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2017

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

		ndar year 2017, or tax year beginning 01-01-20	17 , aı	nd er	nding 12-31-				
		indation ALTONSTALL CHARITABLE FOUNDATION			A Employer identification number 22-3208197				
Num	her and	street (or P O box number if mail is not delivered to street address)	Room/suite						
		oL ST 5TH FLOOR	Noonly suite		B Telephone number (see instructions)				
City	or town	, state or province, country, and ZIP or foreign postal code	(617) 523-1635						
BOS	TON, M	A 021083204			C If exemption	application is pending	g, check here		
G C	neck al	l that apply $\Box$ Initial return $\Box$ Initial return of a f	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	re 🕨 🔲		
		☐ Final return ☐ Amended return				ganizations meeting k here and attach cor			
		☐ Address change ☐ Name change			·	ındatıon status was t	· -		
		pe of organization $lacksquare$ Section 501(c)(3) exempt private for 4947(a)(1) nonexempt charitable trust $\Box$ Other taxable				n 507(b)(1)(A), checl			
		1	Cash Accru	اد	F If the founda	ition is in a 60-month	termination -		
of	year <i>(f</i>	rom Part II, col (c), \$ 4,925,594				n 507(b)(1)(B), check			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements		
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes		
	1	Contributions, gifts, grants, etc , received (attach	279,070				(cash basıs only)		
	-	schedule)	273,070						
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach							
	3	Sch B Interest on savings and temporary cash investments	1,352		1,352				
	4	Dividends and interest from securities	91,307		80,987				
	5a	Gross rents							
<b>a</b> \	ь	Net rental income or (loss)							
Ē	6a	Net gain or (loss) from sale of assets not on line 10	16,327						
Revenue	р 7	Gross sales price for all assets on line 6a 159,511 Capital gain net income (from Part IV, line 2)			16,327				
~	8	Net short-term capital gain			10,327	0			
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold							
	C	Gross profit or (loss) (attach schedule)							
	11 12	Other income (attach schedule)	388,056		98,666				
	13	Compensation of officers, directors, trustees, etc	300,030		50,000				
	14	Other employee salaries and wages			0	0	(		
Sè	15	Pension plans, employee benefits			0	0			
Su:	16a	Legal fees (attach schedule)					(		
X D	ь	ļ	2,300		2,300	0	(		
e E	С	Other professional fees (attach schedule)	33,917		33,917		(		
atik	17	Interest	06.1				(		
II SE	18	Taxes (attach schedule) (see instructions)	1,849	-	555				
Ē	19 20	Depreciation (attach schedule) and depletion  Occupancy			U				
Ad	21	Travel, conferences, and meetings			0	0			
pue e	22	Printing and publications			0	0			
bu	23	Other expenses (attach schedule)							
Operating and Administrative Expenses	24	Total operating and administrative expenses.							
<u>pe</u>		Add lines 13 through 23	38,066	-	36,772	0	(		
ں	25	Contributions, gifts, grants paid	220,000	<u> </u>			220,000		
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	258,066		36,772	0	220,000		
	27	Subtract line 26 from line 12							
	а	Excess of revenue over expenses and disbursements	129,990						
	ь	Net investment income (If negative, enter -0-)			61,894				
	С	Adjusted net income(If negative, enter -0-)				0			
For	Paper	work Reduction Act Notice, see instructions.			Cat No 11289X	( For	m <b>990-PF</b> (2017		

1,413,357

551,637

680,623

3,034,678

3,034,678

3,034,678

3.034.678

1,436,882

702,789

680,623

3,164,668

3,164,668

3,164,668 3,164,668

1 2

3

4

5 6 3.034.678

3,164,668

3,164,668

Form 990-PF (2017)

129,990

0

3,177,754

703,247

700,219

4,925,594

	5
	6
	7
cs	8
Assets	9
As	10a
	b
	С
	11

12

13

14

15

16

17 18

19

20 21

22

23

24

25

26

28

29 Net 30

31

Part III

2 3

Liabilities

Balances

Fund

ō

Assets 27 Inventories for sale or use . . . . .

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -\_

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . .

Other increases not included in line 2 (itemize) -

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶ \_ Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Foundations that follow SFAS 117, check here ▶ □

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

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

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

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

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

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

Analysis of Changes in Net Assets or Fund Balances

FORM 990-P	<del>_ `                                   </del>						Page 3
Part IV	Capital Gains and	Losses for Tax on Invest	ment Income				
		(a) Ind(s) of property sold (e g , re se, or common stock, 200 shs		<b>(b)</b> How acquired P—Purchase D—Donation	l Da	(c) te acquired o , day, yr )	(d) Date sold (mo , day, yr )
<b>1</b> a 5000	00 AFLAC INC SENIOR NO	OTE DTD 02/10/2012 2 6			20	012-02-22	2017-02-15
<b>b</b> 500	CAPITAL ONE FINL CORF				20	014-05-15	2017-10-04
<b>c</b> 5000	00 CELGENE CORP SR GL	BL NT DTD 08/12/2015 2	20	016-12-09	2017-12-11		
d 25 N	METTLER TOLEDO INTERN	NATIONAL INC			20	013-01-15	2017-10-04
e CAPI	TAL GAIN DIVIDENDS			Р			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		Gain o	h) r (loss) ) minus (g)
a	50,00			50,0			
b	43,17			37,9			5,213
с	50,12			50,1			10
d	16,08	2		5,1	06		10,976
e							128
Com	plete only for assets show	wing gain in column (h) and ow	ned by the foundation	on 12/31/69			I)
F	(i) M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> of col(ı) (յ), ıf any	со	I (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a		+					E 242
b		+					5,213
<u>c</u>		+					10
d							10,976
e			If gain, also enter in P				
<b>3</b> Net	• =	or (loss) as defined in sections : line 8, column (c) (see instructi			} 2		16,327
Part V	Qualification Unde	er Section 4940(e) for Re	educed Tax on Net	Investment 1	Income	<u> </u>	
		e foundations subject to the sec				•	
If section 4 Was the fou	940(d)(2) applies, leave undation liable for the sec	· ·	ble amount of any year			☐ Y	es 🗸 No
1 Ente	r the appropriate amount	t in each column for each year,	see instructions before	making any ent	ries		
	ix year beginning in/	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab		(col	(d) Distribution rati (b) divided by c	ol (c))
	2016	216,631		3,999,745		0 054161	
	2015	193,567		3,660,387		0 052882	
	2014	196,299		3,667,721			0 053521
	2013	82,883		3,181,731			0 02605
	2012	176,264		2,754,162			0 063999
					2		0 250613
numl	ber of years the foundation	the 5-year base period—divide to n has been in existence if less ritable-use assets for 2017 fron	than 5 years	or by the	_		0 050123 4,507,135
<b>5</b> Multi	ply line 4 by line 3 .			5	5		225,911
<b>6</b> Enter	r 1% of net investment in	ncome (1% of Part I, line 27b)		🕞	5		619
<b>7</b> Add I	lines 5 and 6			7	, <u> </u>		226,530
8 Enter	r qualifying distributions f	from Part XII, line 4 ,		8	3		220,000
If line		than line 7, check the box in Pa		plete that part u	sing a 1%		
						Fo	orm <b>990-PF</b> (2017)

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

7b

D/TTT	Information About Officers,	Directors, Trustees,	Foundation Managers,	Highly Paid Employees,
Part VIII	and Contractors		_	

1 List all officers, directors, trustee	es, fo	oundation managers ar	d their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position		(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ELIZABETH SALTONSTALL		TEES	0		
15 PIPER ROAD APT J-106	]1				
SCARBOROUGH, ME 04074  N STEWART SALTONSTALL	TRUS	TEE	0		
108 A STREET UNIT B	1		Ÿ		
ST AUGUSTINE, FL 32034					
EDWARD A HASLER	TRUS	TEE	0		
3528 PALONIA CT SARASOTA, FL 34239					
2 Compensation of five highest-pa	id en	nployees (other than th	nose included on line 1	.—see instructions). If noi	ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	aid	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE					
Total number of other employees paid over	er \$5	0,000			C
3 Five highest-paid independent co					E".
(a) Name and address of each person	n paid	d more than \$50,000	<b>(b)</b> Typ	e of service	(c) Compensation
Total number of others receiving over \$50					(
Part IX-A Summary of Direct ( List the foundation's four largest direct charitable organizations and other beneficiaries served, con  1	activ	ties during the tax year Incli	ude relevant statistical inform s produced, etc	nation such as the number of	Expenses
2					
3					
4					
Dart IV-R Cummani of Diagram	m P	plated Taylortmants	(coo instructions)		
Part IX-B Summary of Program  Describe the two largest program-related inve				and 2	Amount
1 NONE			Jan. 722. 011 111103 1		. anoune
2					
All other program-related investments	See	Instructions			
Total. Add lines 1 through 3 .					Form <b>QQ0-DF</b> (2017)

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

1b

2

3a 3h

4

5

220,000

220.000

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

**b** Total for prior years

a From 2012. . . . . **b** From 2013. . . . c From 2014. . . d From 2015. . . . .

e From 2016. . . . .

220,000

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4,119

(d)

Page 9

101111 330-F1 (20	317)	
Part XIII	Undistributed Income (see instruc	tio
	·	

1 Distributable amount for 2017 from Part XI, line 7

3 Excess distributions carryover, if any, to 2017

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . . .

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017

same amount must be shown in column (a) )

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

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

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

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. .

c Excess from 2015. . . .

**d** Excess from 2016. . . . e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

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

(20	017)	
	Undistributed Income (see instructions	5)

7.552 18,382

3.433

18.382

tions)		
	(a) Corpus	

25.934

4.119

21,815

21,815

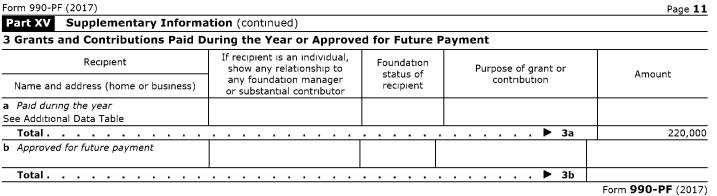
(b)

Years prior to 2016

(c)

2016

orr	m 990-PF (2017)					Page <b>10</b>
ŀ	Private Operating Found	<b>lations</b> (see ınstr	ructions and Part \	VII-A, question 9)	l	
	If the foundation has received a ruling or de foundation, and the ruling is effective for 20	17, enter the date	of the ruling	▶∟_	_	
b	Check box to indicate whether the organizat	ion is a private oper	rating foundation des	scribed in section L	」 4942(j)(3) or ∟	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(3) 13111
b	85% of line 2a					
	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					
е	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					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
С	"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)					
	from an exempt organization  (4) Gross investment income					
	Supplementary Information	(Complete this	part only if the	organization ha	d \$5,000 or more	e in
ŀē	assets at any time during th	e year-see inst			. ,	
1 a	Information Regarding Foundation Man List any managers of the foundation who hav before the close of any tax year (but only if NONE	ve contributed more				ר
b	List any managers of the foundation who ow ownership of a partnership or other entity)				large portion of the	
	NONE					
<u> </u>		. 6:6: 1				<u> </u>
2	Information Regarding Contribution, Gr			_		
	Check here ► ☑ If the foundation only mak unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, a	tion makes gifts, gr				der
a	The name, address, and telephone number	or email address of	the person to whom	applications should	be addressed	
b	The form in which applications should be sul	bmitted and informa	ation and materials t	hey should include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards, su factors	ch as by geographic	cal areas, charitable	fields, kinds of insti	tutions, or other	



Enter gross	s amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
<b>1</b> Progran	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions
<b>g</b> Fees	and contracts from government agencies					
3 Intere	ership dues and assessments est on savings and temporary cash					
	ments			14	1,352 91,307	
	nds and interest from securities			14	91,307	
	financed property.					
	lebt-financed property					
6 Net re	ental income or (loss) from personal property					
<b>7</b> Other i	nvestment income					
	or (loss) from sales of assets other than					
	tory			18	16,327	
	profit or (loss) from sales of inventory					
	revenue a					
e	-				100.005	
e	-			12	108,986	
e 12 Subtot 13 Total.		ations )		13	108,986	108,986
e 12 Subtot 13 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul I-B Relationship of Activities to th	ations ) e Accomplisi	nment of Exem	pt Purposes	3	
e 12 Subtot 13 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul	ations ) <b>e Accomplisi</b> income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) <b>e Accomplisi</b> income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) <b>e Accomplisi</b> income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribut	ted importantly to	
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e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) <b>e Accomplisi</b> income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribut	ted importantly to	
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e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) <b>e Accomplisi</b> income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) <b>e Accomplisi</b> income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) <b>e Accomplisi</b> income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) <b>e Accomplisi</b> income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribut	ted importantly to	
e	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcul  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ations ) <b>e Accomplisi</b> income is report	nment of Exem	<b>pt Purposes</b> f Part XVI-A contribut	ted importantly to	

orm 99	0-PF	(2017)							<u>Pa</u>	age <b>1</b> :
Part	ΧVΙ	Information Re Exempt Organi		fers To a	and Transact	ions and	d Relationships With Nonchar	itable		
							organization described in section 501 to political organizations?		Yes	No
<b>a</b> Tran	nsfer	s from the reporting foun	dation to a noncha	rıtable ex	empt organızatı	on of				
(1)	Cas	sh						1a(1)	1	No
(2)	Oth	ner assets						1a(2)	1	No
<b>b</b> Othe	er tra	ansactions								
		es of assets to a nonchar						1b(1)	4	No
		chases of assets from a r						1b(2)	_	No
		ntal of facilities, equipmer	•					1b(3)		No
		mbursement arrangemen						1b(4)	+	No
		ins or loan guarantees.						1b(5)	+	No
		ormance of services or m		_				1b(6)	Ή—	No
	-							1c	<u></u>	No
(a) Line	No	(b) Amount involved	(c) Name of noncha	arıtable exe	mpt organization	( <b>d)</b> D	escription of transfers, transactions, and sh	arıng arra	angemer	nts
	_									
	_									
	_									
	_									
	_									
	$\dashv$									
desc	rıbe	undation directly or indired in section 501(c) of the complete the following s	Code (other than chedule	section 50	*	ection 527		Yes	<b>-</b>	No
	of		, it is true, correct,				ccompanying schedules and statemen arer (other than taxpayer) is based or			
Sign Here		*****			2018-04-26	\	****** retur	the IRS d n the prepa		
	🗸	Signature of officer or t	rustee		Date		Title below	<b>N</b>	. <b>.</b> .	П

Paid **Preparer Use Only** 

Preparer's Signature Print/Type preparer's name Date Check if selfemployed ightharpoonupWAYNE R KURPIEL 2018-04-26

PTI

Firm's name ► WELCH & FORBES LLC

Firm's address ▶ 45 SCHOOL STREET

BOSTON, MA 021083204

Fırm's EIN ▶

Phone

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no	(617)	523-1635

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BIGELOW LABORATORY FOR OCEAN NONE PUBLIC UNRESTRICTED FOR GENERAL 2,500 SIENCESPO BOX 475 W BOOTHBAY HARBOR, ME 04575

ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
HANAHAUOLI SCHOOL 1922 MAKKI STREET Honolulu, HI 98622	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
ISLAND INSTITUTEPO BOX 648 ROCKLAND, ME 04841	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
NATIONAL AUDUBON SOCIETY 700 BROADWAY NEW YORK, NY 10003	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
Total	220,000			

3a

form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NATIONAL TRUST FOR HISTORIC PRESERVATION1785 MASS AVE NW WASHINGTON, DC 20036	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
NATURAL RESOURCES DEFENSE COUNCIL 40 W 20TH ST NEW YORK, NY 10011	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
NATURE CONSERVANCY 14 MAINE ST SUITE 401 BRUNSWICK, ME 04011	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500
OCEAN CONSERVANCY 1300 19TH STREET NW SUITE 800 WASHINGTON, DC 20036	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

12,500 NONE PUBLIC UNRESTRICTED FOR GENERAL

PROJECT GRACEPO BOX 6846

Scarborough, ME 04070 220,000 Total . .

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orm 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PUNAHOU SCHOOL 1601 PUNAHOU STREET Honolulu, HI 96822	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
Camp Ketcha336 BLACK POINT ROAD Scarborough, ME 04074	NONE	PUBLIC	SCHOLARSHIP PURPOSES	12,500
SIERRA CLUB FOUNDATION 85 SECOND STREET SUITE 750 SAN FRANCISCO, CA 94105	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
UNITED WAY OF GREATER PORTLAND PO BOX 15200 PORTLAND, ME 04112	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
WORLD WILDLIFE FUND1250 24TH NW	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500

SIERRA CLUB FOUNDATION 85 SECOND STREET SUITE 750 SAN FRANCISCO, CA 94105	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
UNITED WAY OF GREATER PORTLAND PO BOX 15200 PORTLAND, ME 04112	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
WORLD WILDLIEF FUND 13F0 34TH NW	NONE	DUBLIC	LINDESTRICTED FOR CENERAL	2 500

WASHINGTON, DC 20037

Total . . 3a

220,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)		recipient		
a Paid during the year				
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 06521	NONE	PUBLIC	YALE ALUMNI FUND	2,500
FISHER HOUSE FOUNDATION 1401 ROCKVILLE PIKE SUITE 600 ROCKVILLE, MD 20852	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	8,000
NATURAL RESOURCES COUNCIL OF MAINE 3 WADE STREET AUGUSTA, ME 04330	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
Camp Sunshine35 ACADI ROAD	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

1401 ROCKVILLE PIKE SUITE 600 ROCKVILLE, MD 20852	HONE	TOBLIC	OTALES FROM SENERAL	0,000
NATURAL RESOURCES COUNCIL OF MAINE 3 WADE STREET AUGUSTA, ME 04330	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
Camp Sunshine35 ACADI ROAD CISCO, ME 05015	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST 6TH FLOOR	NONE	PUBLIC	UNRESTRICTED	7,500

BROOKLINE, MA 02445

Total . . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
PORTLAND MUSEUM OF ART SEVEN CONGRESS SQUARE PORTLAND, ME 04101	NONE	PUBLIC	UNRESTRICTED	7,500
SCARBOROUGH LAND TRUST PO BOX 1237 SCARBOROUGH, ME 04070	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500
FARNSWORTH ART MUSEUM 16 MUSEUM STREET ROCKLAND, ME 04841	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
HELP HOSPITALIZED VETERANS 98 BOX 98088 WASHINGTON, DC 20090	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
RONALD MCDONALD HOUSE	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7.500

PO BOX 1237 SCARBOROUGH, ME 04070	NONE	FOBLIC	ONRESTRICTED FOR GENERAL	7,50
FARNSWORTH ART MUSEUM 16 MUSEUM STREET ROCKLAND, ME 04841	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,00
HELP HOSPITALIZED VETERANS	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,00

ONE KROCK DRIVE OAK BROOKE, IL 60523

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
HABITAT FOR HUMANITY 302 SOUTH LEE STREET KINGSLAND, GA 31548	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500	
THE ALGONQUIN CHANPERSHIP FUND THE ROCHESTER AREA COMMUNITY FDN 500 EAST AVENUE ROCHESTER, NY 14625	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000	
COLORADO BEAGLE RESCUE PO BOX 2704 LITTLETON, CO 801612704	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500	
BRAIN AND BEHAVIOR RESEARCH FOUNDATION 90 PARK AVENUE 16TH FLOOR NEW YORK, NY 10016	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000	
NATIONAL WILDLIFE FEDERATION PO BOX 1583 MERRIFIELD, VA 221161583	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500	

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
Child & Family Agency of Southeastrn Con 255 HEMPSTEAD STREET New London, CT 06320	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	4,000	
Good Shepherd Food BankPO BOX 1870 Auburn, ME 04211	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000	
Maine Medical Center 22 BRAMHALL STREET Portland, ME 04102	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500	
Riding To The Top14 LILAC DRIVE Windham, ME 04062	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000	
Pine Tree SocietyPO BOX 518 Bath, ME 04530	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000	

Maine Medical Center 22 BRAMHALL STREET Portland, ME 04102	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500
Riding To The Top14 LILAC DRIVE Windham, ME 04062	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
Pine Tree SocietyPO BOX 518 Bath, ME 04530	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

Total . . .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Preble Street38 PREBLE STREET NONE PUBLIC: UNRESTRICTED FOR GENERAL 5,000 Portland, ME 04101 NONE PUBLIC UNRECTRICTED FOR GENERAL 2,500 MAINE AUDUBON SOCIETY 20 GILSLAND FARM ROAD

WINTER HARBOR, ME 04693  Coastal Maine Botanical Gardens 132 BOTANICAL GARDENS DR BOOTHBAY, ME 04537  THE ROOT CELLAR94 WASHINGTON AVE NONE  PUBLIC UNRESTRICTED FOR GENERAL 2,500  UNRESTRICTED FOR GENERAL 5,000	FALMOUTH, ME 04105				
132 BOTANICAL GARDENS DR BOOTHBAY, ME 04537  THE ROOT CELLAR94 WASHINGTON AVE NONE  PUBLIC UNRESTRICTED FOR GENERAL 5,000		NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
7,000	132 BOTANICAL GARDENS DR	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
PORTLAND, ME 04101	THE ROOT CELLAR94 WASHINGTON AVE PORTLAND, ME 04101	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

220,000

Total . .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
SOUTHEAST GEORGIA COMMUNITY FOUNDATION 1626 FREDERICA ROAD ST SIMONSISLAND, GA 31522	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,000
NORTH FLORIDA LAND TRUST 2038 GILMORE STREET JACKSONVILLE, FL 32204	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
FOLDS OF HONOR 5800 N PATRIOT DRIVE OWASSO, OK 74055	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,000
DOLPHIN CONSERVATION CENTER 9600 NORTH SHORE BLVD ST SUGUSTINE, FL 32080	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,000
BETTY GRIFFIN HOUSE 1375 ARAPAHO AVENUE	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000

ST SUGUSTINE, FL 32080				
BETTY GRIFFIN HOUSE 1375 ARAPAHO AVENUE ST AUGUSTINE, FL 32080	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,0

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NEW LONDON HOMELESS HOSPILITY CENTER PO BOX 1651 NEW LONDON, CT 06320	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	4,000
HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,000
LAUREL CIVIC ASSOCIATION PO BOX 511 LAUREL, FL 34272	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
TIME IS NOWPO BOX 1 LAKE GENEVA, WI 53147	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
LITERACY COUNCIL OF HIGHLANDS 348 SOUTH 5TH STREET HIGHLAND, NC 28741	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000

Total . . . 3a 220,000

efile GRAPHIC print - DO NOT P		As Filed Data	-	DI	N: 93491124001388	
TY 2017 Accounting Fees Schedule						
Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION EIN: 22-3208197						
Accounting Fees Schedule						
Category	Amo	ount N	et Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

TAX PREPARATION FEE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491124001388 TY 2017 Explanation of Non-Filing with Attorney General Statement Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION **EIN:** 22-3208197 Statement: PRESENTLY EXEMPT FROM FLORIDA REPORTING

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491124001388
		<u> </u>

## **TY 2017 Investments Corporate Bonds Schedule**

Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION

<b>EIN:</b> 22-3208197		
Investments Corporate Bonds Schedule  Name of Bond	End of Year Book Value	End of Year Fair Market Value
50000 MEDCO HEALTH SOLUTIONS	50,525	51,886
50000 JPMORGAN CHASE & CO	49,908	49,966
50000 GOLDMAN SACHS GROUP INC	50,470	50,094
50000 AFLAC INC SENIOR NOTE		
50000 CVS HEALTH CORP	50,068	50,066
50000 KENNAMETAL INC SR NT	50,105	50,040
50000 EBAY INC SR GLBL NT	49,522	50,496
50000 BECTON DICKINSON & CO	49,965	50,422
50000 FISERV INC SR GLBL NT	49,564	50,312
50000 WALGREEN CO SR NT	50,506	50,200
50000 CELGENE CORP		
50000 EOG RESOURCES INC	50,138	50,143
50000 WELLS FARGO & CO NEW	50,290	49,977
50000 MCDONALDS CORP SR NT	50,735	50,103
50000 SYSCO CORP NOTE	50,221	49,652
50000 DU PONT EI DE NEMOURS &	50,772	49,890

## DLN: 93491124001388

## **TY 2017 Investments Corporate Stock Schedule**

Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION

**EIN:** 22-3208197

Name of Stock	End of Year Book Value	End of Year Fair Market Value
700 SHS AFLAC INC	24,766	61,446
1000 SHS AUTOMATIC DATA PROCES	36,464	117,190
1200 SHS CARMAX INC	10,570	76,956
600 SHS CHEVRON CORP NEW	42,442	75,114
800 SHS DANHER CORP	15,655	74,256
1072 SHS IRON MOUNTAIN INC PA	14,975	40,447
800 SHS JOHNSON & JOHNSON	50,217	111,776
1500 SHS MICROSOFT CORP	40,030	128,310
350 SHS O'REILLY AUTOMATIVE I	5,757	84,189
800 SHS PEPSICO INC	36,779	95,936
700 SHS SCHLUMBERGER LTD	25,959	47,173
500 SHS STERICYCLE INC	11,818	33,995
600 SHS STRYKER CORP	31,755	92,904
700 SHS UNITED TECHNOLOGIES	11,112	89,299
1400 SHS WELLS FARGO & CO NEW	29,061	84,938
1400 SHS CHURCH & DWIGHT CO	47,276	70,238
700 SHS ECHOLAB INC	30,814	93,926
500 SHS PROCTOR & GAMBLE CO	31,695	45,940
1000 SHS CVS HEALTH CORP	39,070	72,500
500 SHS PRAXAIR INC	36,594	77,340
800 SHS QUALCOMM INC	35,392	51,216
700 SHS HOME DEPOT INC	14,203	132,671
600 SHS MCDONALDS CORP	46,416	103,272
1000 SHS VISA INC CLASS A	18,767	114,020
1200 SHS TORONTO DOMINION BANK	43,565	70,296
700 SHS APPLE INC	54,153	118,461
2000 SHS GENERAL ELERTRIC CO.	45,811	34,900
1000 SHS MERCK & CO INC	44,727	56,270
600 SHS CHECKPOINT SOFTWARE	39,838	62,172
400 SHS ANSYS	29,497	59,036

Name of Stock	End of Year Book Value	End of Year Fair Market Value
800 SHS JP MORGAN CHASE & CO	51,728	85,551
175 SHS METTLER TOLEDO INTL	35,739	108,416
1000 SHS RESMED INC	46,617	84,690
50 SHS ALPHABET INC CAP STK CL	13,305	52,320
50 SHS ALPHABET INC CAP STK CL	13,307	52,670
450 SHS FISERV INC	38,058	59,008
125 SHS ALLERGAN PLC SHS	37,287	20,448
300 SHS FACEBOOK INC	38,660	52,938
800 SHS FORTIVE CORP	25,410	57,880
500 SHS MIDDLEBY CORP	61,742	67,475
25 SHS PRICELINE GRP	37,377	43,444
225 SHS ROPER TECHNOLOGIES	40,786	58,275
400 SHS CHUBB LIMITED	51,688	58,452
500 CAPITAL ONE FINANCIAL		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491124001388
TY 2017 Investments - Other S	Schedule	

Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION

**FIN:** 22-3208197

<b>LIN.</b> 22 3200137					
Investments Other Schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
1250 SHS ISHARES IBOXX CORPORA	AT COST	135,046	151,950		
1250 SHS ISHARES 1-3 YEAR	AT COST	130,807	130,675		
1600 SHS VANGUARD INTERMEDIATE	AT COST	129,605	134,128		
3600 SHS FIRST TRUST NORTH AME	AT COST	80,219	88,416		
5000 SHS KAYNE ANDERSON MLP	AT COST	113,646	95,250		
4000 SHS MANNING & NAPIER OVER	AT COST	91,300	99,800		

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	DLN: 93491124001388				
TY 2017 Other Professional Fees Schedule						
Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION EIN: 22-3208197						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		

INVESTMENT MANAGEMENT FEES

33,917

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	a - DLN: 9349112400			
TY 2017 Taxes Schedule					
Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION					
<b>EIN:</b> 22-3208197					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOREIGN TAXES	325	325		0	
PRIOR YEAR EXCISE TAX	419	0		0	
FEDERAL ESTIMATED TAX	875	0		0	
FOREIGN TAXES ON QUALIFIED FOR	230	230		0	

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -				DLN: 93491124001388	
Schedule B		Schedu	ule of Contributor	rs		OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at   www irs gov/form990					
Name of the organizate SIBLEY-SALTONSTALL C		ON			Employer id	lentification number	
					22-3208197		
Organization type (ch	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) c	organization				
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	☐ 527 politi	☐ 527 political organization					
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private fo	undation				
	☐ 4947(a)(´	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3)	taxable private fo	undation				
			PF that received, during th omplete Parts I and II Se				
Special Rules							
under sections received from a	509(a)(1) and 170(b)	(1)(A)(vı), that che urıng the year, tota	g Form 990 or 990-EZ tha cked Schedule A (Form 9 al contributions of the grea plete Parts I and II	90 or 990-EZ), P	art II, line 13,	16a, or 16b, and that	
during the year	, total contributions of	more than \$1,000	or (10) filing Form 990 or (10) filing Form 990 or (10) exclusively for religious, animals Complete Parts	charitable, scient			
during the year If this box is che purpose Don't	, contributions <i>exclus</i> ecked, enter here the complete any of the p	ively for religious, total contributions parts unless the <b>G</b>	or (10) filing Form 990 or charitable, etc., purposes, s that were received during eneral Rule applies to this or more during the year.	, but no such con g the year for an s organization be	itributions tota exclusively re cause it recei	led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>	
990-EZ, or 990-PF), bu	ıt it <b>must</b> answer "No	on Part IV, line 2	lle and/or the Special Rule , of its Form 990, or check it it doesn't meet the filing	k the box on line	H of its		
For Paperwork Reduction for Form 990, 990-EZ, or 9		ructions	Cat No 30613X	Schedu	ıle B (Form 990	, 990-EZ, or 990-PF) (2017)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization Employer identification number SIBLEY-SALTONSTALL CHARITABLE FOUNDATION 22-3208197 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 SALTONSTALL CLUT Person **Payroll** 45 SCHOOL STREET 5TH FLOOR \$ 279,070 Noncash BOSTON, MA02108 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 No. Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

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