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

2949136300014 8 OMB No 1545-0052

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

Open to Public Inspection

| | Fo | r ca | lendar year 2017 or tax year beginning | | , 2017, | and endi | ng | | , 20 |
|--|-----------------|------------|---|--|---------------|----------------------|-------------------------------------|---|--|
| | Na | ame | of foundation EVERGREEN FOUNDATIO | N, INC. | | | Α | Employer identifi | cation number |
| | C | :/0 | GEORGE S. BROWNELL | | | | | 06-148218 | 0 |
| | Νι | umbe | er and street (or P O box number if mail is not delivered | to street address) | | Room/suite | В | Telephone numbe | er (see instructions) |
| | _1 | 81 | NORTH PARK AVENUE | | | | | (920) 75 | 1-3912 |
| | Cı | ty or | town, state or province, country, and ZIP or foreign pos | tal code | | | | | . — |
| | N | IEE' | NAH, WI 54956 | | | | | If exemption applica pending, check here | tion is |
| | G | Che | ck all that apply Initial return | Initial return | of a former p | ublic chari | ty D | 1 Foreign organizati | ions check here |
| | | | Final return | Amended ref | turn | | | 2 Foreign organizat | ions meeting the |
| | | | Address change | Name change | e | | Δ | 85% test check h computation , | |
| | H | Che | ck type of organization X Section 501(| c)(3) exempt private f | oundation | \mathcal{O}^{\vee} | $ \Psi _{\scriptscriptstyle \sf E}$ | If orivate foundation | status was terminated |
| | L | s | ection 4947(a)(1) nonexempt charitable trust | Other taxable pr | | | Д- | • | (1)(A), check here . |
| ð | | | | unting method $oxedsymbol{oxed{X}}$ Ca | ash Acc | rual | F | If the foundation is | in a 60-month termination |
| | | | , | her (specify) | | | | under section 507(b) | (1)(B), check here . |
| | | | | column (d) must be on ca | sh basis) | | | | /d\ Diahiiraananta |
| _ | Pa | art l | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | (a) Revenue and expenses per books | (b) Net inve | | (c) / | Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| 2019 | Ť | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 256,000. | | | | | · · · · · · · · · · · · · · · · · · · |
| | | 2 | Check I if the foundation is not required to | -, | | | | | , |
| <u>~</u> | | 3 | attach Sch B | | | | | | , |
| ~ | | 4 | Dividends and interest from securities | 56,273. | 5 | 6,273. | | | ATCH 1 |
| MAR | | 5 a | Gross rents | | | | | | ٠. |
| ≥ | Ì | | Net rental income or (loss) | | | | | | |
| | 힐 | | Net gain or (loss) from sale of assets not on line 10 | 47,229. | | | | | |
| יייייייייייייייייייייייייייייייייייייי | eun | b | Gross sales price for all 532, 899. | | | | | - | ` |
| | <u>ا</u> بة | 7 | Capital gain net income (from Part IV, line 2) . | | 4 | 7,229. | | | • |
| . 1 | Y | 8 | Net short-term capital gain | | | | | | 3 |
| | | 9 0 a | Income modifications | Pladage Complete | | | | | • |
| | | b | Less Cost of goods sold . | | | | | | |
| | | С | Gross profit or (loss) (attach schedule) | | ı | | | , , | |
| | 1 | 1 | Other income (attach schedule) | | | | | | |
| | | 2 | Total Add lines 1 through 11 | 359,502. | 10 | 3,502. | | | · |
| | <u>,</u> [5 | ₹E | Comply and officers, directors, trustees, etc | 0. | | | | | |
| Γ | 8 | 4 | -Other-employee_salafies and wages | | | | | | |
| 3027 | | 5 N⊑ı | Pension plans, emmoyee benefits | | | | | | |
| ಶ∣. | e Expen | 18 5 | Legal re29 (attach Schedule) | 4,090. | | | | | 4,090 |
| Ľ | <u>e</u> | | Accounting fees (attach schedule)ATCH 2 | 11,879. | 1 | 1,879. | | | 1,000 |
| ; | ŽŢ. | ای | Official professional fees (attach schedule).[3] | 22,0,3. | | , | | | |
| | Administrat | 8 | Taxes (attach schedule) (see instructions)[4]. | 5,517. | | 464. | | | |
| : | ,ٰ ≧ | 9 | Depreciation (attach schedule) and depletion. | | | | | | |
| | ₽ 2 | 0 | Occupancy | | | | | | |
| • | ۲ ₂ | 11 | Travel, conferences, and meetings | | | | | | |
| | Operating and 7 | 2 | Printing and publications | | | | | | |
| | 2 | 3 | Other expenses (attach schedule) ATCH . 5 . [| 75. | | | | , | 50 |
| ; | E 2 | 4 | Total operating and administrative expenses | | | | | | |
| | je i | | Add lines 13 through 23 | 21,561. | 1 | 2,343. | | | 4,140 |
| (| 5 2 | 5 | Contributions, gifts, grants paid | 107,100. | | 2 2 4 2 | | | 107,100 |
| | 2 | 6 | Total expenses and disbursements Add lines 24 and 25 | 128,661. | 12 | 2,343. | | 0. | 111,240 |
| | 2 | 7 | Subtract line 26 from line 12 | 220 043 | | 1 | | | |
| | | | Excess of revenue over expenses and disbursements | 230,841. | 0. | 1,159. | | | <u> </u> |
| | | | Net investment income (if negative, enter -0-) | | | 1,139. | | | PFL |
| | | _ <u>c</u> | Adjusted net income (if negative, enter -0-) | _ | | | | | , 000-PE (2017) |

| -) | art II: | Balance Sheets description column should be for end-of-year | Beginning of year | | i yeai |
|-----------------------------|----------|--|--------------------------------|----------------|-----------------------|
| | art III: | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 31,480. | 7,713. | 7,713. |
| | | Savings and temporary cash investments | 149,939. | 314,985. | 314,985. |
| | | Accounts receivable | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| ĺ | | | | , | |
| | | Pledges receivable | | | • - |
| | | Less allowance for doubtful accounts ▶ | | | |
| | | 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) | - | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| ξ | 8 | Inventories for sale or use | | | |
| Assets | | Prepaid expenses and deferred charges | | | |
| A | | Investments - U.S. and state government obligations (attach schedule). | | | |
| - | | Investments - corporate stock (attach schedule) ATCH 6 | 1,326,135. | 1,390,494. | 1,643,140. |
| ı | | Investments - corporate bonds (attach schedule) ATCH 7 | 1,025,391. | 1,050,644. | 1,035,055. |
| | | Investments - land, buildings, | | | |
| - | | and equipment basis Less accumulated depreciation | | | |
|] | | (attach schedule) | | | |
| - | | Investments - mortgage loans | | | |
| | | Investments - other (attach schedule) Land, buildings, and | | | |
| - | • • | equipment basis | | | |
| - | | Less accumulated depreciation (attach schedule) | | | |
| | | Other assets (describe ▶) | | | |
| 1 | 16 | Total assets (to be completed by all filers - see the | | İ | |
| - | | instructions Also, see page 1, item l) | 2,532,945. | 2,763,836. | 3,000,893. |
| \exists | | Accounts payable and accrued expenses | | | |
| - | | Grants payable | | | ' |
| s | | Deferred revenue | 3 | | |
| Liabilities | | • | | | |
| <u>=</u> | | Loans from officers, directors, trustees, and other disqualified persons | | | |
| 9 | | Mortgages and other notes payable (attach schedule) | | 50. | |
| - | 22 | Other liabilities (describe ► | | | 1 |
| 1 | | | 0. | 50. | 1 |
| - | | Total liabilities (add lines 17 through 22) | | | ı |
| | | Foundations that follow SFAS 117, check here ▶ 🔃 | | | • |
| Net Assets or Fund Balances | | and complete lines 24 through 26, and lines 30 and 31 | | | t |
| اڃ | 24 | Unrestricted | | | ! |
| 2 | 25 | Temporarily restricted | | 1/11 | * |
| | 26 | Permanently restricted | | | |
| 힠 | | Foundations that do not follow SFAS 117, check here $\triangleright X$ | | • | |
| I | | and complete lines 27 through 31 | | | ; |
| 히 | 27 | Capital stock, trust principal, or current funds | 2,532,945. | 2,763,786. | |
| 뙶 | | Paid-in or capital surplus, or land, bldg and equipment fund. | | | |
| Š | | Retained earnings, accumulated income, endowment, or other funds | | | |
| ₹ | | Total net assets or fund balances (see instructions) | 2,532,945. | 2,763,786. | • |
| 힐 | | Total liabilities and net assets/fund balances (see | | | |
| ~ | | | 2,532,945. | 2,763,836. | |
| | | Analysis of Changes in Net Assets or Fund Balar | | | |
| | | | | ist agree with | |
| 1 | | I net assets or fund balances at beginning of year - Part II | | | 2,532,945. |
| _ | | of-year figure reported on prior year's return) | | 1 1 | 230,841. |
| | | r amount from Part I, line 27a | | | 230,041. |
| 3 | Othe | er increases not included in line 2 (itemize) | | | 2 762 706 |
| 4 | | lines 1, 2, and 3 | | 4 | 2,763,786. |
| 5 | | reases not included in line 2 (itemize) | | 5 | 0.360.306 |
| 6 | Tota | I net assets or fund balances at end of year (line 4 minus | line 5) - Part II, column (b), | line 30 6 | 2,763,786. |
| | | | | | Form 990-PF (2017) |

Page 3

| Part IV Capital Ga | ins and Losses for Tax on Inv | estment Income | | | |
|--|--|---|--|---|-----------------|
| | d describe the kind(s) of property sold (for e | | (b) How acquired | (c) Date acquired | (d) Date sold |
| 2-sto | ory brick warehouse, or common stock, 200 | | P - Purchase D - Donation | (mo day yr) | (mo , day, yr) |
| 1 a SEE PART IV S | CHEDULE | | | | |
| | | | | | |
| С | | | | | |
| d | | | | | |
| <u>e</u> | | T | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo ((e) plus (f) min | |
| a | | | | | |
| b | | | | | |
| <u> </u> | | | | | |
| d | | | | | |
| Complete only for ass | ets showing gain in column (h) and owned | by the foundation on 12/31/69 | | Corpo (Col. (b) or | |
| Complete only for doo | (j) Adjusted basis | (k) Excess of col (i) | | Gains (Col. (h) ga (k), but not less t | |
| (i) FMV as of 12/31/69 | as of 12/31/69 | over col (j), if any | | Losses (from co | |
| <u>a</u> | | | - | | |
| <u>b</u> | | | | | <u>.</u> |
| d d | | | | | |
| e | | | | | |
| | (If a | ain, also enter in Part I, line 7 | | | |
| 2 Capital gain net inco | nme or (net canital loss) | oss), enter -0- in Part I, line 7 | 2 | | 47,229. |
| 3 Net short-term capi | tal gain or (loss) as defined in sections | 1222(5) and (6) | | • | |
| If gain, also enter | in Part I, line 8, column (c) See ins | structions If (loss), enter -0- in $\}$ | | | |
| | | <u></u> | 3 | · · · · · · · | 0. |
| Part V Qualification | on Under Section 4940(e) for Re | duced Tax on Net Investment I | ncome | | |
| | for the section 4942 tax on the distrib | • | ase perio | qs | Yes X No |
| | oesn't qualify under section 4940(e) [te amount in each column for each ye | | ıng anv er | itries | |
| (a) | (b) | (c) | ling any cr | (d) | |
| Base period years Calendar year (or tax year beginning | Adverted avaleting distributions | Net value of nonchantable-use assets | | Distribution ra (col (b) divided by | |
| 2016 | 114,098. | 2,362,097. | | | 0.048304 |
| 2015 | 115,972. | 2,333,657. | | | 0.049695 |
| 2014 | 105,251. | 2,406,196. | | | 0.043742 |
| 2013 | 63,550. | 2,186,048. | | | 0.029071 |
| 2012 | 50,501. | 1,446,349. | <u> </u> | | 0.034916 |
| | | | | | 0 005700 |
| | nn (d) | | 2 | | 0.205728 |
| _ | ratio for the 5-year base period - divid | | | | 0.041146 |
| the number of years | the foundation has been in existence | ıf less than 5 years | 3 | ····· | 0.041140 |
| 4 Enter the net value | of noncharitable-use assets for 2017 f | rom Part X, line 5 | 4 | 2, | 670,696. |
| 5 Multiply line 4 by lin | e 3 | | 5 | | 109,888. |
| 6 Enter 1% of net inve | estment income (1% of Part I, line 27b) | | 6 | | 912. |
| | · · · · · · · · · · · · · · · · · · · | | 7 | | 110,800. |
| | ributions from Part XII, line 4 | | 8 | | 111,240. |
| If line 8 is equal to Part VI instructions | or greater than line 7, check the box | on Part VI, line 1b, and complete | that part | t using a 1% ta | x rate See th |
| | | | | | |

Page 4

| Pa | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | instru | iction | s) |
|----|---|--------|----------------|--|
| 1a | Exempt operating foundations described in section 4940(d)(2) check here and enter "N/A" on line 1 | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary - see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | 912. |
| | here X and enter 1% of Part I, line 27b | | | |
| С | 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 | | | 912. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | 0. |
| 5 | Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0 | | | 912. |
| 6 | Credits/Payments | | | |
| а | 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 4,680. | | | |
| | Exempt foreign organizations - tax withheld at source | | | |
| С | T | | | |
| | Backup withholding erroneously withheld | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | 4,6 | 680. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | | | |
| 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 | | 3, | 768. |
| 11 | Enter the amount of line 10 to be Credited to 2018 estimated tax ► 3,768. Refunded ► 11 | | | |
| | t VII-A Statements Regarding Activities | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | No |
| | participate or intervene in any political campaign? | 1a | | X |
| h | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | | | |
| | instructions for the definition | 1b | | Х |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | |
| | published or distributed by the foundation in connection with the activities | | | |
| _ | Did the foundation file Form 1120-POL for this year? | 1c | | X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | |
| u | (1) On the foundation \$\Bigs\\$ \qua | | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | 1 |
| - | on foundation managers \$ | | | |
| • | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | · ~ | X |
| 2 | | | | |
| | If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | : |
| 3 | | 3 | | x . |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 4a | | Х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4b | | |
| | If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | - | X |
| 5 | | | | |
| _ | If "Yes," attach the statement required by General Instruction T | | | 1 |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | |
| | By language in the governing instrument, or By language in t | | | { |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | 6 | X | |
| _ | conflict with the state law remain in the governing instrument? | 7 | X | \vdash |
| 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 | ' | <u> </u> | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | | ĺ | t |
| | CT, | | | ; |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | |
| | (or designate) of each state as required by General Instruction G ² If "No," attach explanation | 8b | | |
| 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," | | | x |
| | complete Part XIV | 9_ | | <u> </u> |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | х | 1 |
| | names and addresses | 10 | | |
| | - | aa | $\Omega_{-}PF$ | (2017) |

Form **990-PF** (2017)

10024-400

| - C. | Taylbas Statements Regarding Activities (Continued) | | | |
|------|--|----------|-------|----------|
| | | 13% | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," attach schedule See instructions | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified | | | |
| | person had advisory privileges? If "Yes," attach statement. See instructions | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ►N/A | | | |
| 14 | The books are in care of ▶ GEORGE S. BROWNELL Telephone no ▶ 920-751 | -391 | 2 | |
| | Located at ▶181 NORTH PARK AVENUE NEENAH, WI ZIP+4 ▶ 54956 | | • | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | ▶ | · 🔲 |
| | and enter the amount of tax-exempt interest received or accrued during the year | | , | |
| 16 | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of | | | |
| | the foreign country ▶ | 3230 | | 64 |
| Pai | 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. | 為落 | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly) | 1 | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| • | disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | | |
| | the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" if the | 1123 | 92.0 | |
| | foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days) | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | 3 A | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | | <u> </u> |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | |
| | were not corrected 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 defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and | | | 1.9 |
| | 6e, Part XIII) for tax year(s) beginning before 2017? | | | |
| | If "Yes," list the years | | | |
| 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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | 27.2 | 7.35 | |
| | all years listed, answer "No" and attach statement - see instructions) | 2b | | Х |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | 2.43 | |
| | • | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | 200 | |
| | at any time during the year? | | | |
| b | of "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or | | | |
| _ | disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the | | | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of | | 125 | |
| | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | | | |
| | foundation had excess business holdings in 2017) | 3b | | |
| 42 | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Х |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | 33.16 | L WOOD |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? | 4b | | Х |
| | | | | |

Form **990-PF** (2017)

PAGE 5

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| Pai | rt VII-B Statements Regarding Activities | for Which Form | 4720 May Be Req | uired (continued |) | | | |
|-----------|---|---|---|--|----------------|---------|-------------|--|
| 5a | During the year, did the foundation pay or incur any an | nount to | | | | Yes | No | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No | | | | | | | |
| | (2) Influence the outcome of any specific public election (see section 4955), or to carry on, | | | | | | | |
| | directly or indirectly, any voter registration drive? Yes X No | | | | | | | |
| | (3) Provide a grant to an individual for travel, study, or | | | | No | | | |
| | (4) Provide a grant to an organization other than | | | | | | | |
| | section 4945(d)(4)(A)? See instructions | _ | | Yes X | No | | | |
| | (5) Provide for any purpose other than religious, of | | | | | | | |
| | purposes, or for the prevention of cruelty to children | | | Yes X | No | | | |
| b | If any answer is "Yes" to 5a(1)-(5), did any of the | | | | | | | |
| ~ | Regulations section 53 4945 or in a current notice rega | | | | 5b | | | |
| | Organizations relying on a current notice regarding disa | • | • | | | | | |
| _ | If the answer is "Yes" to question 5a(4), does the | | | | | | | |
| С | , | | • | | No | | | |
| | because it maintained expenditure responsibility for the | • | | res | | | | |
| | If "Yes," attach the statement required by Regulations | , , | | | | | | |
| 6a | Did the foundation, during the year, receive any fu | · · | | | Na | | | |
| | on a personal benefit contract? | | | | | | Х | |
| b | Did the foundation, during the year pay premiums, di | ectly or indirectly, on a | personal benefit contra | ict / | 6b | | | |
| | If "Yes" to 6b, file Form 8870 | | | | | | | |
| 7a | At any time during the tax year, was the foundation a | | | | | | v | |
| | If "Yes," did the foundation receive any proceeds or hard VIII Information About Officers, Director | | | | . 7b | | X | |
| Pai | rt VIII Information About Officers, Directors | ors, Trustees, Fou | ilidation wanager: | s, nighiy Falu Ei | iipioyees, | | | |
| 1 | List all officers, directors, trustees, foundation | | | | 72.4 | | | |
| | (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensatio | (e) Expension | | | |
| | | - | _ | | | | _ | |
| ATC | Н 9 | | 0. | 0 | ' • <u> </u> | | <u> </u> | |
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| | | | | | | _ | | |
| 2 | Compensation of five highest-paid employees "NONE." | (other than thos | e included on line | | tions). If n | one, | enter —— | |
| /e\ | Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit | (e) Expen | | | |
| (4) | Traine and address of each employee pale more than 600,000 | devoted to position | (b) compensation | plans and deferred compensation | other al | lowance | es. | |
| | | | | | | | | |
| | NONE | - | | | | | | |
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| | | · | | | | | | |
| T - 4 - 1 | I number of other employees paid over \$50,000 | | | | + | | | |
| | inumber of other employees bald over \$50 000 . | | | <u> </u> | 1 | | | |

| | - |
|------|---|
| Page | |

| 3 Five highest-paid independent contractors for professional s | ervices. See instructions. If none, enter "NC | NE." |
|---|---|------------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| tal number of others receiving over \$50,000 for professional service | es | > |
| | | |
| art IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Including animal organizations and other beneficiaries served, conferences convened research papers pro- | | Expenses |
| N/A | | _ |
| | | _ |
| | | |
| | | - |
| 1 | | - |
| 3 | | _ |
| | | _ } |
| | | |
| | | - |
| | | - |
| art IX-B Summary of Program-Related Investments (see | instructions) | |
| Describe the two largest program-related investments made by the foundation during the | ne tax year on lines 1 and 2 | Amount |
| NONE | | - |
| | | - |
| 2 | | |
| | | _ |
| | | |
| All other program-related investments. See instructions | | |
| NONE | | - · |
| | | - |
| | | |

Page 8

| Pa | Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.) | reign founda | ations, |
|-----|---|---------------|-----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc | | |
| | purposes | | |
| а | Average monthly fair market value of securities | . 1a | 2,563,938. |
| b | | 1 1 | 147,429. |
| С | Fair market value of all other assets (see instructions) | . 1c | |
| d | | | 2,711,367. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | . 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 2,711,367. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see | | |
| | instructions) | . 4 | 40,671. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 2,670,696. |
| 6 | Minimum investment return. Enter 5% of line 5 | . 6 | 133,535. |
| Pa | rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ▶ and do not complete this part) | oundations. | |
| _ | | 1 | 133,535. |
| 1 | Minimum investment return from Part X, line 6 | · | 100,000. |
| 2 a | rax of investment income for 2017 from Part VI, line 5 | | |
| b | • | 2c | 912. |
| C | | | 132,623. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | • | 100,000 |
| 4 | Recoveries of amounts treated as qualifying distributions | | 132,623. |
| 5 | Add lines 3 and 4 | • | |
| 6 | Deduction from distributable amount (see instructions) | • | |
| 7 | | 1 _ 1 | 132,623. |
| | line 1 | - | |
| Pai | rt XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | . 1a | 111,240. |
| b | 3.200 | | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc | . | |
| | purposes | . 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | | |
| b | · · · · · · · · · · · · · · · · · · · | | |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line | | 111,240. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | 1 1 | _ |
| | Enter 1% of Part I, line 27b See instructions | | 912. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | 110,328. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when qualifies for the section 4940(e) reduction of tax in those years | calculating w | hether the foundation |

Form **990-PF** (2017)

10024-400

Page 9

| Pa | rt XIII Undistributed Income (see inst | ructions) | | | |
|----|---|-----------|---------------------|----------|--------------------|
| | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2017 from Part XI, | Corpus | Years prior to 2016 | 2016 | 2017 |
| | line 7 | | | | 132,623. |
| 2 | Undistributed income, if any, as of the end of 2017 | | | | |
| а | Enter amount for 2016 only | | | 105,512. | <u> </u> |
| b | Total for prior years 20 15 ,20 14 ,20 13 | | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | | |
| а | From 2012 | | | | |
| b | From 2013 | | | | |
| C | From 2014 . | | | | |
| d | I From 2015 | | | | |
| е | From 2016 . | _ | | | |
| f | Total of lines 3a through e | 0. | | | |
| 4 | Qualifying distributions for 2017 from Part XII, line 4 > \$ 111,240. | : | | | |
| а | Applied to 2016, but not more than line 2a | | | 105,512. | |
| b | Applied to undistributed income of prior years | | | | |
| ~ | (Election required - see instructions) | | | | |
| С | Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d | Applied to 2017 distributable amount | | | | 5,728. |
| | Remaining amount distributed out of corpus | _ | | | |
| | Excess distributions carryover applied to 2017 | | | | |
| | (If an amount appears in column (d), the same | | | | |
| 6 | amount must be shown in column (a)) Enter the net total of each column as | | | | |
| Ŭ | indicated below: | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| b | Prior years' undistributed income Subtract | | | | |
| | line 4b from line 2b | | | | |
| С | 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 - see instructions | | | | |
| е | Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see instructions | | | | |
| | Undistributed income for 2017 Subtract lines | | | | |
| ' | 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2018 | | | | 126,895. |
| 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) | | | | |
| 9 | Excess distributions carryover to 2018. | 0.1 | | | |
| | Subtract lines 7 and 8 from line 6a | | | | |
| | Analysis of line 9 | | | | |
| | Excess from 2013 | | | | |
| | Excess from 2014 | | | | |
| | Excess from 2015 . | | | | |
| | Excess from 2016 | | | | |
| e | Excess from 2017 | | | J | Farm 990-PF (2017) |

| Pa | rt XIV . Private Op | erating Foundations | (see instructions a | nd Part VII-A, ques | tion 9) | NOT APPLICABL |
|-----|--|--------------------------|-------------------------|-----------------------|--|---------------------------|
| | If the foundation has | | · ' | | ······································ | |
| - | foundation, and the ruling | • | | | · | |
| h | Check box to indicate v | = | | | | 2(J)(3) or 4942(J)(5) |
| ٥ | Officer box to maleute t | Tax year | | Prior 3 years | | 10/(0) |
| 2 a | Enter the lesser of the ad- | | (b) 2016 | <u> </u> | (4) 2014 | (e) Total |
| | justed net income from Part I or the minimum investment | (a) 2017 | (0) 2010 | (c) 2015 | (d) 2014 | // |
| | return from Part X for each | | | | | |
| | year listed | | | | | |
| þ | 85% of line 2a. | | | | + /- | |
| С | 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 | <u> </u> | | | / | |
| е | Qualifying distributions made directly for active conduct of | | | | | |
| | exempt activities. Subtract line | | | | | |
| 3 | 2d from line 2c | | | / | | |
| , | alternative test relied upon | | | | | |
| а | 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 invest- ment return shown in Part X | | | | | |
| | line 6 for each year listed | | | | | |
| С | 'Support' alternative test - enter | | | | | |
| | (1) Total support other than | | | y | | |
| | 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) | | | | į | |
| | (J)(3)(8)(iii) (3) Largest amount of sup- | | | | | |
| | port from an exempt organization. | | | | | |
| | (4) Gross investment income. | | | | | |
| Pa | | | | only if the found | ation had \$5,000 | or more in assets at |
| | any time di Information Regarding | uring the year - see | | | | |
| | | | | a than 2% of the to | tal contributions rece | eived by the foundation |
| а | before the close of any | | | | | |
| | K. HYDE BRO | | | | | |
| b | , , | | | | - | illy large portion of the |
| | ownership of a partner | ship of other entity) of | which the foundation | ilias a 10% or greate | n interest | |
| | N/A | | | | | |
| 2 | Information Regarding | Contribution Grant | Gift Loan Scholarsh | in. etc Programs: | | |
| _ | | = | | · - | ritable ergenizations | and does not accept |
| | unsolicited requests for | or funds. If the found: | ation makes difts, dra | nts etc. to individu | intable organizations | under other conditions, |
| | complete items 2a, b, o | | | | alo ol olganizatione | |
| a | The name, address, a | | | ne nerson to whom ar | polications should be a | ddressed |
| a | mo namo, address, a | na telephone number | o. oman address of th | to person to union ap | | uu. 0000u |
| b | The form in which appl | ications should be sub | omitted and information | on and materials they | y should include | |
| | | | | | | |
| С | Any submission deadli | nes | | | | |
| | | | | | | |
| d | Any restrictions or li | mitations on awards | such as by geogra | aphical areas, charit | table fields, kinds o | f institutions, or other |
| | factors | · | | • | | |

Form 990-PF (2017)

Page **11**

Form 990-PF (2017)

| Part XV Supplementary Information (c | continued) | aved for F | Eutura Daymant | |
|---|--|------------|----------------------------------|----------|
| 3 Grants and Contributions Paid Durin | If recipient is an individual | Foundation | 1 | |
| Recipient | If recipient is an individual show any relationship to any foundation manager or substantial contributor | status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| , t | | | | |
| ATCH 10 | | | | |
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| | | | | |
| Total | | | ▶ 3a | 107,100. |
| b Approved for future payment | | | | |
| а , , , , , , , , , , , , , , , , , , , | | | | |
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| Total | | | ▶ 3b | |

JSA 7E1491 1 000 Form **990-PF** (2017)

| Part XVI-A Analysis of Income-Prod | ucing Act | ivities | | | |
|--|---------------|-------------|-----------------|---|---------------------------------------|
| Enter gross amounts unless otherwise indicated | (a) | (b) Amount | (c) | y section 512, 513, or 514 (d) Amount | (e) Related or exempt function income |
| 1 Program service revenue | Business code | Amount | Exclusion code | Amount | (See instructions) |
| a | | | | | |
| b | | | | 100% | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| $\boldsymbol{3}$. Interest on savings and temporary cash investments $\boldsymbol{\cdot}$ | | | 14 | 56,273. | |
| 4 Dividends and interest from securities | | | 14 | 30,273. | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | |
| 7 Other investment income | | - | 18 | 47,229. | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 10 | 11,223. | |
| 9 Net income or (loss) from special events · · · | | | | | - |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue a b ATCH 11 | | | | | |
| | | | - | | ,,, |
| c | | | | | |
| d | | | <u> </u> | | |
| e | | | | 103,502. | ··· -·· |
| 12 Subtotal Add columns (b), (d), and (e) | | | | | 103,502. |
| (See worksheet in line 13 instructions to verify calc | | | | | |
| Explain below how each activit accomplishment of the foundation | | | | | |
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Form **990-PF** (2017)

PAGE 12

Part XVII. Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | | | | | | | |
|--------------|---|---------------------------|--|--|----------------|-------------------------------|---------------------------------------|----------|---------------------------------------|-------------|
| а | | | - | o a noncharitable exempt o | - | | | - | | v |
| | | | | | | | | 1a(1) | | X |
| | | | | | | | | 1a(2) | | |
| D | | transactions | noncharitable eve | omat organization | | | | 1 b(1) | | x · |
| | | | | empt organization able exempt organization | | | | | | Х |
| | | | | r assets | | | | | | X |
| | | | | | | | | | | X |
| | | | | | | | | | | X |
| | | | | hip or fundraising solicitation | | | | | | X |
| | | • | | sts, other assets, or paid em | | | | | | X |
| d | | | | es," complete the following | | | | | | |
| | | | | vices given by the reporting | | | | | | |
| | | | | gement, show in column (| | | | | | |
| (a) L | ine no | (b) Amount involved | d (c) Name of | noncharitable exempt organization | N/A | Description of transfers, tra | insactions, and shar | ing arra | ngeme | nts |
| | | N/A | | | 1172 | | | | | |
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| | | | | | | | | | | |
| 22 | ls the | foundation direc | tly or indirectly a | ffiliated with, or related to, | one or m | ore tax-exempt org | anizations | | | |
| Za | | | | ection 501(c)(3)) or in section | | | i i | Ye | s X | No |
| b | | | ollowing schedule | | | | | | | |
| | | (a) Name of organiz | zation | (b) Type of organization | on | (c) Des | cription of relations | hip | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | <u></u> | | | | | | | |
| | | | | 10.00 | | | | | | |
| | Under | penalties of penury I | declare that I have exam | Inned this return including accompany | ng schedules a | and statements and to the | pest of my knowledg | e and b | elief, it | is true |
| | correc | | | taxpayer) is based on all information of w | | | <u> </u> | | | |
| Sigi | | HOOKE: | TYMIN | 7/1 | | 575/12 | May the IRS | | | |
| Her | e Sign | nature of officer of trus | stee) | Date | Title | - 1 V 1 0 | See instruction | | Yes | No |
| | | $U \subset$ | | , | | | | | - | |
| D a:- | 1 | Print/Type preparer | | Preparer's signature | | Date | | MIT | | |
| Paid | | Carry H | | antiscon | r | 5/11/18 | 1 | 2006 | | 3 |
| | parer | | DANAHER ATT | | | Firm's | s EIN ▶ 20-3 | 5820 | 35 | |
| Jse | Only | Firm's address | | DR, PO BOX 2166 | | NE 407 2166 | 000 0 | | 200 | |
| | | | SOUTH BURLIN | NGTON, VT | | 05407-2166 Phon | | | | · · · · · · |
| | | | | | | | For | m 990 |)-PF | (2017) |

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

| Name of the organization | | Employer identification number | | | |
|--|--|--|--|--|--|
| EVERGREEN FOUNDATION, | | | | | |
| C/O GEORGE S. BROWNEL | L | 06-1482180 | | | |
| Organization type (check one) | | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private fou | ındatıon | | | |
| | 527 political organization | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundary | tion | | | |
| | 501(c)(3) taxable private foundation | | | | |
| Check if your organization is cov | ered by the General Rule or a Special Rule. | | | | |
| Note: Only a section 501(c)(7), (instructions | 8), or (10) organization can check boxes for both the General Rule and a S | Special Rule See | | | |
| General Rule | | | | | |
| | ng Form 990, 990-EZ, or 990-PF that received, during the year, contributor property) from any one contributor. Complete Parts I and II. See instructions | | | | |
| Special Rules | | | | | |
| regulations under sect 13, 16a, or 16b, and the | scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 nat received from any one contributor, during the year, total contributions ne amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 C | or 990-EZ), Part II, line s of the greater of (1) | | | |
| contributor, during the | scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reyear, total contributions of more than \$1,000 exclusively for religious, chapurposes, or for the prevention of cruelty to children or animals. Complete | aritable, scientific, | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | |
| 990-EZ, or 990-PF), but it must a | 't covered by the General Rule and/or the Special Rules doesn't file Scheinswer "No" on Part IV, line 2, of its Form 990, or check the box on line hertify that it doesn't meet the filing requirements of Schedule B (Form 990, | H of its Form 990-EZ or on its | | | |

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)

Name of organization EVERGREEN FOUNDATION, INC. C/O GEORGE S. BROWNELL

Employer identification number 06-1482180

| | 3,3 323132 31 2133122 | | |
|------------|--|---|---|
| Part I | Contributors (see instructions) Use duplicate cop | les of Part I if additional space is no | eeded |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | K. HYDE BROWNELL 100 WAKE ROBIN DRIVE #275 SHELBURNE, VT 05482 | \$\$ | Person X 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 |
| | , | \$ | 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) |

Name of organization EVERGREEN FOUNDATION, INC.

C/O GEORGE S. BROWNELL

Employer identification number 06-1482180

| Part II None | cash Property (see instructions) Use duplicate copies | of Part II if additional space is ne | eded |
|---------------------------|---|---|----------------------|
| (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 |

| Name of o | rganization EVERGREEN FOUNDATION, IN C/O GEORGE S. BROWNELL | | Employer identification number 06-1482180 | |
|---------------------------|---|--|---|---|
| Part III | Exclusively religious, charitable, etc., co | ntributions to organizat | ions describ | |
| | (10) that total more than \$1,000 for the the following line entry. For organizations contributions of \$1,000 or less for the yeurs duplicate copies of Part III if additional | year from any one con completing Part III, ente ear (Enter this informatio | tributor . Con r the total of a | nplete columns (a) through (e) and exclusively religious, charitable, etc |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| Part I | (a) t aspect of gard | (0) 000 0. g | | (a, zeconplien et neu gircie neid |
| | | | | |
| | | | | |
| | | | | |
| | | (e) Transfer of gift | | |
| | Transferee's name, address, and ZI | P+4 | Relationsh | ip of transferor to transferee |
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| | | | ······································ | |
| (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 ZI | P + 4 | Relationsh | ip of transferor to transferee |
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| | | | | |
| | | | | |
| (a) No | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| | | | | |
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| | | ***** | - | |
| | | (e) Transfer of gift | | |
| | | • | | |
| | Transferee's name, address, and Zi | P + 4 | Relationsh | p 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 ZII | P + 4 | Relationshi | p of transferor to transferee |
| | | | | |
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2017 FORM 990-PF EVERGREEN FOUNDATION, INC.

FORM 990-PF - PART IV

| Gross allowed/ allowed/ allowable basis 12/31/69 12/31/69 Excess of FMV over adj basis expenses of sale allowable basis 12/31/69 12/31/69 Excess of FMV over adj basis or fMV ov | |
|--|----------|
| TOTAL CAPITAL GAIN DISTRIBUTIONS BERNSTEIN - 9869 386,705. BERNSTEIN - 9869 98,965. BERNSTEIN - 9869 98,965. P VARIOUS 25,880 VARIOUS 21,230 P VARIOUS 42. | |
| BERNSTEIN - 9869 386,705. BERNSTEIN - 9869 120,195. BERNSTEIN - 9869 98,965. BERNSTEIN - 9869 VARIOUS 21,230 VARIOUS 42. | |
| 386,705. BERNSTEIN - 9869 98,965. BERNSTEIN - 9869 42. 25,880 VARIOUS 21,230 P VARIOUS 42 | • |
| BERNSTEIN - 9869 98,965. BERNSTEIN - 9869 P VARIOUS 42. | VARIOUS |
| 120,195. 98,965. 21,230 BERNSTEIN - 9869 42. 42 | VARIOUS |
| 42. | |
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06-1482180

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

| | NET | INVESTMENT | INCOME | | | 1,483. | 56,273. | |
|---------|-----|------------|-------------|-----------------|-----------|-----------------|---------|--|
| REVENUE | AND | EXPENSES | PER BOOKS | 54.790 | • 00 - 10 | 1,483. | 56,273. | |
| | | | | | | | TOTAL | |
| | | | DESCRIPTION | AMOUNT UNEUTVIO | | INTEREST INCOME | | |

ATTACHMENT 1 PAGE 19

06-1482180

| | FEES |
|---|------------|
| - | ACCOUNTING |
| | 1 |
| | H |
| | PART |
| | 990PF, |
| | FORM |

| CHARITABLE PURPOSES | 4,090. | 4,090. |
|---|---------------------|--------|
| ADJUSTED NET INCOME | | |
| NET INVESTMENT INCOME | | |
| REVENUE AND EXPENSES PER BOOKS | 4,090. | 4,090. |
| | | TOTALS |
| DESCRIPTION | TAX PREPARATION FEE | |

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

| OE D | SES INVESTMENT | OOKS INCOME | 11,879. |
|---------|----------------|-------------|-----------------------|
| AND | EXPENSES | PER BOOKS | FEES |
| | | DESCRIPTION | INVESTMENT MANAGEMENT |

| | 879 |
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11,879.

TOTALS

FORM 990PF, PART I - TAXES

| | NET | INVESTMENT | INCOME | 464. | | | 464. |
|---------|-----|------------|-------------|------------------|------------------------|----------------------------|--------|
| REVENUE | AND | EXPENSES | PER BOOKS | 464. | 373. | 4,680. | 5,517. |
| | | | DESCRIPTION | FOREIGN TAX PAID | PRIOR YEAR FEDERAL TAX | FEDERAL ESTIMATED PAYMENTS | TOTALS |

06-1482180

ATTACHMENT 5

10024-400

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PART I - OTHER EXPENSES

FORM 990PF,

REVENUE AND EXPENSES PER BOOKS

50. 25.

50. CHARITABLE PURPOSES

DESCRIPTION CT FILING FEE BANK FEES

TOTALS

75.

ATTACHMENT 5 PAGE 23

PART II - CORPORATE STOCK FORM 990PF,

DESCRIPTION

BOOK VALUE ENDING

ENDING FMV

BERNSTEIN - SEE ATTACHED

1,390,494.

1,643,140.

TOTALS

1,390,494.

1,643,140.

| ATTACHMENT 7 | |
|--------------|--|

PART II - CORPORATE BONDS FORM 990PF,

DESCRIPTION

BOOK VALUE ENDING

ENDING

1,050,644.

1,035,055.

BERNSTEIN - SEE ATTACHED

1,050,644.

1,035,055.

TOTALS

2017 FORM 990-PF EVERGREEN FOUNDATION, INC.

06-1482180

ATTACHMENT 8

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

OTHER PAYABLE

50.

TOTALS

50.

ATTACHMENT

EXPENSE ACCT

CONTRIBUTIONS

ALLOWANCES AND OTHER

BENEFIT PLANS TO EMPLOYEE

COMPENSATION

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

10024-400 TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION . GRAND TOTALS 3538DW 771P 5/11/2018 11:30:13 AM V 17-4.6F PRESIDENT TREASURER SECRETARY GEORGE S. BROWNELL 181 NORTH PARK AVENUE BURLINGTON, VT 05401 KENNETH C. BROWNELL LEVERETT, MA 01054 THOMAS H. BROWNELL NEENAH, WI 54956 44 OVERLAKE PARK NAME AND ADDRESS P.O. BOX 414

ATTACHMENT 9 PAGE 27

EVERGREEN FOUNDATION, INC

ATTACHMENT 10

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
|--|---|----------------------------------|--------|
| RECIPIENT NAME AND ADDRESS | AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET SUITE 8000 ANN ARBOR, MI 48109-1288 | NO RELATIONSHIP PC | GENERAL SUPPORT | 1,000 |
| CHARLOTTE CONGREGATIONAL CHURCH 403 CHURCH HILL ROAD CHARLOTTE, VT 05445 | NO RELATIONSHIP PC | GENERAL SUPPORT | 7,500 |
| PAINE MEMORIAL FREE LIBRARY 2 GILLILAND LANE WILLSBORO, NY 12996 | NO RELATIONSHIP PC | GENERAL SUPPORT | 5,000 |
| THE CENTRAL HIGH SCHOOL FOUNDATION P O BOX 31610 OMAHA, NE 68131-0610 | NO RELATIONSHIP PC | GENERAL SUPPORT | 1,000 |
| VERMONT LAND TRUST 8 BAILEY AVENUE MONTPELIER, VT 05602 | NO RELATIONSHIP PC | GENERAL SUPPORT | 10,000 |
| FRIENDS OF LEVERETT LIBRARY 75 MONTAGUE ROAD LEVERETT, MA 01054 | NO RELATIONSHIP PC | GENERAL SUPPORT | 2,000 |

EVERGREEN FOUNDATION, INC

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

06-1482180

10024-400

ATTACHMENT 10 (CONT'D)

| E BURLINGTON F C F F F F F F F F F F F F F F F F F | | | | |
|--|--|---|----------------------------------|--------|
| FOUNDATION STATUS OF RECIPIENT PURPOSE OF GRANT OR CONTRIBUTION PURPOSE OF GRANT OR CONTRIBUTION PURPOSE | | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | |
| NO RELATIONSHIP PC NO RELATIONSHIP PC NO RELATIONSHIP PC PC NO RELATIONSHIP PC REMEMAL SUPPORT PC PC REMEMAL SUPPORT PC REMEMAL SUPPORT PC REMEMAL SUPPORT PC PC REMEMAL SUPPORT PC PC PC REMEMAL SUPPORT PC | AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| NO RELATIONSHIP NO RELATIONSHIP NO RELATIONSHIP PC GENERAL SUPPORT GENERAL SUPPORT PC GENERAL SUPPORT PC GENERAL SUPPORT PC FC FC FC FC FC FC FC FC FC | AMHERST SURVIVAL CENTER P O BOX 9629 NORTH AMHERST, MA 01059-9629 | NO RELATIONSHIP PC | GENERAL SUPPORT | 2,000 |
| NO RELATIONSHIP PC NO RELATIONSHIP PC F BURLINGTON NO RELATIONSHIP PC CENERAL SUPPORT GENERAL SUPPORT CENERAL SUPPORT PC RELATIONSHIP PC PC RELATIONSHIP PC RELATIONSH | BOWDOIN COLLEGE 6000 COLLEGE STATION BRUNSWICK, ME 04011 | NO RELATIONSHIP PC | GENERAL SUPPORT | 1,500 |
| TERS OF BURLINGTON NO RELATIONSHIP PC GENERAL SUPPORT PC PC RESHED COUNCIL PC GENERAL SUPPORT PC RESHED COUNCIL PC GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT PC REPSHED COUNCIL PC | LAKE CHAMPLAIN LAND TRUST ONE MAIN STREET, SUITE 205 BURLINGTON, VI 05401 | RELATIONS | GENERAL SUPPORT | 9,000 |
| NO RELATIONSHIP NO RELATIONSHIP PC GENERAL SUPPORT GENERAL SUPPORT | AUSABLE RIVER ASSOCIATION P O BOX 8 WILMINGTON, NY 12997 | NO RELATIONSHIP PC | GENERAL SUPPORT | 15,000 |
| NO RELATIONSHIP PC | COMMUNITY HEALTH CENTERS OF BURLINGTON 617 RIVERSIDE AVENUE BURLINGTON, VT 05401 | NO RELATIONSHIP PC | GENERAL SUPPORT | 1,000 |
| | CONNECTICUT RIVER WATERSHED COUNCIL 15 BANK ROW STREET GREENFIELD, MA 01301 | NO RELATIONSHIP PC | GENERAL SUPPORT | 2,000 |

EVERGREEN FOUNDATION, INC.

ATTACHMENT 10 (CONT'D)

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| PAID DURING TH | |
| CONTRIBUTIONS | |
| - GRANTS AND | |
| FORM 990PF, PART XV - | |
| FORM 99 | |

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | • |
|--|---|----------------------------------|--------|
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| U S BIATHLON 49 PINELAND DRIVE, SUITE 301A NEW GLOUCESTER, ME 04260 | NO RELATIONSHIP PC | GENERAL SUPPORT | 200 |
| U S SPEEDSKATING 5662 SOUTH COUGAR LANE KEARNS, UT 84118 | NO RELATIONSHIP PC | GENERAL SUPPORT | 200 |
| RUN VERMONT 1 MAIN STREET, #304 BURLINGTON, VT 05401 | NO RELATIONSHIP PC | GENERAL SUPPORT | 2,000 |
| RICHARD TOM FOUNDATION 1645 MAIN STREET FAIRFAX, VT 05454 | NO RELATIONSHIP PC | GENERAL SUPPORT | 1,000 |
| ESPARANZA ACADEMY 198 GARDEN STREET LAWRENCE, MA 01840 | NO RELATIONSHIP PC | GENERAL SUPPORT | 1,000 |
| THE FISHER HOME - HOSPICE 1165 NORTH PLEASANT STREET AMHERST, MA 01002 | NO RELATIONSHIP PC | GENERAL SUPPORT | 2,000 |

10024-400

EVERGREEN FOUNDATION, INC

06-1482180

10024-400

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| | | | 1. |
|----------------------------|---|----------------------------------|------------------------|
| | | AII | ATTACHMENT 10 (CONT'D) |
| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | |
| | AND | | |
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| THE INTERVALE CENTER | NO RELATIONSHIP | GENERAL SUPPORT | 3,000 |
| 180 INTERVALE ROAD | PC | • | |

BURLINGTON, VT 05401

| ADDISON COUNTY HUMANE SOCIETY 236 BOARDMAN STREET MIDDLEBURY, VT 05753 | NO RELATIONSHIP PC | GENERAL SUPPORT | 1,500 |
|--|-----------------------|-----------------|-------|
| SPECTRUM YOUTH & FAMILY SERVICES 31 ELWWOOD AVENUE BURLINGTON, VT 05401 | NO RELATIONSHIP PC | GENERAL SUPPORT | 7,500 |
| MASS AUDUBON - BOBOLINK PROJECT 208 SOUTH GREAT ROAD LINCOLN, MA 01773 | NO RELATIONSHIP PC | GENERAL SUPPORT | 1,000 |
| CHRISTINE ANN DOMESTIC ABUSE SERVICES 206 ALGOMA BOULEVARD | NO RELATIONSHIP PC | GENERAL SUPPORT | 2,500 |

2,000

GENERAL SUPPORT

NO RELATIONSHIP
PC

NORTHHAMPTON, MA 01060 43 CENTER STREET, #304

OSHKOSH, WI 54901

SAFE PASSAGE

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5/11/2018

ATTACHMENT 10 (CONT'D) AMOUNT PURPOSE OF GRANT OR CONTRIBUTION GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT 06-1482180 RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NO RELATIONSHIP
PC NO RELATIONSHIP NO RELATIONSHIP PC NO RELATIONSHIP NO RELATIONSHIP NO RELATIONSHIP FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR 2017 FORM 990-PF RECIPIENT NAME AND ADDRESS EVERGREEN FOUNDATION, INC 240 E WISCONSIN AVENUE ELIZABETHTOWN, NY 12932 322 N WINOOSKI AVENUE 103 HAND AVE, SUITE 3 NEENAH PUBLIC LIBRARY 110 W N WATER STREET STRONG KIDS CAMPAIGN BURLINGTON, VT 05401 1 STEELE STREET #103 WASHINGTON, DC 20005 BURLINGTON, VT 05401 ADIRONDACK COUNCIL YMCA OF FOX CITIES 1220 L ST NW #750 NEENAH, WI 54956 NEENAH, WI 54956 AMERICAN FORESTS OLD SPOKES HOME LOCAL MOTION

2,500

1,000

1,000

3,000

100

1,000

EVERGREEN FOUNDATION, INC

06-1482180

ATTACHMENT 10 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

| | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR | | • |
|--|---|----------------------------------|--------|
| RECIPIENT NAME AND ADDRESS | FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
| AMHERST CINEMA ARTS CENTER 28 AMITY STREET AMHERST, MA 01002 | NO RELATIONSHIP PC | GENERAL SUPPORT | 1,000 |
| AMHERST RED BARN MUSIC SCHOOL 409 MAIN STREET #19 AMHERST, MA 01002 | NO RELATIONSHIP PC | GENERAL SUPRORT | 1,000 |
| THE WILD CENTER 45 MUSEUM DRIVE TUPPER LAKE, NY 12986 | NO RELATIONSHIP PC | GENERAL SUPPORT | 1,000 |
| AUSABLE RIVER ASSOCIATION 1181 HASELTON ROAD WILMINGTON, NY 12997 | NO RELATIONSHIP PC | GENERAL SUPPORT | 3,000 |
| RATTLESNAKE GUTTER TRUST COMMUNITY FOUNDATION OF WESTERN MASSACHUSETTS 333 BRIDGE STREET SPRINGFIELD, MA 01103-1411 | NO RELATIONSHIP PC | GENERAL SUPPORT | 1,000 |
| NATIONAL BRAIN TUMOR SOCIETY 55 CHAPLE STREET, SUITE 200 NEWTON, MA 02458 | NO RELATIONSHIP PC | GENERAL SUPPORT | 10,000 |

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EVERGREEN FOUNDATION, INC

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06-1482180

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

ATTACHMENT 10 (CONT'D)

| | AMOUNT | 2,000 | 2,000 |
|---|----------------------------------|--|---|
| | PURPOSE OF GRANT OR CONTRIBUTION | GENERAL SUPPORT | GENERAL SUPPORT |
| RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | FOUNDATION STATUS OF RECIPIENT | NO RELATIONSHIP PC | NO RELATIONSHIP PC |
| | RECIPIENT NAME AND ADDRESS | TWIN CITY CATHOLIC EDUCATION SYSTEM 900 GEIGER STREET NEENAH, WI 54956 | CHAMPLAIN AREA TRAILS 6482 MAIN STREET WESTPORT, NY 12993 |

107,100 TOTAL CONTRIBUTIONS PAID

PAGE 34 ATTACHMENT 10

10024-400

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EVERGREEN FOUNDATION, INC.

ATTACHMENT 11

| FORM 990-PF, PART XVI-A - ANALYSIS OF OTHER REVENUE | | | | |
|---|-----------|----|--|--|
| PART XVI-A - ANALYSIS | | | | |
| PART XVI-A - ANALYSIS | | | | |
| PART XVI-A - ANALYSIS | | | | |
| PART XVI-A - ANALYSIS | | | | |
| PART XVI-A - ANALYSIS | | | | |
| PART XVI-A - ANALYSIS | | | | |
| PART XVI-A - ANALYSIS | REVENUE | | | |
| PART XVI-A - ANALYSIS | OTHER | | | |
| PART X | SOF | ., | | |
| PART X | NALYSI | | | |
| PART X | A - A | | | |
| PA | X \ 1 - 7 | l | | |
| FORM 990-PF, | PARI | | | |
| DAN OTA | 190-PF, | | | |
| | FORM V | | | |

| RELATED OR EXEMPT FUNCTION INCOME | |
|-----------------------------------|-------------------------|
| AMOUNT | |
| EXCLUSION | 01 |
| AMOUNT | |
| BUSINESS CODE | |
| | |
| | |
| DESCRIPTION | OTHER INCOME - GLENMEDE |

TOTALS

ATTACHMENT 11 PAGE 35