Return of Private Foundation

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

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

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

For (alen	dar year 2017 or tax year beginning		, and ending		
		foundation			A Employer identification	number
		NTIDE FOUNDATION, INC.				
		CUMMINGS, LAMONT & MCN			47-1413998	
Nun		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_1		AMPTON ROAD,		306	603-772-34	
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is po	ending, check here
		TER, NH 03833				
G C	neck	all that apply: Initial return		rmer public charity	D 1. Foreign organizations	, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
<u> </u>	hacl-	Address change	Name change	F. A	7.	
7	_	type of organization: X Section 501(c)(3) exction 4947(a)(1) nonexempt charitable trust	tempt private foundation Other <u>ta</u> xab <u>le private</u> founda	tion	E If private foundation state	
_ <u></u>	_		ng method: X Cash	Accrual	under section 507(b)(1)	• •
		· 1	her (specify)	L MCCIUAI	F If the foundation is in a (
	•\$	1,726,986. (Part I, colum	nn (d) must be on cash hasi	<u></u>	under section 507(b)(1)	(D), CHECK HERE
_	irt I		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	(c) Adjusted fiel	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		· · · · · · · · · · · · · · · · · · ·	 	(outer oddie only)
	2	Check X if the foundation is not required to attach Sch B			<u> </u>	
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	39,065.	39,065.	39.065.	STATEMENT 1
	5a	Gross rents				000-0007
	b	Net rental income or (loss)			T :	- COUNTY
ø)	6a	Net gain or (loss) from sale of assets not on line 10	86,390.	•		IESTA OF
Revenue	b	Gross sales price for all assets on line 6a 582, 487.	-			11/2/12/12
eve	7	Capital gain net income (from Part IV, line 2)		86,390.		
Œ	8	Net short-term capital gain	-		N/A	PERMIT
	9	Income modifications				10/21/
	10a	Gross sales less returns and allowances	=			PUT SIC
	ľ	Less Cost of goods sold		_ ,,	<u> </u>	Tail . I C
	l	Gross profit or (loss)			 	VE212
	11	Other income	105 455	105 15-	 	
—	12	Total. Add lines 1 through 11	125,455.	125,455.		
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages			ļ	<u> </u>
ses		Pension plans, employee benefits			 	
ınse	ı	Legal fees	2 405	2 405		
xpe	1	Accounting fees STMT 2 Other professional fees STMT 3	2,495. 18,143.	2,495.		0.
e E	· ·	Other professional fees STMT 3 Interest RECEIVED	10,143.	18,143.	0.	0.
ativ	17 18	Taxes	 		 	
str	19	14703			 	
Ē	20	Depresation and depleton 2018			 	
d d⊓	21	Occlinatory Travel, conferences, and meetings	 		 	
þu	22	Printing an Dibidations N. UT			 	
gal	23	Other expenses STMT 4	1,687.	0.	0.	0.
Operating and Administrative Expens		Total operating and administrative	1,00,7.		·	
era	-"	expenses. Add lines 13 through 23	22,325.	20,638.	0.	_0.
ŏ	25	Contributions, gifts, grants paid	102,000.		† <u>~</u> •	102,000.
	ı	Total expenses and disbursements.			 	202,000
	-	Add lines 24 and 25	124,325.	20,638.	0.	102,000.
	27	Subtract line 26 from line 12:			, ·	
	a	Excess of revenue over expenses and disbursements	1,130.			
	١.	Net investment income (if negative, enter -0-)	_	104,817.	1.	
		Adjusted net income (it personne enter -0-)		·	39 065	

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

EVENTIDE FOUNDATION, INC.

For	m 99	0-PF(2017) C/O CUMMINGS, LAMONT &			1413998 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
느	-	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing			
		Savings and temporary cash investments	2,021.	2,265.	2,265.
	3	Accounts receivable -			
		Less: allowance for doubtful accounts -			
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶			
	1	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ets	1	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges	10 252	10 451	10 451
		Investments - U.S. and state government obligations STMT 5	13,353.	10,451.	10,451.
		Investments - corporate stock STMT 6	1,094,813.	1,219,796.	
	1	Investments - corporate bonds STMT 7	462,864.	494,474.	494,474.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment; basis		İ	
		Less accumulated depreciation			
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	1 572 051	1 706 006	1 706 006
_	-	instructions. Also, see page 1, item I)	1,573,051.	1,726,986.	1,726,986.
	1	Accounts payable and accrued expenses			
	18	Grants payable			
ties	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable			
프	21	Other liabilities (describe)			•
	122	Other habilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	1	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
es	24	Unrestricted		ļ	
a	25	Temporarily restricted			
Ba	26	Permanently restricted			
2		Foundations that do not follow SFAS 117, check here			
Ē	ĺ	and complete lines 27 through 31.			
õ	27	Capital stock, trust principal, or current funds	1,614,449.	1,767,254.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	-41,398.	-40,268.	
Net Assets or Fund Balances	30	Total net assets or fund balances	1,573,051.	1,726,986.	
					•
_	31	Total liabilities and net assets/fund balances	1,573,051.	1,726,986.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		1	1,573,051.
2	Ente	amount from Part I, line 27a		2	1,130.
3	Othe	increases not included in line 2 (itemize)	RECORDED AT FM	V3	153,958.
4	Add	ines 1, 2, and 3		4	1,728,139.
5	Decr	eases not included in line 2 (itemize) NON-DEDUCTIBLE	EXPENSE	5	1,153.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, or	olumn (h) ling 30	ا ء ا	1.726.986.

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Part IV Capital Gains	and Losses for Tax	on investment	Income	_				
	the kind(s) of property sold (farehouse; or common stock, 2		te,	(b) How a P - Puro D - Don	cquired chase ation	(c) Date a	cquired y, yr.)	(d) Date sold (mo., day, yr.)
1a SALE OF SECURI	TIES - SEE AT	TACHED			P	VARIO	ous	
b SALE OF SECURI			···			VARIO		
c SALE OF SECURI						VARIO		
d					_	<u>,</u>		
e		*					1	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				in or (loss) (f) minus (
a 117,884.			120,74	6.	·			-2,862.
ь 361,639.			290,03		-			-2,862. 71,603. 17,649.
c 102,964.			85,31		-			17,649.
d								
e							_	
Complete only for assets showing	ng gain in column (h) and own	ed by the foundation	on 12/31/69.) Gains (Co	ol. (h) gain	minus
	(j) Adjusted basis	(k) Ex	cess of col. (I)			. (k), but no	ot less thar	1 -0-) or
(i) FMV as of 12/31/69	as of 12/31/69		col. (j), if any			Losses (from col. (I	h))
a								-2,862.
b				<u> </u>				71,603.
		- +		_				17,649.
d								17,043.
e								
				$\overline{}$	Τ			·····
2 Capital gain net income or (net ca	If gain, als	o enter in Part I, line nter -0- in Part I, line	7	} 2				86,390.
	•		′	1 -				00,350.
3 Net short-term capital gain or (los		2(5) and (6):						
If gain, also enter in Part I, line 8,				 	ì			2 062
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Inder Section 4940(e) for Poducos	l Toy on Mot	love str	nont Inc			-2,862.
(For optional use by domestic private if section 4940(d)(2) applies, leave t		ction 4940(a) tax or	i iiet iiivestiiietit kii	come.,				
Was the foundation liable for the sec				iod?				Yes X No
If "Yes," the foundation doesn't quali								····
1 Enter the appropriate amount in	each column for each year; se	e the instructions be	fore making any ei	ntries.				
(a) Base period years	(1)		(c)			Distrib	(d) ution ratio
Calendar year (or tax year beginni	ing in) Adjusted qualify		Net value of no				col. (b) div	ided by col. (c))
2016		98,938.		1,57	75,021			.062817
2015		91,499.			13,134			.056721
2014		<u>78,836.</u>		1,63	33,616	j.		.048259
2013		99,282.		1,58	32,134	<u>.</u>		.062752
2012		80,000.		<u>1,51</u>	<u>15,328</u>	3.		.052794
	_			-				
2 Total of line 1, column (d)						2		.283343
3 Average distribution ratio for the	5-year base period - divide the	total on line 2 by 5.	0, or by the number	er of years				
the foundation has been in existe		·		•		3		.056669
	·							
4 Enter the net value of noncharital	ble-use assets for 2017 from F	Part X. line 5				4		1,625,268.
•		• • • • • •						
5 Multiply line 4 by line 3						5		92,102.
J Workbiy into 4 by into 5								34,1020
6 Enter 1% of net investment incor	me /1% of Part I line 27h)					6		1,048.
6 Eliter 176 Of Her Hivestilletti Hicor	ne (170 OF Fart I, line 270)					-		1,040.
7 Add lines 5 and 6						,		93,150.
And lilles 3 and 6						7		33,130,
8 Enter qualifying distributions from	m Part XII, line 4					8		102,000.
If line 8 is equal to or greater thai	n line 7, check the box in Part	VI, line 1b, and comp	plete that part using	g a 1% tax	rate.			
See the Part VI instructions.			•					

EVENTIDE FOUNDATION, INC.				_	
Form 990-PF (2017) C/O CUMMINGS, LAMONT & MCNAME Part VI Excise Tax Based on Investment Income (Section 49)		47-141 4948 - See			ige 4
1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs\) and		1 1	1113414	CHOIL	<u>"</u>
Date of ruling or determination letter: (attach copy of letter if no					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1	•	1,04	8.
of Part I, line 27b	and enter 176	-		1,01	<u> </u>
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	4% of Part I, line 12, col. (b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only;		2			0.
3 Add lines 1 and 2	J. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	3		1,04	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only;	others, enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,	5		1,04	
6 Credits/Payments:			-		
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 783	1.			
b Exempt foreign organizations - tax withheld at source	6b C	0.			
c Tax paid with application for extension of time to file (Form 8868)	6c C				
d Backup withholding erroneously withheld	6d C) ·			
7 Total credits and payments. Add lines 6a through 6d		7		78	3.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	tached	8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	- 9		26	<u>5.</u>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	· •	10			
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded ▶	<u> 11 </u>			
Part VII-A Statements Regarding Activities	· · · · · · · · · · · · · · · · · · ·		 _		
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	pislation or did it participate or interve	ene in		Yes I	
any political campaign?			1a		<u>X</u> _
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp		efinition	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	s of any materials published or		1 1		
distributed by the foundation in connection with the activities.					
c Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during to					
(1) On the foundation. > \$ (2) On foundation manage		<u>.</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expen	iditure tax imposed on foundation				
managers. ▶ \$	1000			١,	
2 Has the foundation engaged in any activities that have not previously been reported to the	HS2		_2		<u>X</u>
If "Yes," attach a detailed description of the activities.			-		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	g instrument, articles of incorporation	n, or			v
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the yi	00.53		3 4a		X X
b If "Yes," has it filed a tax return on Form 990-T for this year?	ea:•	N/A	4b	$\overline{}$	<u>A</u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ır?	14/21	5	$\neg +$	X
If "Yes," attach the statement required by General Instruction T.	ur			$\overline{}$	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either-				
By language in the governing instrument, or					
By state legislation that effectively amends the governing instrument so that no mandation in the state of the state	ory directions that conflict with the s	tate law		•	
remain in the governing instrument?	,		6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	nplete Part II. col. (c), and Part XV		7	х	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0), 4				
8a Enter the states to which the foundation reports or with which it is registered. See instruct	tions.				
NH					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation	- , , , ,		8b	X	
9 is the foundation claiming status as a private operating foundation within the meaning of	section 4942(j)(3) or 4942(j)(5) for 0	calendar			
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," co	omplete Part XIV		9		<u>x</u> ∠
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a sche	dule listing their names and addresses		10		<u>X</u> _

statement - see instructions.)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

the provisions of social 15-2(a)(2) are being applied to any of the years listed in 2a, list the years that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.)

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

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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Х

N/A

🗌 Yes 🔀 No

2b

3b

4a

EVENTIDE FOUNDATION, INC. Form 990-PF (2017) C/O CUMMINGS, 47-1413998 LAMONT & MCNAMEE Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) Yes No 5a During the year, did the foundation pay or incur any amount to: Yes X No (1). Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (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 Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for ☐ Yes 🛣 No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A 5b Organizations relying on a current notice regarding disaster assistance, check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained __ Yes [__] No expenditure responsibility for the grant? N/A If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? 6b X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/AInformation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (e) Expense account, other (c) Compensation (If not paid, (a) Name and address enter -0allowances SEE STATEMENT 8 0 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation allowances NONE

Form **990-PF** (2017)

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

EVENTIDE FOUNDATION, INC.		
orm 990-PF (2017) C/O CUMMINGS, LAMONT & MCNAM		1413998 Page 7
Part VIII Information About Officers, Directors, Trustees, F. Paid Employees, and Contractors (continued)	oundation Managers, Highly	
<u></u>	- A BLONE II	
3 Five highest-paid independent contractors for professional services. If non (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(B) Type of Service	(C) Compensation
NONE		
		
ΦΓΟ 000 fr		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include releva	ant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research pa	pers produced, etc.	Expenses
1 N/A		
		<u></u>
2		
		<u> </u>
3		_
		-
4		
		=
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax	x year on lines 1 and 2.	Amount
1N/A		
		4
	 	
		-
All other program-related investments. See instructions.		
3		}
]
		1
		4
		4
		1

Total, Add lines 1 through 3

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P	art X , Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions.)
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	1,647,875.
b	Average of monthly cash balances	1b	1,647,875. 2,143.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,650,018.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,650,018.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	24,750.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,625,268.
6	Minimum investment return. Enter 5% of line 5	6	_81,263.
<u>P</u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here ☐ and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	81,263.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,048.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	80,215.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	80,215.
6	Deduction from distributable amount (see instructions)	6	_ 0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	80,215.
P	art XII Qualifying Distributions (see instructions)	-	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	102,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		,
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	102,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	1,048.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	100,952.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	aualifies f	or the section

EVENTIDE FOUNDATION, INC. C/O CUMMINGS, LAMONT & MCNAMEE, PA

Page 9 Part XIII Undistributed Income (see instructions) (b) (c) (d) 2016 Corpus Years prior to 2016 2017 1 Distributable amount for 2017 from Part XI. 80,215. line 7 2 Undistributed income, if any, as of the end of 2017 0. a Enter amount for 2016 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2017: 4,407. a From 2012 **b** From 2013 21,611. c From 2014 12,844 d From 2015 e From 2016 21,429. 60,291 f Total of lines 3a through e 4 Qualifying distributions for 2017 from 102,000. Part XII, line 4: ► \$ 0 a Applied to 2016, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 80,215 d Applied to 2017 distributable amount 21,785 e Remaining amount distributed out of corpus 0. Excess distributions carryover applied to 2017 0 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: 82,076 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 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 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2016. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must 0. 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 0 may be required - see instructions) Excess distributions carryover from 2012 4,407 not applied on line 5 or line 7 9 Excess distributions carryover to 2018. 77,669 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 21,611. a Excess from 2013 b Excess from 2014 12,844 c Excess from 2015 21,429 d Excess from 2016

e Excess from 2017

785

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Form 990-PF (2017) C/O CUI	MMINGS, LAMO	NT & MCNAME	E, PA		.413998 Page 10
Part XIV Private Operating			-A, question 9)	N/A	
1 a If the foundation has received a ruling foundation, and the ruling is effective for					,
b Check box to indicate whether the four	•	-	in caction	4942(j)(3) or	4942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	y touridation described	Prior 3 years] 4942(J)(3) UI L	4342())(3)
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for				 	1///
each year listed					
b 85% of line 2a			 		
c Qualifying distributions from Part XII;			 	 	
line 4 for each year listed			,		
d Amounts included in line 2c not	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		 	 	1
used directly for active conduct of					
exempt activities				<i>'</i>	
e Qualifying distributions made directly					
for active conduct of exempt activities.			1		
Subtract line 2d from line 2c			."		
3 Complete 3a, b, or c for the			1	 	
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					1
(2) Value of assets qualifying			X	<u> </u>	
under section 4942(J)(3)(B)(I)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					u
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross		f.			1
investment income (interest,					1
dividends, rents, payments on			ļ		
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public			<u> </u>	 	
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					1
Part XV Supplementary Inf	ormation (Complet	te this part only	if the foundation	n had \$5,000 or	more in assets
at any time during	the year-see instr	uctions.)			
1 Information Regarding Foundati	ion Managers:				
a List any managers of the foundation w	ho have contributed more t	han 2% of the total cont	ributions received by the	e foundation before the	close of any tax
year (but only if they have contributed	more than \$5,000). (See se	ection 507(d)(2).)			
NONE					
b List any managers of the foundation w			or an equally large port	ion of the ownership of	a partnership or
other entity) of which the foundation h	ias a 10% or greater interes	t.			
NONE					
2 Information Regarding Contribu	ition, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here 🕨 🔛 if the foundation					equests for funds. If
the foundation makes gifts, grants, etc	., to individuals or organiza	tions under other condit	ions, complete items 2a	, b, c, and d.	<u></u>
a The name, address, and telephone nu	mber or email address of the	e person to whom appli	cations should be addre	ssed:	
N/A					
b The form in which applications should	be submitted and informati	on and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awar	ds, such as by geographica	l areas, charitable fields,	kınds of institutions, or	other factors:	

47-1413998

Page 11

Form 990-PF (2017) C/O CUMMINGS, LAMONT & MCNAMEE, PA Part XV Supplementary Information (continued) Grant's and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to status of recipient **Amount** any foundation manager Name and address (home or business) or substantial contributor a Paid during the year ANNIE'S ANGELS 8 JANA LANE STRATHAM NH 03885 25,000. COMMUNITY CAREGIVERS OF GREATER DERRY 1B COMMONS DRIVE LONDONDERRY NH 03053 10,000. IPP (TWIN RIVERS ASSOCIATES) PO BOX 1249 MONTPELLIER, VT 05601-1249 12,000. ROCKINGHAM NUTRITION - WEALS ON WHEELS 106 NORTH ROAD BRENTWOOD, NH 03833 20,000. SOCIETY OF ST. VINCENT DE PAUL PO BOX 176 EXETER NH 03833-0176 25 000. SEE CONTINUATION SHEET(S) ▶ 3a 102 000. **b** Approved for future payment NONE

≥ 3b

Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
8		-				
b						
			1			
	l		 	 		
·			 	 		
e	<u> </u>		 	 		
			 			
g Fees and contracts from government agencies			 	 		
2 Membership dues and assessments			ļ :			
3 Interest on savings and temporary cash	1			1		
investments			14			
4 Dividends and interest from securifies			14	39,065.		
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						
8 Gain or (loss) from sales of assets other			 	 		
than inventory	1 .		18	86,390.		
9 Net income or (loss) from special events	ļ		10	00,550.		
10 Gross profit or (loss) from sales of inventory			+			
11 Other revenue:			┼	 		
_	1					
a			┼			
b			╂			
·			┼	 		
d	<u> </u>		 	 		
40.0 hadded and an (1) (1) and (2)			 	105 455		
12 Subtotal. Add columns (b), (d), and (e)		0.	ــــــــــــــــــــــــــــــــــــــ	125,455.		
13 Total. Add line 12, columns (b), (d), and (e)				13	125,455.	
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities 1	to the Acc	amplishment of Ex		t Dumoeae	····	
Line No. Explain below how each activity for which inco				<u> </u>	nlichment of	
the foundation's exempt purposes (other than			4 COINIII	Juleu importantly to the accomp	plishing or	
N/A	<u> </u>					
	·					
						
						
						
						
				· 		
						
						
						
		· · · · · · · · · · · · · · · · · · ·				
		 		- 		
						
					, Form 990-PF (2017)	

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Form 990-PF (2)	017) C/O C	MMMIN	GS,	LAMON	3 7	MCN	MEE.	PA		47-141	3998	Page 13
Part XVII	Information Re	gardihi	g Trar	refers to	and	Transe	ctions a	nd Relation	nships Witt	Noncha	ritable	
	Exempt Organi	ization:	3						-			
1 Did the org	panization directly or indir	ectly engai	ge in any	of the follows	no wi	th any oth	ar organizatio	on described in s	section 501(c)			Yes No
(other than	n section 501(c)(3) organ	ızations) pı	r in secti	ion 527, relatu	ig to p	political or	janizations?		•		[
s Transfers i	from the reporting founds	stion to a	oncham	able exempt o	rganiz	ration of:					1 1	·
(1) Cash					·						12(1)	X
	#S\$615	I								•	14(2)	X
b Other trans		1		,	-11					• •		
	of assets to a noncharital	ule exempt	organiza	ation							15(1)	_ X
	rases of assets from a nor									*** ***	16(2)	X
	l of facilities, equipment, i								***************************************		10(3)	X
	अपन्यताक्षा आकृतकालका						*** * **		,,,,,,,,	'	15(4)	X
	or loan guarantees										16(5)	X
	rmance of services or me									• • • • •	10(6)	X
• •	facilities, equipment, mai						-			•	1c	X
	ver to any of the above is								air market value	ot the opods		
	given by the reporting fo											u wy
) the value of the goods,					oo umu je	HIND NOT AGIT	oc () any named	Committee of State and Co	a transformer of	311014 111	
	(b) Amount involved			of noncharitah		mpi ornan	ization	(d) Descri	ption of transfers, to		L rhound on	
7	19) ratioant invalvas	<u> </u>	-	N/A		- Chr. or Son		+ 10,000	poor at a a para a, a	DETINAL ATOMIA, CETA	12.20.09.00	21/20/10/11
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		l										
	ndation directly or indirect				e Or m	nore tax-en	empt organi	izations describe	sd D		-	
in saction	501(c) (other than section	n 501(c)(3))) of in s	ection 5277						[Yes	X No
b if Yes, co	omplete the following scho		 -					-				
·	(e) Name of org	anization	_		<u> (b)</u>	Type of c	Garrication	<u> </u>	(e) Descripti	on of relation	ship	
	N/A											
					<u> </u>			<u> </u>				
				·	1_						~	
					1							
Uirder	penatties of perfusy, I declare to	that I have do	camined ti	dis roturn, and an	ing acc	combanying.	echodules and	statements, and lo	o the best of my kin	windge M	ay the IRS o	fiscuss this
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Here	Land James	115	Ca.	116		J 74	2/12	PRES	IDENT		X Yes	
Sign	lature of officer or trustee			V V - C=		.7 Date	770	Title				
	Print/Type proparer's na	me		Preparter's	signat	tuie ,		Date	Check	אוזט זו		
	BRIAN P. L	ORTIE	ı, \	1/2 =	Lj.	- [JI]	anne.	٠. برسم	self- emplo	yed		
Paid	CPA	=-	_	Millia J	4	CIM		5-8 18	. 1	PO	1266	901
Preparer	Firm's name > CUM	MINGS	, 1	AMONT	· M	CNAM	SE, P.		Firm's EIN	▶ 01-0		
Use Only			•				•		}	•		-
	Firm's address > ON	E HAN	Pro	N ROAD	. 8	ATTU	306					
		ETER,			. ~				Phone no	603-7	72-3	460
		<u></u>							17 110410 110)-PF (2017)
~			- 1							'	ALC: 200	(2011)

EVENTIDE FOUNDATION, INC.

47-1413998 C/O CUMMINGS, LAMONT & MCNAMEE, PA Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor status of recipient Amount Name and address (home or business) WOMENADE OF GREATER SQUAMSCOTT PO BOX 653 STRATHAM NH 03885 10,000.

10,000.

Total from continuation sheets

FORM 990-PF DIVII	DENDS	AND INTER	EST	FROM SECUR	ITIES ST	ATEMENT	1
SOURCE GROS		CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTI NET INCO	
CAMBRIDGE TRUST 39	,065.		0.	39,065.	39,065.	39,06	65.
TO PART I, LINE 4 39	,065.		0. ====================================	39,065.	39,065.	39,06	65.
FORM 990-PF		ACCOUNTI	NG 1	FEES	ניצ	ATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) I INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
ACCOUNTING OUTSIDE SERVICES		2,495. 0.		2,495.	0.		0.
TO FORM 990-PF, PG 1, LN	16B	2,495.		2,495.	0.		0.
FORM 990-PF	OT	HER PROFES	SIO	NAL FEES	នា	ATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) I INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
TRUST MANAGEMENT FEES		18,143.		18,143.	0.		0.
TO FORM 990-PF, PG 1, LN 3	16C	18,143.		18,143.	0.		0.
FORM 990-PF		OTHER E	XPE	NSES	Si	ATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) I INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
INSURANCE LICENSES AND PERMITS BANK CHARGES		1,584. 85. 18.		0. 0. 0.	0. 0. 0.		0.
MO HODY 000 DE DO 1 THE		1,687.					
TO FORM 990-PF, PG 1, LN 2	43	1,00/.		0.	0.		0.

Y GOVERNMEN'I	OBLIGATIONS	STATEMENT 5
	BOOK VALUE	FAIR MARKET VALUE
х	10,451.	10,451.
	10,451.	10,451.
OBLIGATIONS		
.0A	10,451.	10,451.
RATE STOCK		STATEMENT 6
	BOOK VALUE	FAIR MARKET VALUE
	1,219,796.	1,219,796.
.0в	1,219,796.	1,219,796.
RATE BONDS		STATEMENT 7
	BOOK VALUE	FAIR MARKET VALUE
	494,474.	494,474.
	474,474.	474,474.
	U.S. OTHER	BOOK VALUE X 10,451. 10,451. OBLIGATIONS ORATE STOCK BOOK VALUE 1,219,796. ORATE BONDS BOOK VALUE 1,219,796.

\	ST OF OFFICERS, D D FOUNDATION MANA		STATI	ement 8
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
F. BURT DIBBLE, JR. MD 106 HARBOR ROAD RYE, NH 03870	PRESIDENT 0.00	0.	0.	0.
DAVID HERROD 25 PINE STREET EXETER, NH 03833	CLERK 0.00	0.	0.	0.
PETER DATILLO 65 GILES ROAD E. KINGSTON, NH 03827	0.00	0.	0.	0.
BRIAN LORTIE 1 HAMPTON ROAD #306 EXETER, NH 03833	0.00	0.	0.	0.
PATRICIA QUALTER 36 OAKLAND ROAD EXETER, NH 03833	0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.