net short-term capital gain | | 13,014. | PECF | |
| T. | | 9 | Income modifications | | | 10 | 33 |
| Z | | _ | Gross sales less returns and allowances | | | | 2018 19 |
| $\tilde{\mathcal{C}}$ | | ١. | Less Cost of goods sold | | | | 121 |
| S | | | Gross profit or (loss) | | - | Ocar. | |
| | | 11 | Other income | | | LUVULI | 1,01 |
| | | 12 | Total. Add lines 1 through 11 | 531,118. | 28,817. | | |
| | | 13 | Compensation of officers, directors, trustees, etc | 0. | 0. | | 0. |
| | | 14 | Other employee salaries and wages | | | ļ <u>-</u> | |
| | S | | Pension plans, employee benefits | | | | ļ |
| | nse | ŀ | Legal fees Accounting fees Stmt 3 | 875. | 438. | | 437. |
| | xpenses | | | 1,895. | 1,895. | | 437. |
| | ш | 17 | Other professional fees Stmt 4 Interest | 1,055. | 1,055. | | |
| | Administrative | | Taxes Stmt 5 | 118. | 57. | | 0. |
| | istr | 19 | Depreciation and depletion | | | | |
| | ä | 20 | · · | | | | |
| | | 21 | Travel, conferences, and meetings | | | | |
| | and | 22 | Printing and publications | | | | |
| | | 23 | Other expenses Stmt 6 | 92. | 6. | | 86. |
| | atir | 24 | Total operating and administrative | | | | |
| | Operating | | expenses. Add lines 13 through 23 | 2,980. | 2,396. | | 523. |
| | 0 | 25 | Contributions, gifts, grants paid | 17,500. | | | 17,500. |
| | | 26 | Total expenses and disbursements. | 00.400 | | | 40.000 |
| | | | Add lines 24 and 25 | 20,480. | 2,396. | ļ | 18,023. |
| | | | Subtract line 26 from line 12: | - [10 630 | | | |
| | | | Excess of revenue over expenses and disbursements | 510,638. | 26,421. | - | (|
| | | | Net investment income (if negative, enter -0-) | | 40,441. | N/A | |
| | | C | Adjusted net income (if negative, enter -0-) | <u></u> | | L 47/A | <u> </u> |

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

c/o Heidi I. Marshall, 04-6548277 Form 990-PF (2017) Trustee Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-ol-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value <u>63</u>. 533 533. 1 Cash - non-interest-bearing 10,978. 5,703. 5,703. 2 Savings and temporary cash investments 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 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 146,045. 676,063. 676,063. Stmt 8 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 157,086. 682,299. 682,299. instructions. Also, see page 1, item i) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe > 0 0. 23 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. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright \mathbf{X}$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 124,776 124,776 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 557,523 29 Retained earnings, accumulated income, endowment, or other funds 32,310. 157,086. 682,299 30 Total net assets or fund balances 157,086. 682,299 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances

| 1 Total net assets or fund balances at beginning of year - Part II, column (a), lin | e 30 | | |
|---|---------------------|---|----------|
| (must agree with end-of-year figure reported on prior year's return) | | 1 | 157,086. |
| 2 Enter amount from Part I, line 27a | | 2 | 510,638. |
| 3 Other increases not included in line 2 (itemize) ▶ Unrealized | Gains | 3 | 15,483. |
| 4 Add lines 1, 2, and 3 | | 4 | 683,207. |
| 5 Decreases not included in line 2 (itemize) ▶ | See Statement 7 | 5 | 908. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, | column (b), line 30 | 6 | 682,299. |
| | | | |

Page 3

| (a) List and describe | the kind(s) of property sold (for exa | imple, real esta | | (b) How | acquired rchase | c) Date acquired (mo., day, yr.) | (d) Date sold (mo , day, yr.) |
|--|--|--|--------------------------------------|----------------------|-----------------|--|---|
| | rehouse; or common stock, 200 sh | S. MLC CO.) | | D - Do | nation | (IIIO., uay, yi.) | (IIIO , uay, yr.) |
| 18 Publicly Trade | | | | | | | |
| b Capital Gains | Dividends | | | | | | |
| _ | | | | | | | |
| | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | t or other basis xpense of sale | | | (h) Gain or (los ((e) plus (f) minus | |
| a 116,012. | <u> </u> | | 96,43 | 9. | | | 19,573. |
| b 41. | | + | | | | | 41. |
| C | | | | _ | | | |
| d | | | | _ | | | |
| e | | | | | | | |
| Complete only for assets showing | ng gain in column (h) and owned by | the foundation | on 12/31/69. | | | Gains (Col. (h) gai | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (i) col. (j), if any | | | k), but not less th Losses (from col. | |
| a | | | | $\neg \vdash$ | | | 19,573. |
| b | | | | $\neg \uparrow \neg$ | | | 41. |
| C | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| 2 Capital gain net income or (net ca | If gain, also ente | er in Part I, line D- in Part I, line | 7 7 | } 2 | | | 19,614. |
| 3 Net short-term capital gain or (los | | | | <i>^</i> | | | |
| If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8 | | u (0). | | } 3 | | N/ | A |
| Part V Qualification U | nder Section 4940(e) for | r Reduced | Tax on Net | Invest | ment Inco | | |
| If section 4940(d)(2) applies, leave t Was the foundation liable for the sec If "Yes," the foundation doesn't qualif | tion 4942 tax on the distributable an | | • | riod? | | | Yes X No |
| | each column for each year; see the i | instructions be | fore making any e | ntries. | | | |
| (a) Base period years Calendar year (or tax year beginni | ng in) Adjusted qualifying dis | | Net value of no | | | (col. (b) d | (d) ibution ratio ivided by col. (c)) |
| 2016 | | 7,505. | | 1 | 46,031 | | .051393 |
| 2015 | | 7,137. | | | 42,574 | · <u> </u> | .050058 |
| 2014 | | 6,500. | | | 42,084 | | .045748 |
| 2013 | | 6,000. | <u> </u> | | 28,224 | | .046793 |
| 2012 | | 7,600. | | 1 | 21,465 | <u> </u> | .062569 |
| 2 Total of line 1, column (d) | | | | | | 2 | .256561 |
| 3 Average distribution ratio for the the foundation has been in existe | - · | on line 2 by 5.0 |), or by the numb | er of years | • | 3 | .051312 |
| 4 Enter the net value of noncharitat | ole-use assets for 2017 from Part X, | , line 5 | | | | 4 | 349,641. |
| 5 Multiply line 4 by line 3 | | | | | | 5 | 17,941. |
| 6 Enter 1% of met investment incon | ne (1% of Part I, line 27b) | | | | | 6 | 264. |
| 7 Add lines 5 and 6 | | | | | | 7 | 18,205. |
| 8 Enter qualifying distributions from | · | | | | | 8 | 18,023. |
| If line 8 is equal to or greater than See the Part VI instructions. | i line 7, check the box in Part VI, line | e 1b, and comp | lete that part usin | g a 1% tax | rate. | | 5 000 DE (0017 |

Herbert A & Iva B Grant Charitable Form 990-PF (2017) 04-6548277 c/o Heidi I. Marshall, Trustee Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \leftarrow \ Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 528. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ightharpoonup and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). 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 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: a 2017 estimated tax payments and 2016 overpayment credited to 2017 Ō. b Exempt foreign organizations - tax withheld at source 6b Ō. c Tax paid with application for extension of time to file (Form 8868) 6с Ō. d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment 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 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be; Credited to 2018 estimated tax Refunded Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b 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. X 1c c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 . (2) On foundation managers. ▶ \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or X bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? X If "Yes," attach the statement required by General Instruction T 6 Are 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 X remain in the governing instrument? $\overline{\mathbf{x}}$ 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7 8a Enter the states to which the foundation reports or with which it is registered. See instructions. NH 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)

Form **990-PF** (2017)

8b

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

| Pa | rt VII-A Statements Regarding Activities (continued) | | | |
|------------|--|----------------|----------|-------------|
| | _, | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | l |
| | section 512(b)(13)? If "Yes," attach schedule See instructions | 11 | | X |
| 2 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | 1 | |
| | If "Yes," attach statement. See instructions | 12 | <u> </u> | X |
| 3 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► N/A | | | |
| 4 | The books are in care of ► Heidi I. Marshall Telephone no. ► 603-4. | | | |
| | Located at \triangleright P.O. Box 716, Bridgton, ME | 1009 | <u> </u> | |
| 5 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | ▶ | -ا |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | [/A | |
| 6 | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | |
| | securities, or other financial account in a foreign country? | 16 | <u>l</u> | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| | foreign country | | | |
| ' a | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | L | Yes | No |
| la | During the year, did the foundation (either directly or indirectly): | 1 | 1 | } |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1 | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | 1 | | ļ |
| | a disqualified person? Yes X No | İ | 1 | Ì |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1 | l | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | i | l | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" | | ĺ | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | | 1 | |
| | termination of government service, if terminating within 90 days.) | 1 | ł | ŀ |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | 1 | | ĺ |
| | before the first day of the tax year beginning in 2017? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | Г |
| | defined in section 4942(j)(3) or 4942(j)(5)): | } | } |] |
| 8 | At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | 1 | | |
| | before 2017? | | | |
| | If "Yes," list the years | | l | İ |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | 1 | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | 1 | ļ | |
| | statement - see instructions.) N/A | 2b | L | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | | 1 | l | |
|)a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | 1 | | |
| b | If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after | | | l |
| | 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, | 1 | | ľ |
| | Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A | 3b | | |
| ļa | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 48 | \vdash | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| _ | had not been removed from jeopardy before the first day of the tax year beginning in 2017? | 4b | | X |
| _ | | rm 99 0 | DE | |

Form 990-PF (2017) C/O Heidi I. Marshall, Trustee

Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (co

04-6548277

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| Fait VII-D Statements negating Activities for William | Olli 7/20 May De I | required (continu | | Vac | N- | |
|---|---|-----------------------------|--|--|-----------------|--|
| 5a During the year, did the foundation pay or incur any amount to: | - 40.45(-110 | <u> </u> | . - | Yes | No | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | • • • | = | es 🗶 No | | | |
| (2) Influence the outcome of any specific public election (see section 4955); o | or to carry on, directly or indire | | च्चि | į, | | |
| `any voter registration drive? | | | | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | in described in section | | |] ; | | |
| 4945(d)(4)(A)? See instructions | | _ | es X No | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | , or educational purposes, or f | | | | | |
| the prevention of cruelty to children or animals? | | | es 🗶 No | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | der the exceptions described i | in Regulations | [. | [| | |
| section 53.4945 or in a current notice regarding disaster assistance? See instr | uctions | | N/A | 5b | <u></u> | |
| Organizations relying on a current notice regarding disaster assistance, check | here | | ▶ [] | Ì | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | rom the tax because it mainta | ined | | | i | |
| expenditure responsibility for the grant? | N | I/A 🔲 Ye | s No | } | | |
| If "Yes," attach the statement required by Regulations section 53 4945-5(d). | | | | 1 | 1 | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | ļ | | , | |
| a personal benefit contract? | | Ye | es X No | 1 | 1 | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | |]-, | 6b | X | |
| If "Yes" to 6b, file Form 8870. | | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | shelter transaction? | Y6 | es 🗶 No | | ; | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b | | |
| Part VIII Information About Officers, Directors, Trust | | nagers, Highly | | ــــــــــــــــــــــــــــــــــــــ | <u> </u> | |
| Paid Employees, and Contractors | .000, 1 02114411011 1114 | | • | | | |
| 1 List all officers, directors, trustees, and foundation managers and | heir compensation. | | | | | |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to | (e) Exp account, | ense | |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | account, allowa | , other nces | |
| Heidi I. Marshall | Trustee | 1 | Compensagen | | _ | |
| P.O. Box 716 | | | | | | |
| Bridgton, ME 04009 | 1.00 | 0. | 0. | ı | 0. | |
| Deborah Chick-Averill | Trustee | | | | | |
| P.O. Box 716 | 1145000 | | | | | |
| Bridgton, ME 04009 | 1.00 | 0. | 0. | | 0. | |
| Pamala Maguire | Trustee | • | | | | |
| P.O. Box 716 | Tubcee | | | I | | |
| Bridgton, ME 04009 | 1.00 | 0. | 0. | | 0. | |
| BII ageon, ME 04009 | 1.00 | - 0. | - 0. | | <u> </u> | |
| | 4 | | | | | |
| | 1 | 1 | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 4) linear | onton IINONE II | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | <u>-</u> | enter NONE. | (d) Contributions to | (e) Evn | ense | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Exp account, allowa | , other | |
| N-ONT | devoted to position | ļ | compensation | allowa | nces | |
| NONE | 1 | | | | | |
| | <u> </u> | | | | | |
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| | | | | · ==== | | |
| | | | | | _ | |
| Total number of other employees paid over \$50,000 | | | | | 0 | |
| | | | Form | 990-PF | (2017) | |
| | | | | | • | |

Herbert A & Iva B Grant Charitable

c/o Heidi I. Marshall, Trustee Form 990-PF (2017) 04-6548277 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Part VIII 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part IX-A | Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A Part IX-B | Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions. Total. Add lines 1 through 3

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| Part X Minimum Investment Return (All domes 1 Fair market value of assets not used (or held for use) directly in ca | | | | |
|---|---|--------------------|------------------|---------------------------------------|
| a Average monthly fair market value of securities | ,g out onaniable, etc., purposee. | | 1a | 300,753. |
| b Average of monthly cash balances | | | 1b | 300,753. 54,212. |
| c Fair market value of all other assets | | | 1c | |
| d Total (add lines 1a, b, and c) | | | 1d | 354,965. |
| e Reduction claimed for blockage or other factors reported on lines | 1a and | | | · · · · · · · · · · · · · · · · · · · |
| 1c (attach detailed explanation) | 1e | 0. | | |
| 2 Acquisition indebtedness applicable to line 1 assets | <u> </u> | | 2 | 0. |
| 3 Subtract line 2 from line 1d | | | 3 | 354,965. |
| 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (| for greater amount, see instructions) | | 4 | 5,324. |
| Net value of noncharitable-use assets. Subtract line 4 from line 3 | 3. Enter here and on Part V, line 4 | | 5 | 349,641. |
| Minimum investment return. Enter 5% of line 5 | , | | 6 | 17,482. |
| Part XI Distributable Amount (see instructions) (Single foreign organizations, check here ▶ ☐ and do not | ection 4942(j)(3) and (j)(5) private operation complete this part.) | ng foundations an | d certain | |
| Minimum investment return from Part X, line 6 | | | 1 | 17,482. |
| 2a Tax on investment income for 2017 from Part VI, line 5 | 2a | 528. | | · |
| b Income tax for 2017. (This does not include the tax from Part VI.) | 2b | | | |
| c Add lines 2a and 2b | | | 2c | 528. |
| B Distributable amount before adjustments. Subtract line 2c from lin | e 1 | | 3 | 16,954. |
| Recoveries of amounts treated as qualifying distributions | | | 4 | 0. |
| 5 Add lines 3 and 4 | | | 5 | 16,954. |
| Deduction from distributable amount (see instructions) | | | 6 | 0. |
| 7 Distributable amount as adjusted. Subtract line 6 from line 5. Ente | er here and on Part XIII, line 1 | | 7 | 16,954. |
| Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish of | | | | |
| a Expenses, contributions, gifts, etc total from Part I, column (d), I | | | 1a | 18,023. |
| b Program-related investments - total from Part IX-B | iii 20 | | 1b | 0. |
| 2 Amounts paid to acquire assets used (or held for use) directly in c | arnying out charitable, etc. nurnoses | | 2 | |
| Amounts set aside for specific charitable projects that satisfy the: | arrying out charimole, etc., purposes | | | ···· |
| 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 | 18,023. |
| 5 Foundations that qualify under section 4940(e) for the reduced rat | | | | |
| income. Enter 1% of Part I, line 27b | | | 5 | 0. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | | | 6 | 18,023. |
| Note: The amount on line 6 will be used in Part V, column (b), in s | subsequent years when calculating whethe | r the foundation o | ualifies for the | |

Part XIII , Undistributed Income (see instructions)

| Corpus Years prior to 2016 2016 2017 16, 954. 16, | _ | | (a) | (b) | (c) | (d) |
|--|----|--|--------|---------------------|-------------|--------------|
| 16, 954. 2 Uncertainted microm, if any, as at the send of 2017 a Editar amount for 2015 only b Total for prior years: 3 Excess distributions carryover, if any, to 2017; a From 2013 c from 2013 d from 2015 d from 2016 3 34.9; d from 2016 3 34.9; d from 2016 3 34.9; d from 2016 3 34.9; d from 2016 3 34.9; d from 2016 3 34.9; d from 2016 3 34.9; d from 2016 3 34.9; d from 2016 4 34.0; d from 2016 3 34.9; d from 2016 3 34.9; d from 2016 3 34.9; d from 2016 4 34.0; d from 2017 4 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 4 5 4.0; d from 2016 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | · | Corpus | Years prior to 2016 | 2016 | 2017 |
| Excess distributions carryover, if any, to 2017: a From 2013 b From 2014 b From 2015 b From 2016 b Fro | 1 | | | | | 16,954. |
| 3 Excess distributions carryover, if ally, to 2017; a From 2012 | 2 | Undistributed income, if any, as of the end of 2017 | | | | |
| 3 Excess distributions carryover, if any, to 2017; a from 2012 | 8 | a Enter amount for 2016 only | | | 0. | |
| 3 Excess distributions carryover, flany, to 2012; a From 2012 | t | Total for prior years: | | | | |
| a From 2012 | | | | 0. | | |
| From 2013 | | | | | | |
| e From 2015 d From 2015 3 3 49. e From 2016 3 3 25. 1 Total of lines 3 attroughe 2 , 2, 24 0. 4 Coalinking distributions for 2017 from Part XII, line 4: ▶ \$ 18, 0.23. 4 Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016, but not more than line 2a Applied to 2016 from 1 and 1 | | | | | | |
| dFrom 2015 34.9 eFrom 2016 32.5 Total of lines 2s through e 2 , 24.0 4 | | ————— | | | | |
| e From 2016 325. 1 Total of lines 3s through e 2,240. 4 Qualifying distributions for 2017 from Part XII, line 4; ▶\$ 18,023. 4 Applied to 2015, but not more than line 2s 0. 5 Applied to undistributed income of prior yests (Election required - see instructions) 6 Applied to 2017 distributable amount elemant mount distributed out of corpus (Election required - see instructions) 6 Applied to 2017 distributable amount elemant mount distributed out of corpus 5 Excess distributions everywer applied to 2017 (if an intended space in excharre), the tamps amount of the intended to 2017 (if an intended space in excharre), the tamps amount of the intended to 2017 (if an intended space in excharre), the tamps amount of the intended to 2017 (if an intended space in excharre), the tamps amount of the intended to 2017 (if an intended space in excharre), the tamps amount of the intended to 2017 (if an intended space in excharre), the tamps amount of prior years' undistributed moome. Subtract line 4h from line 2b 0. 6 Enter the amount of prior years' 0. 6 Enter the amount of prior years' 0. 6 Undistributed moome for 2016. Subtract line 4h from line 2b 0. 6 Enter the amount of prior years' 0. 7 Excess from line 6b. Taxable amount of the section 494(2) tax has been previously assessed 0. 8 Subtract line 6c from line 6b. Taxable amount number of the section 494(2) tax has been previously assessed 0. 9 Company to a tax been prior to 2016. Subtract line 4 from line 2a. Taxable amount see instructions 0. 9 Company to a tax been prior to 2016. Subtract line 4 from line 2a. Taxable amount see instructions 0. 9 Company to a tax been prior to 2016. Subtract line 4 from line 2a. Taxable amount see instructions 0. 10 Company to a tax been prior to 2016. Subtract line 4 from line 2a. Taxable amount see instructions 0. 11 Company to 2016. Subtract line 3 (2016) taxable amount of 2016. Subtract line 3 (2016) taxable amount of 2016. Subtract line 3 (2016) taxable amount of 2016. Subtract line 3 (2016) taxable amount of 2016. Su | | | | } | | |
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| 4a from line 2a. Taxable amount - see instr. 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 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 0 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 3 2 5. | | amount - see instructions | | 0. | | |
| 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 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 1 , 743. 0 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 3 49. d Excess from 2016 | • | | | | _ | |
| 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 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 0 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 325. | | | | | | <u> </u> |
| 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 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 0 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 3 4 9 . d Excess from 2016 | 1 | | | | | |
| 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 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 0 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 3 2 5. | | | | | | _ |
| 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 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 0 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 3 2 5. | _ | , | | | | 0. |
| 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 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 0 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 3 2 5. | ′ | | | | | |
| may be required - see instructions) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 0 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 3 2 5. | | · · · · · · · · · · · · · · · · · · · | | | | 1 |
| 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 0 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 325. | | | · | | ! | , |
| not applied on line 5 or line 7 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a 1 , 743. 0 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 325. | | • • • | | | | |
| 9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a | 0 | · | 1 566 | | | |
| Subtract lines 7 and 8 from line 6a | 0 | ''' | | | | |
| 0 Analysis of line 9: a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 325. | J | | 1 743 | | | ' |
| a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 325. | ın | | 1,/=3+ | | | |
| b Excess from 2014 c Excess from 2015 d Excess from 2016 349. 325. | | · | | | , | |
| c Excess from 2015 d Excess from 2016 325. | | | | | | |
| d Excess from 2016 325. | | | | | | |
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723581 01-03-18

Herbert A & Iva B Grant Charitable c/o Heldi I. Marshall, Trustee 04-6548277 Form 990-PF (2017) Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) 4942(1)(5) Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (b) 2016 (a) 2017 (c) 2015 (d) 201/(e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. None Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here \(\sum X \) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: Heidi I. Marshall, Trustee, 603-433-8838 P.O. Box 716, Bridgton, ME 04009 b The form in which applications should be submitted and information and materials they should include: N/A c Any submission deadlines: N/A

Form **990-PF** (2017)

N/A

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

Form 990-PF (2017)

04-6548277 Page 11

| 3 Grants and Contributions Paid During th | | Payment | | |
|---|---|---------------------|---------------------|--------------------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| a Paid during the year | | | | |
| Catholic Charities New Hampshire | N/A | PC | General Purpose | |
| d/b/a New Hampshire Food Bank | | | _ | |
| 215 Myrtle Street | | | | |
| Manchester, NH 03104 | | | <u> </u> | 1,00 |
| | | | | |
| Childhood Cancer Lifeline | N/A | PC | General Purpose | |
| P.O. Box 395 | | | 1 | |
| Hillsboro, NH 03244 | | | + | 50 |
| | | | | |
| Cocheco Valley Humane Society | N/A | PC | General Purpose | |
| 262 Country Farm Road | | 1 | | |
| Dover, NH 03820 | | <u> </u> | - | 50 |
| | | | | |
| Epping Bible Baptist Church | N/A | PC | Food Pantry | |
| 243 Pleasant Street | | İ | | |
| Epping, NH 03842 | | | | 1,00 |
| | | | | |
| Epping Elementary School | N/A | GOV | General Purpose | |
| 17 Prospect Street | | | | |
| Epping, NH 03842 | | | | 1,00 |
| | continuation shee | t(s) | | 17,50 |
| b Approved for future payment | | | | |
| None | | | | |
| | | [| | |
| | | | | |
| | | | | |
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| | | | | |
| Total | | | > 3b | |
| | | | | m 990-PF (2 |

| Enter gross amounts unless otherwise indicated. | Unrelate (a) Business | d business income (b) | (C) Exclu- | (d) | (e) Related or exempt |
|---|---|----------------------------|---------------|---------------------------------|--------------------------|
| 1 Program service revenue: | Business code | Amount | sion | Amount | function income |
| a | . | | \sqcup | | ·- |
| b | . | | \sqcup | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | . <u> </u> |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 12. | |
| 4 Dividends and interest from securities | | | 14 | 9,191. | |
| 5 Net rental income or (loss) from real estate: | Ll | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | [| | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 19,614. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 28,817. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 28,817. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities | to the Acco | mplishment of Ex | (emp | t Purposes | |
| Line No. Explain below how each activity for which inco | me is reported ii | n column (e) of Part XVI-A | contrib | uited importantly to the accomi | nlishment of |
| the foundation's exempt purposes (other than | | | COILLID | ated importantly to the accomp | plishinent of |
| | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | _ | - |
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723621 01-03-18

| Form 990-PI | | | | 1, Trustee | | 04-654 | | | age 13 |
|-------------------|---|---------------------------|------------------|----------------------------------|---------------------|--|--------------------------|----------------------|------------|
| Part XV | | | sfers to a | and Transactions | and Relatio | nships With Nonchai | ritable | • | |
| 4 Did the | Exempt Organ | | of the fallering | | | | | Yes | No |
| | e organization directly or indi than section 501(c)(3) orgal | | | | | section 50 I(c) | | 162 | 140 |
| | ers from the reporting found | • | | | 151 | | | 1 | |
| (1) Ca | | ation to a noncharita | iole excilipt of | yanızanon or. | | | 1a(1) | 1 | X |
| | ther assets | | | | | | 1a(2) | | X |
| , , | transactions: | | | | | | 1.5(2) | | |
| | ales of assets to a noncharita | able exempt organiza | tion | | | | 1b(1) | 1 | x |
| | urchases of assets from a no | | | | | | 10(2) | | X |
| , , | ental of facilities, equipment, | • | | | | | 1b(3) | | X |
| (4) Re | eimbursement arrangements | 5 | | | | | 1b(4) | | X |
| | oans or loan guarantees | | | | | | 1b(5) | | X |
| (6) Pe | erformance of services or me | embership or fundrai | sing solicitatio | ons | | | 1b(6) | | X |
| c Sharin | g of facilities, equipment, ma | ailing lists, other asse | ets, or paid em | ployees | | | 1c | | X |
| d If the a | inswer to any of the above is | "Yes," complete the | following sche | edule. Column (b) should | d always show the t | fair market value of the goods, (| other ass | sets, | |
| or serv | rices given by the reporting f | foundation. If the fou | ndation receiv | ed less than fair market | value in any transa | ction or sharing arrangement, s | how in | | |
| colum | n (d) the value of the goods, | | | | | | | | |
| (a)Line no | (b) Amount involved | (c) Name of | | e exempt organization | (d) Descr | iption of transfers, transactions, and | sharing ar | rangeme | ents |
| | · - | <u> </u> | N/A | | | | | | |
| | | <u> </u> | | | | | | | |
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| | | | | | | | | | |
| 2a Is the f | foundation directly or indirec | tly affiliated with, or i | related to, one | or more tax-exempt org | janizations describ | ed | | | |
| ın sect | ion 501(c) (other than section | on 501(c)(3)) or in se | ection 527? | | | | Yes | X | □No |
| b If "Yes, | " complete the following sch | | | | | | | _ | |
| | (a) Name of or | ganization | | (b) Type of organization | on | (c) Description of relations | nip | | |
| | N/A | | | | | | | | |
| | | | | | | | | | |
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| | | Ab - 4 b Ab - | | | | - the bask of beauted | | | |
| | nder penalties of perjury, I declare d belief, it is true, correct, and co | | | | | Ma' | y the IRS irn with th | discuss le prepar | this er |
| Sign Here | | mark 1 | | I KliEl | Q N | s <u>ho</u> | wn below | /? Se <u>e in</u> | str |
| 1.2 | Signature of officer or trustee | The true | TIEE | Date | Title | icee | X Yes | <u> </u> | J No |
| | Print/Type preparer's na | | Preparer's s | | Date | Check If PTIN | | | |
| | Fillio Type preparer 5 in | ame | Lichard 3/ | y mature | Date | self- employed | | | |
| Paid | Nicholas E | Porto | // | 1 / | 03/29/1 | ' ' | 1310 | 283 | |
| Prepare | | | I & MOV | ES, LLC | 03/23/1 | Firm's EIN ► 01-0 | | | |
| Use On | | CLIC HIMPINE | . 4 1401 | 25, DEC | | THIII SLIN P O I O | -7 -7 | 20 | |
| | Firm's address ▶ 10 | 0 ARBORET | UM DRT | VE, SUITE 2 | 204 | | | | |
| | | RTSMOUTH, | | | | Phone no. (800) | 244- | 744 | 4 |

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

2017

Employer identification number Name of the organization Herbert A & Iva B Grant Charitable c/o Heidi I. Marshall, Trustee 04-6548277 Organization type (check one) Filers of: Section: Form 990 or 990-EZ _اٰ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. I For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "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 Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

Name of organization
Herbert A & Iva B Grant Charitable
c/o Heidi I. Marshall, Trustee

Employer identification number

04-6548277

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addit | tional space is needed | |
|--------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | Iva B. Grant Irrevocable Trust DTD 12/29/89 P.O. Box 761 Sanbornville, NH 03872 | \$502,301. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | _ _ \$ | 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 |
| 723452 11-01 | | - \$ \$ | Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2017) |

Herbert A & Iva B Grant Charitable c/o Heidi I. Marshall, Trustee

Employer identification number

04-6548277

| Part II | Noncash Property (see instructions) Use duplicate copies of Part II if a | additional space is needed. | |
|------------------------------|--|---|----------------------|
| (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 |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Employer identification number Name of organization Herbert A & Iva B Grant Charitable c/o Heidi I. Marshall, 04-6548277 Trustee Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part'III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| Form 990-PF Intere | st on Savi | ngs and Tem | porary | Cash In | vestments | Statement | _1 | |
|---------------------|-----------------|------------------------------|------------------------|-------------------------|---------------------------------|------------------------------|----------|--|
| Source | Reve | Revenue Net In | | (b) vestment come | (c) Adjusted Net Income | | | |
| Securities America | | | | 12. | | | | |
| Total to Part I, li | ne 3 | | 12. | | 12. | | | |
| Form 990-PF | Dividend | s and Inter | est fro | m Secur | ities | Statement | 2 | |
| Source | Gross Amount | Capital Gains Dividend | Revenue | | (b) Net Invest ment Incor | | Adjusted | |
| Securities America | 9,232 | . 4 | 1. 9,191. | | 9,19 | 1. | | |
| To Part I, line 4 | 9,232 | . 4 | 1. | 9,191. | 9,19 | 1. | | |
| Form 990-PF | | Accounti | ng Fees | | | Statement | 3 | |
| Description | | (a) Expenses Per Books | (b Net In ment I | vest- | (c) Adjusted Net Income | | | |
| Accounting Fees | _ | 875. | | 438. | | 4: | 37. | |
| To Form 990-PF, Pg | 1, ln 16b = | 875. | | 438. | | 4: | 37. | |
| Form 990-PF | 0 | ther Profes | sional | Fees | | Statement | 4 | |
| Description | - | (a) Expenses Per Books | (b Net In ment I | vest- | (c) Adjusted Net Income | (d) Charital e Purpose | | |
| Investment Fees | | 1,895. | | 1,895. | | | 0. | |
| | 1, ln 16c | 1,895. | | 1,895. | | | 0. | |

| Form 990-PF | Tax | es | | Statement 5 | | |
|---|------------------------------|---------------------|----------------|--------------------------------|--|--|
| Description | (a) Expenses Per Books | | | | | |
| Excise Tax Foreign Tax | 61. 57. | | 0. 57. | 0. | | |
| To Form 990-PF, Pg 1, ln 18 | 118. | | 57. | 0. | | |
| Form 990-PF | Other E | xpenses | | Statement 6 | | |
| Description | (a) Expenses Per Books | | | | | |
| ADR Fees NH Annual Report Postage | 6. 75. 11. | | 6. 0. 0. | 0. 75. 11. | | |
| To Form 990-PF, Pg 1, ln 23 | 92. | | 6. | 86. | | |
| Form 990-PF Other Decrease | es in Net As | sets or Fur | nd Balances | Statement 7 | | |
| Description | | | | Amount | | |
| | .t in Doign | | Donation | | | |
| True Up for Remainder Interes | st III Prior | Year Trust | Donacion | 908. | | |
| _ | | Year Trust | Donacton | 908. | | |
| True Up for Remainder Interes Total to Form 990-PF, Part II Form 990-PF | | | Donacton | | | |
| Total to Form 990-PF, Part I: | Other Inv | | Book Value | 908. | | |
| Total to Form 990-PF, Part I | Other Inv | estments luation | | 908. Statement 8 Fair Market | | |

| Part XV Supplementary Informati 3 Grants and Contributions Paid During the | | | | |
|---|---|--|---------------------|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| | | | | |
| Harvey-Mitchell Memorial Library | N/A | PC | General Purpose | |
| 151 Main Street | | | | |
| Epping, NH 03042 | | | | 500 |
| |] | | | |
| John Fuller Elementary School | N/A | GOV | General Purpose | |
| 51 Pine Street | | | | |
| North Conway, NH 03860 | | | | 500 |
| Main Street Art | 7/2 | PC | General Purpose | İ |
| 75 Main Street | N/A | I FC | General Larbose | |
| Newfields, NH 03856 | | | | 250 |
| | | | |] |
| Make-a-Wish of New Hampshire | N/A | PC | General Purpose | |
| 814 Elm Street, Suite 300 | | | | |
| Manchester, NH 03101-2230 | | | | 1,000 |
| Nathaniel J. Williams Foundation | N/A | PC | General Purpose | - |
| d/b/a ACTS | *** | | | |
| P.O. Box 52 | |] | | |
| North Conway, NH 03860 | | | | 500 |
| | | | | |
| New Generation, Inc. | N/A | PC | General Purpose | |
| P.O. Box 676 | | | | |
| Greenland, NH 03840 | | | | 1,500 |
| | | | | |
| New Heights | N/A | PC | General Purpose | |
| 100 Campus Drive, Suite 23 Portsmouth, NH 03801 | | | | 1,000 |
| | | | | |
| Newfields Community Church | N/A | PC | General Purpose | |
| P.O. Box 87 | | | | |
| Newfields, NH 03856 | | | | 500 |
| | | | | |
| Newfields Fire and Rescue | N/A | GOV | General Purpose | |
| 65 Main Street Newfields, NH 03856 | | | | 1 000 |
| WENT TETAB , MI 03030 | | | | 1,000 |
| Newfields Police Department | N/A | GOV | D.A.R.E. Program | |
| 65 Main Street | p-/ 44 | 30. | 110gram | |
| Newfields, NH 03857 | | [| | 500 |
| Total from continuation sheets | | | . | 13,500 |

| Newmarket, NH 03857 Newmarket Elementary School 243 South Main Street Newmarket, NH 03857 Newmarket Fire and Rescue 4 Young's Lane Newmarket, NH 03857 Newmarket Police Relief Association 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | to Foundation er status of | Purpose of grant or contribution Food Pantry | Amount |
|--|-------------------------------|---|--------|
| Name and address (home or business) any foundation manager substantial contribut Newmarket Community Church 137 Main Street Newmarket, NH 03857 Newmarket Elementary School 243 South Main Street Newmarket, NH 03857 Newmarket Fire and Rescue 4 Young's Lane Newmarket, NH 03857 Newmarket, NH 03857 Newmarket Police Relief Association 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | er status of recipient | contribution | Amount |
| 137 Main Street Newmarket, NH 03857 Newmarket Elementary School 243 South Main Street Newmarket, NH 03857 Newmarket Fire and Rescue 4 Young's Lane Newmarket, NH 03857 Newmarket Police Relief Association 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | PC | Food Pantry | |
| 137 Main Street Newmarket, NH 03857 Newmarket Elementary School 243 South Main Street Newmarket, NH 03857 Newmarket Fire and Rescue 4 Young's Lane Newmarket, NH 03857 Newmarket Police Relief Association 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | PC | Food Pantry | |
| Newmarket, NH 03857 Newmarket Elementary School 243 South Main Street Newmarket, NH 03857 Newmarket Fire and Rescue 4 Young's Lane Newmarket, NH 03857 Newmarket Police Relief Association 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | | | |
| Newmarket Elementary School 243 South Main Street Newmarket, NH 03857 Newmarket Fire and Rescue 4 Young's Lane Newmarket, NH 03857 Newmarket Police Relief Association 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | | | 1,00 |
| 243 South Main Street Newmarket, NH 03857 Newmarket Fire and Rescue 4 Young's Lane Newmarket, NH 03857 Newmarket Police Relief Association 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | | 1 | 1,00 |
| Newmarket, NH 03857 Newmarket Fire and Rescue 4 Young's Lane Newmarket, NH 03857 Newmarket Police Relief Association 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | GOV | General Purpose | |
| Newmarket Fire and Rescue 4 Young's Lane Newmarket, NH 03857 Newmarket Police Relief Association 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | | | |
| 4 Young's Lane Newmarket, NH 03857 Newmarket Police Relief Association 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | | | 1,00 |
| 4 Young's Lane Newmarket, NH 03857 Newmarket Police Relief Association 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | GOV | General Purpose | |
| Newmarket, NH 03857 Newmarket Police Relief Association N/A 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library N/A 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | 1 | | |
| 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 | | | 1,50 |
| 70 Exeter Street Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | | | |
| Newmarket, NH 03857 Newmarket Public Library 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | GOV | Stuff a Cruiser Toy Drive | |
| Newmarket Public Library N/A 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | | prive | 50 |
| 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | | | |
| 1 Elm Street Newmarket, NH 03857 Paul Memorial Library N/A | gov | General Purpose | |
| Paul Memorial Library N/A | | | |
| _ | | | 50 |
| | | | |
| | PC | General Purpose | |
| 70 Main Screet | | | |
| Newfields, NH 03856 | | | 1,00 |
| Working Dog Foundation to Benefit New N/A | PC | General Purpose | |
| Hampshire Police K9SD | | | |
| P.O. Box 22312 | | | |
| Portsmouth, NH 03802-2312 | | | 75 |
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