Form **990-PF** 

### **Return of Private Foundation**

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

2017

			ructions and the latest ii		Open to Public Inspection
For calendar year 2017 or tax year beginning	DEC 8	3, 2017	, and ending	DEC 31, 2017	
Name of foundation	3 M T O M			A Employer identification	number
THE PLACEHOLDER FOUND				02 2602710	ı
C/O HEMENWAY TRUST CO			Room/suite	82-3683719	<u> </u>
Number and street (or P O box number if mail is not delive	ered to street add	ress)	'	B Telephone number 603-913-80	122
25 PELHAM ROAD			401	<del></del>	
City or town, state or province, country, and ZIP of SALEM, NH 03079	or toreign posta	II CODE		C if exemption application is p	ending, check here
		I had a factor of a fa		- B 1 Favores avecasization	a shook hara
		Amended return	ormer public charity	D 1. Foreign organizations	s, check here
Final return		Name change		Foreign organizations me check here and attach co	eeting the 85% test,
H Check type of organization: X Section 5		ot private foundation		7	
Section 4947(a)(1) nonexempt charitable tr		er taxable private founda	ation	E If private foundation sta under section 507(b)(1	
	Accounting i		Accrual	┥ '``	•
(from Part II, col (c), line 16)		(specify)	Accidal	F If the foundation is in a under section 507(b)(1	
\$ 4,990,012.	Part I. column (	d) must be on cash basi	s.)	under section sor(b)( r	)(D), CHECK HOIC
Part I Analysis of Revenue and Expenses		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (c) necessarily equal the amounts in column (a))	d) may not	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., receive	d	5,000,213.	( )	§ N√A	
2 Check I if the foundation is not required to att	,—	13. 3.			
3 Interest on savings and temporary cash investments	Lacin delli p		*		W Sy
4 Dividends and interest from securities	-				
5a Gross rents	<u> </u>			<del> </del>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Net rental income or (loss)	<u> </u>			(5)	A 34
62 Not some or floors) from sole of accepts not on line	10	<del>*************************************</del>			1.00
b Gross sales price for all assets not on line 6a 7 Capital gain net income (from Part IV, line 2)		· .		* * * * * * * * * * * * * * * * * * * *	<b>***</b>
7 Capital gain net income (from Part IV, line 2)			0	REG	FIVED: I
8 Net short-term capital gain	ļ	- 4 ·			
9 Income modifications		` % . \$ . \$	12 N	MAY	7 2018 0
10a Gross sales less returns and allowances		1 11	<u>*</u>	S SI WITH	S
b Less Cost of goods sold	3 %		***	11.	<u></u>
c Gross profit or (loss)			× **:	OGD	EN. UT
11 Other income					Min Min N
12 Total. Add lines 1 through 11		5,000,213.	0		
13 Compensation of officers, directors, trustees, e	tc	0.	0	•	0.
14 Other employee salaries and wages	<u> </u>				<u> </u>
15 Pension plans, employee benefits	_				ļ
16a Legal fees STM b Accounting fees	.T 1  _	5,000.	0	<u> </u>	0.
b Accounting fees	" ,	7 200	2 (11		2 644
c Other professional fees STM	.T 2	7,288.	3,644	•	3,644.
17 Interest	<b>)</b>			<del></del>	<del> </del>
18 Taxes	<u> </u>	<del></del>	<del></del>	<del></del>	
19 Depreciation and depletion	ļ			<del> </del>	****
E 20 Occupancy				<del></del>	<del> </del>
Y 21 Travel, conferences, and meetings	<del> </del>	<del></del>			
22 Printing and publications	$\vdash$	<del></del>		<del> </del>	<del> </del>
c Other professional fees STM  17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses Add lines 13 through 23	$\vdash$	<del></del>			<del>                                     </del>
24 Total operating and administrative expenses Add lines 13 through 23		12,288.	3,644		3,644.
expenses Add lines 13 through 25  25 Contributions, gifts, grants paid	<del> </del>	0.	3,044		0.
26 Total expenses and disbursements.	<del> </del>		*	*	+
Add lines 24 and 25	1	12,288.	3,644	.1	3,644.
27 Subtract line 26 from line 12:	**		3,011	<del>†                                    </del>	
2 Excess of revenue over expenses and disburse	ments	4,987,925.			, *
b Net investment income (if negative enter-		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0		*
c Adjusted net income (if negative enter -0-)	<u> </u>			N/A	*,*
702501 01 02 18 HA For Panerwork Reduction		on instructions		1	Form <b>990-PF</b> (2017)

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		Balance Sheets Attached schedules and amounts in the description rolling should be for end of year amounts only	Beginning of year	End o	f year
Р	aπ	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments		6,362.	6,362.
	3	Accounts receivable ▶			* * * * * * * * * * * * * * * * * * *
		Less; allowance for doubtful accounts			
	4	Pledges receivable		-	
		Less; allowance for doubtful accounts			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	,	. *	ží.
	_	Less: allowance for doubtful accounts		-	<del></del>
Assets		Inventories for sale or use			
Ass		Prepaid expenses and deferred charges	0.	4,981,563.	4,983,650.
-		Investments - U.S. and state government obligations STMT 3		4,501,505.	4,000,000.
		Investments - corporate stock			
	۱	Investments - corporate bonds			
	<b>!</b> ''	Investments - land, buildings, and equipment basis			à Màidit
	12	Less accumulated depreciation Investments - mortgage loans		<del></del>	
	l	Investments - other			
	l	Land, buildings, and equipment; basis	2.2.1	<b>1</b>	
	` `	Less accumulated depreciation	£5 1/2. 26	11 /2 no	(30 .4 )
	15	Other assets (describe >			
	_	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0.	4,987,925.	4,990,012.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iabi	21	Mortgages and other notes payable			
	22	Other liabilities (describe )			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ý		and complete lines 24 through 26, and lines 30 and 31.			15 **
Balances		Unrestricted			
ala		Temporarily restricted			i i
Net Assets or Fund Ba	26	Permanently restricted			{
		Foundations that do not follow SFAS 117, check here			
	۱,,	and complete lines 27 through 31.	0.	0.	
	27	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	28 29	Retained earnings, accumulated income, endowment, or other funds	0.	4,987,925.	
	30	Total net assets or fund balances	0.	4,987,925.	1
	30	Total liet assets of fund balances		1,30,,323	
	31	Total liabilities and net assets/fund balances	0.	4,987,925.	
Ξ			·		<u> </u>
<u>LP</u>	art	Analysis of Changes in Net Assets or Fund E	salances		
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	•	st agree with end-of-year figure reported on prior year's return)		1	0.
		r amount from Part I, line 27a		2	4,987,925.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	4,987,925.
		eases not included in line 2 (itemize)		5	4 007 005
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	4,987,925.

# THE PLACEHOLDER FOUNDATION

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(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)					How ac - Purc - Dona	nase i ·	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b NON	E							
<u>C</u>				<u> </u>				
d				<u> </u>				
<u>e</u>	(n.b	. 1		<u>L</u> ,				<u> </u>
(e) Gross sales price	(f) Depreciation allowe (or allowable)		ost or other basis expense of sale			(	(h) Gain or (los (e) plus (f) minus	
3								
<u>b</u>								
d d								<del></del>
e								
Complete only for assets showing	dain in column (h) and ov	vned by the foundation	on on 12/31/69			(1) (	Caine (Col. (b) gain	3 minus
- Complete only for assets showing	(j) Adjusted basis	<u> </u>	excess of col. (i)			col. (	Gains (Col. (h) gai k), but not less tha	an -0-) <b>or</b>
(i) FMV as of 12/31/69	as of 12/31/69		er col (j), if any			,	Losses (from col.	(h))
a								·
b								<del></del>
C								<del></del>
d								·
e								
	( If gain, a	lso enter in Part I, line		7				
2 Capital gain net income or (net capit		enter -0- ın Part I, lın		}	2			
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8								
Part V Qualification Un	der Section 4940	e) for Reduce	d Tax on Net	lnv	estn	nent Inco	me	
If section 4940(d)(2) applies, leave this  Was the foundation liable for the sectio  If "Yes," the foundation doesn't qualify to  The Enter the appropriate amount in each	n 4942 tax on the distribuunder section 4940(e) Do	not complete this pa	rt					Yes No
(a) Base period years		(b)	1	(c)				(d)
Calendar year (or tax year beginning	1	ying distributions	Net value of no			use assets	Distr (col (b) d	(d) bution ratio vided by col. (c))
2016	· · · · · · · · · · · · · · · · · · ·							<del></del>
2015			<del>                                     </del>				-	
2013			<del>                                     </del>				1	·
2012			<del> </del>					
		•		-	···-		<u> </u>	
2 Total of line 1, column (d)							2	
3 Average distribution ratio for the 5-y	ear base period - divide th	ne total on line 2 by 5	.0, or by the numb	er of y	ears			*** * ***
the foundation has been in existence		, -		,	-		3	
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5						4		
4 Cittor the net value of nononanable	430 433013 101 20 17 110111	Tarry, mic 5						
5 Multiply line 4 by line 3							5	
6 Enter 1% of net investment income (1% of Part I, line 27b)							6	
7 Add lines 5 and 6							7	
8 Enter qualifying distributions from P	art XII, line 4						8	
If line 8 is equal to or greater than lin See the Part VI instructions.	ne 7, check the box in Part	t VI, line 1b, and com	plete that part using	g a 1%	% tax r	ate.	-	

## THE PLACEHOLDER FOUNDATION

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Part VI Excise Tax Based on Investment Income (Section 4	940(a), 4940(b), 4940(e), o	r 4948	- see instructions)
1a Exempt operating foundations described in section 4940(d)(2), check here  ar	nd 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 here	■ and enter 1%	1	0.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ente	r 4% of Part I, line 12, col. (b).		·
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only	r; others, enter -0-)	2	0.
3 Add lines 1 and 2	•	3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations onl	y; others, enter -0-)	4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	,	5	0.
6 Credits/Payments:			7,*
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	).l	
<b>b</b> Exempt foreign organizations - tax withheld at source		5.1	
c Tax paid with application for extension of time to file (Form 8868)		5.	
d Backup withholding erroneously withheld		5.	
7 Total credits and payments. Add lines 6a through 6d	L I	7	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attached	8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶ 9	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpai	d	10	<del> </del>
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded		
Part VII-A Statements Regarding Activities	neidided	1 11	<u></u>
1a During the tax year, did the foundation attempt to influence any national, state, or local li	egislation or did it participate or interv	ene in	∛ Yes No
any political campaign?	sglotation of the repartitionpate of linterv	3110 111	1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pur	rnoses? See the instructions for the d	efinition	1b X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copi	•	J.III.II.	
distributed by the foundation in connection with the activities	oo or any materials published of		
c Did the foundation file Form 1120-POL for this year?			1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the year		
(1) On the foundation. > \$ 0 • (2) On foundation manage	•	).	1, 1
e Enter the reimbursement (if any) paid by the foundation during the year for political expe		<u> </u>	"
managers. > \$ 0.	matare tax imposed on roundation		
2 Has the foundation engaged in any activities that have not previously been reported to the	ne IRS2		2 X
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	na instrument, articles of incorporatio	n or	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ng manument, arnoles of meorporatio	ii, 0i	3 X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the	vear?		4a X
b If "Yes," has it filed a tax return on Form 990-T for this year?	y can ·	N	/A 4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ar?		5 X
If "Yes," attach the statement required by General Instruction T			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfie	d either:		
By language in the governing instrument, or	d Citici.		
By state legislation that effectively amends the governing instrument so that no manda	itory directions that conflict with the s	tata law	
remain in the governing instrument?	nory directions that connict with the s	iale iaw	6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	mplete Dort II. and Johnst VV		7 X
7 Did the foundation have at least 40,000 in assets at any time during the year? If Tes, CC	implete Fait II, coi. (c), and Fait XV		/   A
8a Enter the states to which the foundation reports or with which it is registered. See instrui	otions -		
NH, VT	Litoris.		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	a Attornay Canaral (as decisasts)		
of each state as required by General Instruction G2 If "No," attach explanation	e Automey General (or designate)		a Sit administrate
, -	Footbon 4049(A/9) == 4049(A/F) f	mlamata	8b X
9 Is the foundation claiming status as a private operating foundation within the meaning of year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," or		aiendar	
year 2017 of the tax year deginining in 2017? See the instructions for Part XIV. If Yes, of 10. Did any persons become substantial contributors during the tax year? If "Yes" attach a sch		стит	9 X Z
bit any persons become substantial contributors during the tax year? If "Yes" attach a sch	edute listing their names and addresses	STMT	4 10 X

Part VII-A   Statements negarding Activities (continued)		Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			Ι
section 512(b)(13)? If "Yes," attach schedule. See instructions	11	<u> </u>	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privi		Ì	١.,
If "Yes," attach statement. See instructions	12	1 37	<u>  X</u>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
Website address ► N/A  14 The books are in care of ► HEMENWAY TRUST COMPANY, LLC  Telephone no. ►	602 012 0	<u> </u>	
	P+4 ►03079		<del></del>
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	U U U U U U U U U U U U U U U U U U U		
	15   I	1/A	
6 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	10	Yes	No
securities, or other financial account in a foreign country?	16	103	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	"	1 1/2	1233
foreign country	ž	. 1	
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	\ <b>`</b>	7 22	2 4 388
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	3	Yes	No
1a During the year, did the foundation (either directly or indirectly):	<b>*</b>	1	. 18. 5
	X No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	X No	1 1	
· · · · · · · · · · · · · · · · · · ·	X No		
	X No		<i>≥</i> %
(5) Transfer any income or assets to a disqualified person (or make any of either available			
	X No		
(6) Agree to pay money or property to a government official? (Exception. Check "No"		170	
if the foundation agreed to make a grant to or to employ the official for a period after			
	X No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u></u>		
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A 1b	3	1/38 1
Organizations relying on a current notice regarding disaster assistance, check here		+	1.3
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			1
before the first day of the tax year beginning in 2017?	1 s		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	- 10		
defined in section 4942(j)(3) or 4942(j)(5)):	1 %		13
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	X No		
If "Yes," list the years ▶ , , , ,		1 1	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			1
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
statement - see instructions.)	N/A 2b	127% -	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	11, 12	1	+
hat provided to contain to the (a)(2) are coming approve to any or the years noted in 2a, not the years note.	}	1	1
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1	1	1
	X No	12 💃	17175
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		1.00	1 3
May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispressional dispression and the first period approved by the Commissioner under section 4943(c)(7)) to dispression and the first period approved by the Commissioner under section 4943(c)(7)) to dispression and the first period approved by the Commissioner under section 4943(c)(7)) to dispression and the first period approved by the Commissioner under section 4943(c)(7)) to dispression and the first period approved by the Commissioner under section 4943(c)(7) to dispression and the first period approved by the Commissioner under section 4943(c)(7) to dispression and the first period approved by the Commissioner under section 4943(c)(7) to dispression and the first period approved by the Commissioner under section 4943(c)(7) to dispression and the first period approved by the Commissioner under section 4943(c)(7) to dispression and the first period approved by the Commissioner under section 4943(c)(7) to dispression and the first period approved by the Commissioner under section 4943(c)(7) to dispression and the first period approved by the Commission and the first period approximate a	nse .		1
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,	ose		
Form 4720, to determine if the foundation had excess business holdings in 2017.)	N/A 3b	3x . "	14.34
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	+	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose the		+	+==
had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		x
need met describing to the met of	Form <b>99</b>	L DE	

Sa During the year, dut the foundation pay or incer any amount to:   (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?   Vee
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?  (4) Provide a grant to an individual for travel, study, or other similar purposes?  (5) Provide a grant to an individual for travel, study, or other similar purposes?  (6) Provide a grant to an individual for travel, study, or other similar purposes?  (7) Provide a grant to an individual for travel, study, or other similar purposes?  (8) Provide for any purpose other than religious, charitable, etc., organization described in section  (9) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (9) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (9) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  (1) If an activities in the statement requestion of disaster assistance? See instructions  (1) If an activities in the statement requered by Regulations section 53.4945-5(d).  (8) And the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  (1) Yes 1 Oh, the Form 8870.  (2) A Atlary time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  (1) If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  (1) If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  (1) If Yes, did the foundation during the year, pay permiums, directly or indirectly, to pay premiums on a personal benefit contract?  (1) If Yes, and the foundation, during the year, pay permium in the year
any voter registration drive?  (3) Provide a grant to an undividual for travel, study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(6)(4)(4)(5) See instructions  (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly 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 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 expenditure responsibility for the grant?  If Yes', attach the statement required by Regulations section 53,4945-5(d).  6a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes' a Side high Formation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address of available to the transaction?  FRUSTEE  1 DIA Compensation (Compensation (Internation and extension) of the properties of the pr
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86 Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  1 Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  1 If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  2 If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address  (a) Name and address  (b) Title, and average hours year week devoted to position with the paid, enter -0-)  2 BAYVIEW STREET  BURLINGTON, VT 05401  2.00  0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.
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74 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address (b) Title, and average hours per week devoted to position  TRUSTEE  BURLINGTON, VT 05401  2.00  TRUSTEE  BURLINGTON, VT 05401  2.00  TRUSTEE  25 PELHAM ROAD, SUITE 401  SALEM, NH 03079  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Combensation to the implementation account, other account, other account, other account, other account, other accounts and deferred accounts. The part of the implementation accounts accounts accounts and deferred accounts. The part of the implementation accounts accounts accounts accounts accounts and deferred accounts accounts accounts accounts and deferred accounts and accounts accounts accounts and deferred accounts and accounts accounts accounts and deferred accounts and accounts and deferred accounts and accounts and accounts accounts and deferred accounts accounts and deferred accounts and deferred accounts and accounts and accounts accounts and deferred accounts accounts and deferred accounts and deferred accounts and accounts accounts and deferred accounts accounts and deferred accounts and accounts accounts and accounts and accounts accounts and accounts accounts accounts and accounts accounts accounts and accounts and accounts and accounts accounts and accounts accounts accounts and accounts accounts accounts accounts and acc
74 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation.  (a) Name and address (b) Title, and average hours per week devoted to position  TRUSTEE  BURLINGTON, VT 05401  2.00  TRUSTEE  BURLINGTON, VT 05401  2.00  TRUSTEE  25 PELHAM ROAD, SUITE 401  SALEM, NH 03079  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Combensation to the implementation account, other account, other account, other account, other account, other accounts and deferred accounts. The part of the implementation accounts accounts accounts and deferred accounts. The part of the implementation accounts accounts accounts accounts accounts and deferred accounts accounts accounts accounts and deferred accounts and accounts accounts accounts and deferred accounts and accounts accounts accounts and deferred accounts and accounts and deferred accounts and accounts and accounts accounts and deferred accounts accounts and deferred accounts and deferred accounts and accounts and accounts accounts and deferred accounts accounts and deferred accounts and deferred accounts and accounts accounts and deferred accounts accounts and deferred accounts and accounts accounts and accounts and accounts accounts and accounts accounts accounts and accounts accounts accounts and accounts and accounts and accounts accounts and accounts accounts accounts and accounts accounts accounts accounts and acc
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25 BAYVIEW STREET  BURLINGTON, VT 05401  HEMENWAY TRUST COMPANY, LLC  25 PELHAM ROAD, SUITE 401  SALEM, NH 03079  2.00  0.0.0.  0.0.0.0.  2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and delerred compensation and delerred compensation allowances
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NONE devoted to position compensation allowances
NONE
Total number of other employees paid over \$50,000

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C/O HEMENWAY TRUST COMPANY, LLC

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, ente	· · · · · · · · · · · · · · · · · · ·	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	_	
		<del></del>
<del></del>	$\dashv$	
	$\dashv$	
	<del></del>	<del></del>
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		-, 1
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	tical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers prod	duced, etc.	Expenses
N/A		
B		
l		
Det IV®D O		
Part IX Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
N/A	lilles Tand 2.	Amount
N/A		
	<del></del>	
All other program-related investments. See instructions		
The other program coulous invocations. God instructions	ĺ	
otal. Add lines 1 through 3		0

Form **990-PF** (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions )
<del>1</del>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a		1a	2,491,825.
b	Average of monthly cash balances	1b	2,491,825. 3,181.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,495,006
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	2,495,006.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	37,425
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,457,581.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	8,081.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6		8,081
2a	Tax on investment income for 2017 from Part VI, line 5	<del></del>	
b	Income tax for 2017. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	8,081.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,081.
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	8,081.
<u> </u>	art≹XII Qualifying Distributions (see instructions)	<u> </u>	
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	3,644.
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:	3.	
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	3,644.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,644.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for	the section

Form **990-PF** (2017)

Part XIII Undistributed Income (	see instructions)	тит, ппс	02-	-3003/13 Fage:
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2016	2016	2017
1 Distributable ámount for 2017 from Part XI, line 7				8,081
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only	L	`*	0.	,
b Total for prior years:				
3 Excess distributions carryover, if any, to 2017:	7	0.		
a From 2012		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>\_</b> *	
<b>b</b> From 2013			₹ *\	′
c From 2014	1 (4)			, , ,
<b>d</b> From 2015	1 🐧			
eFrom 2016	1			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from	9	<b>11</b>	\$ 's \$	1: 1.0%
Part XII, line 4 $\triangleright$ \$ 3,644.				
a Applied to 2016, but not more than line 2a			0.	1
<b>b</b> Applied to undistributed income of prior				(4)
years (Election required - see instructions)		0.	1. %.	* *
c Treated as distributions out of corpus			1 1	17.
(Election required - see instructions)	0.		, ,	
d Applied to 2017 distributable amount	3 3	71.	* * .	3,644
e Remaining amount distributed out of corpus	0.	A: NA		8 11
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d) the same amount	0.		\$\$ 20 J	0
must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:	la Mi			( ),
a Corpus Add lines 3f 4c, and 4e Subtract line 5	0.	`\$ \$%	* * * * * * * * * * * * * * * * * * * *	3 /
b Prior years' undistributed income. Subtract		,		;
line 4b from line 2b		0.	* * * * * * * * * * * * * * * * * * * *	\$
c Enter the amount of prior years' undistributed income for which a notice of	1		<b>.</b>	
deficiency has been issued, or on which	<u> </u>			), N
the section 4942(a) tax has been previously assessed	là i	0.		
dSubtract line 6c from line 6b. Taxable		0.	<b>3.</b> 4	
amount - see instructions		0.	, <b>\</b>	
e Undistributed income for 2016. Subtract line	*			
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract			* *	· × & & .
lines 4d and 5 from line 1. This amount must			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
be distributed in 2018				4,437.
7 Amounts treated as distributions out of	44.44		12 8 10 10	
corpus to satisfy requirements imposed by				,
section 170(b)(1)(F) or 4942(g)(3) (Election			· · ·	, , , , , , , , , , , , , , , , , , ,
may be required - see instructions)	0.		, & * , , ,	•
8 Excess distributions carryover from 2012			6 % )	* ;; , *
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.		7 3	\$ %	1/3
Subtract lines 7 and 8 from line 6a	0.		<u> </u>	*,
10 Analysis of line 9:	1.1	* * * * * * * * * * * * * * * * * * * *	*	
a Excess from 2013	<i>*</i> >	* *		
b Excess from 2014	·	4,	, ^	
c Excess from 2015	*	*		
dExcess from 2016				
e Excess from 2017				

THE PLACEHOLDER FOUNDATION Form 990-PF (2017) C/O HEMENWAY TRUST COMPANY, LLC 82-3683719 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (e) Total (a) 2017 (c) 2015 (b) 2016 (d) 2014 income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) JAN L. BLOMSTRANN b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here  $\triangleright X$  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed b The form in which applications should be submitted and information and materials they should include.

723601 01 03-18

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

c Any submission deadlines.

C/O HEMENWAY TRUST COMPANY, LLC

82-3683719 Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation status of recipient show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year NONE ▶ 3a 0. b Approved for future payment NONE Total 0. Form **990-PF** (2017)

### Form 990-PF (2017)

Part XVI-A	Analysis o	f Income-Producing	<b>Activities</b>
------------	------------	--------------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Exclu	uded by section 512, 513 or 514	(e)
1 Program service revenue:	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	code		code	711100111	Tundion moonid
			<u> </u>		
			-		
	<b> </b>				
e			$\vdash$		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			$\vdash$		
3 Interest on savings and temporary cash			$\vdash$		
investments					
4 Dividends and interest from securities			<u> </u>		
5 Net rental income or (loss) from real estate:		\$ 74 <b>\$</b>	<del> </del>	<i>®</i> ; :3	. Sk
a Debt-financed property	****	***	<del>                                     </del>	^/ × 3	y 34.55
b Not debt-financed property			<del>                                     </del>		<u>" — — </u>
6 Net rental income or (loss) from personal			<del>                                     </del>		
property			-		
7 Other investment income					
8 Gain or (loss) from sales of assets other			<u> </u>		
than inventory					
9 Net income or (loss) from special events		-			
10 Gross profit or (loss) from sales of inventory		· · · · · · · · · · · · · · · · · · ·	† · · · ·		
11 Other revenue:					<del>-</del>
a					
b			•		
С					
d			İ		
e					
12 Subtotal Add columns (b), (d), and (e)	₹ %	0.	, ÷	0.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which incor				<u>-</u>	nnlishment of
the foundation's exempt purposes (other than I	by providing fu	inds for such purposes).		outou importantly to the door	inplication of
		· · · · · · · · · · · · · · · · · · ·			
			-		<del></del>
				<u> </u>	
				<del>"</del>	
				· ·	
	·				

### THE PLACEHOLDER FOUNDATION

Form 990-PF (	(2017) C/O F	HEMENWAY	TRUST	COMPAN	Y, LLC		82-3	683719	Pa	age 13
Part XVII			ransfers to	and Trans	sactions a	nd Relations	ships With None	charitable	•	
4 D. J. L.	Exempt Organ					<del></del>		<del></del>	IV	l NI =
	organization directly or ind					in described in sei	ction 501(c)		Yes	NO
	an section 501(c)(3) orga s from the reporting found				-					
(1) Cas		anon to a nonche	aniabic excilipt	i organization or	•			1a(1)		х
• •	er assets							1a(2)		X
<b>b</b> Other tra								1.0(2)	t	<del> </del>
	es of assets to a noncharita	able exempt orga	nızatıon					16(1)		X
	chases of assets from a no	. •		n				1b(2)	+	X
• •	tal of facilities, equipment,		F 9					1b(3)		X
(4) Reir	nbursement arrangements	S						1b(4)		X
(5) Loai	ns or loan guarantees							1b(5)		X
(6) Perf	formance of services or m	embership or fun	draising solicita	ations				1b(6)		X
c Sharing	of facilities, equipment, ma	ailing lists, other a	assets, or paid	employees				1c		X
<b>d</b> If the ans	swer to any of the above is	"Yes," complete	the following s	chedule. Columi	n ( <b>b)</b> should alv	vays show the fair	market value of the go	ods, other as	sets,	
	es given by the reporting t				fair market valu	e in any transactio	on or sharing arrangem	ent, show in		
	(d) the value of the goods,									
(a)Line no	(b) Amount involved	(c) Name of noncharitable exempt organization			(d) Description	on of transfers, transactions	s, and sharing a	rangeme	ents	
		<del> </del>	N/A	3						
	·	<del> </del>								
		<del> </del>	· · · ·							
		<del> </del>			····			<del></del>		
							····			
	<del></del>	<del> </del>								
- +		<del>                                     </del>								
		<u> </u>								
								•		,
							<del>- ,·</del>	-		
L_										
	andation directly or indirec				exempt organiz	ations described			r==	_
	n 501(c) (other than section		n section 527?					Yes	X	] No
b If "Yes," c	complete the following sch			(h) Tung of	organization I		(a) Description of rela	tionahin		
	(a) Name of org	Janization		(o) Type of	organization		(c) Description of rela	tionship		
	N/A			<del></del>			·			
	· · · · · · · · · · · · · · · · · · ·									
						··	· · · · · · · · · · · · · · · · · · ·			
Unde	er penalties of perjury, I declare	that I have examine	d this return, inclu	uding accompanyin	g schedules and :	statements, and to th	e best of my knowledge			
Sign and b	pelief, it is true, correct, and cor	mplete Declaration o	of preparer (other	than taxpayer) is b	ased on all inform	ation of which prepar	er has any knowledge	May the IHS or return with the shown below	e prepar	er
Here	del	1	$\supset$	15/	11/2018	TRUST	EE	X Yes		] No
Sig	nature of officer or trustee	;		Date	1.10000	Title				
	ent/Type preparer's na	ame	Preparer's	s signature	$\overline{}$	Date	Check if P	TIN		
			( )	lan 1	[]		self- employed			
Paid		ERARD	~~~	Merca	<u> </u>	05/08/18		P00969		
Preparer	Firm's name ► AND	ERSEN TA	AX, LLC	200-	-		Firm's EIN ▶ 33	-11973	84	

Form **990-PF** (2017)

Phone no. (617) 292-8400

Use Only

Firm's address ▶ 125 HIGH STREET, 16TH FLOOR BOSTON, MA 02110

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Employer identification number

THE PLACEHOLDER FOUNDATION C/O HEMENWAY TRUST COMPANY 82-3683719 LLC Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II │ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III 🔟 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
THE PLACEHOLDER FOUNDATION
C/O HEMENWAY TRUST COMPANY, LLC

Employer identification number

82-3683719

Part I	Contributors (see instructions) Use duplicate copies of Part I	of additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAN L. BLOMSTRANN  25 BAYVIEW STREET  BURLINGTON, VT 05401	\$ 4,981,563.	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JAN L. BLOMSTRANN  25 BAYVIEW STREET  BURLINGTON, VT 05401	s18,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11 0	1 17	\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2017)

Name of organization
THE PLACEHOLDER FOUNDATION
C/O HEMENWAY TRUST COMPANY, LLC

Employer identification number

C/O HEMENWAY TRUST COMPANY, LLC 82-3683719 Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) 5,000,000 QTY. U.S. TREASURY BILL 03/29/2018 1 4,981,563. 12/19/17 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

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

723453 11-01-17

FORM 990-PF	LEGAL	FEES			STATEMENT	1	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM			
LEGAL FEES	5,000.	0.				0.	
TO FM 990-PF, PG 1, LN 16A	5,000.	0.				0.	
FORM 990-PF (	OTHER PROFES	SIONAL FEI	ES		STATEMENT	2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM			
TRUSTEE FEES	7,288.	3,644.			3,6	44.	
TO FORM 990-PF, PG 1, LN 16C	7,288.	3,644.			3,6	3,644.	
FORM 990-PF U.S. AND S	STATE/CITY G	OVERNMENT	OBLI	GATIONS	STATEMENT	3	
DESCRIPTION	U.S GOV''		вос	OK VALUE	FAIR MARKE	т	
US OBLIGATIONS	x		4,981,563.		4,983,650.		
TOTAL U.S. GOVERNMENT OBLIGATIONS				,981,563.	4,983,650.		
TOTAL STATE AND MUNICIPAL GOV	ERNMENT OBL	IGATIONS -					
TOTAL TO FORM 990-PF, PART II	LINE 10A	_	4	,981,563.	4,983,6	50.	

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

NAME OF CONTRIBUTOR

ADDRESS

JAN L. BLOMSTRANN

25 BAYVIEW STREET BURLINGTON, MA 05401