Form **990-PF**

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

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

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

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

2017
Open to Public Inspection

| Fo | cale | ndar year 2017 or tax year beginning AUG | 1, 2017 | , and ending | DEC 31, 2017 | 1 |
|----------------|------------|---|--|--|--|--|
| _ | | f foundation | | | A Employer identification | |
| - | | | MILY | | | |
| | | NDATION | | | 82-6396136 | 1 |
| Nı | ımber | and street (or P O box number if mail is not delivered to stree | t address) | Room/suite | B Telephone number | |
| | 20 | LONG MEADOW ROAD | | | 207-878-82 | 195 |
| | | town, state or province, country, and ZIP or foreign p | ostal code | | C If exemption application is p | pending check here |
| | - | | 4110 | | | j |
| G | Chec | k all that apply: X Initial return | Initial return of a f | ormer public charity | D 1 Foreign organizations | s, check here |
| | | Final return | Amended return | | _ | |
| | | Address change | Name change | 1 | Foreign organizations me check here and attach co | eeting the 85% test, proputation |
| Н | Chec | k type of organization X Section 501(c)(3) e | xempt private foundation | OU | TE If private foundation sta | tus was terminated |
| | s | ection 4947(a)(1) nonexempt charitable trust | Other taxable private found | ation | under section 507(b)(1 | |
| 1 1 | air m | arket value of all assets at end of year J Account | ing method: Cash | X Accrual | F if the foundation is in a | 60-month termination |
| (| from | | ther (specify) | · | under section 507(b)(1 | |
| | <u>►\$</u> | 85,593. (Part I, colu | nn (d) must be on cash bas | is) | | |
| į.P. | art | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements for charitable purposes |
| | | necessarily equal the amounts in column (a)) | expenses per books | ıncome | income | (cash basis only) |
|) | 1 | Contributions, gifts, grants, etc., received | 5,274. | | N/A | |
|) | 2 | Check If the foundation is not required to attach Sch. B | | | | |
| _ | 3 | Interest on savings and temporary cash investments | | | | |
| 1 | 4 | Dividends and interest from securities | 137. | 137. | | STATEMENT, 1 |
| l | 5 | a Gross rents | Salar de la 17 11 - Januar Balan ante de Ba | in the Throughly and deliberation 5 th 19th in sec 1st a | a cade tibe of the County (Mary to a 1968 on a 15- and | |
| | | Net rental income or (loss) | PART HERE | | THE COURSE OF STREET, ST. STREET, | THE PERSON LEWS IT SERVICE AND THE |
| <u>a</u> | 6 | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all Q6 630 | 83,956. | The control of the co | | |
| Revenue | | assets on line 6a | | | | CONTROL OF THE PARTY OF THE |
| á | [(| Capital gain net income (from Part IV, line 2) | | 83,956. | | |
| | 8 | Net short-term capital gain | The table of the first of the color | | | Continue of State Section 1997 |
| _ | 1 9 | Income modifications Gross sales less returns | THE RESERVED AS | INTELLEGISTER OF THE | Land Activities of the State of | |
| SCANNE | Ι. | and allowances | A SUMMENT OF THE STREET, AND T | | Maria Allanda Maria Allanda Maria | THE RESERVE OF THE PARTY OF THE |
| 5 | | D Less Cost of goods sold Cross profit or (loss) | The state of the s | | | A TEACH LEASE OF A THE OWN OF A |
| <u> </u> | J | Other income | | Pan - THE RESIDENCE OF THE RESIDENCE | | |
| Ħ | 12 | | 89,367. | 84,093. | | |
| <u> </u> | 13 | Compensation of officers, directors, trustees, etc | 0. | 0. | | 0. |
| = | 14 | Other employee salaries and wages | | | | |
| = | 15 | Pension plans, employee benefits | | | | |
| 4 0 |) I | Legal fees STMT 2 | 2,600. | 0. | - | 2,600. |
|) d | | Accounting fees RECEIVED | <u> </u> | | | |
| Expense | - | Other professional fees | | - | | |
| | | Interest $\left \begin{array}{c} \widetilde{\Omega} \\ \widetilde{\Omega} \end{array} \right $ | | | | |
| Administrative | 18 | Taxes MAY 21 2018 6 | | | | |
| TSIC. | 19 | Depreciation and depletion | | | | |
| Ē | 20 | Occupancy OCOLALITY | | | | |
| | | Travel, conferences, and meetings | | | | |
| and | 22 | Printing and publications | | | | |
| 0 | 23 | Other expenses | | | | |
| rati | 24 | Total operating and administrative | | _ | | |
| Operating | - | expenses Add lines 13 through 23 | 2,600. | 0. | C2.12 2 3 8 7 0 800303 8 7 2008 | 2,600. |
| O | 20 | Contributions, gifts, grants paid | 0. | | 非心的理论 | 0. |
| | 26 | Total expenses and disbursements | 0 505 | • | | 0.600 |
| | 1 | Add lines 24 and 25 | 2,600. | 0. | march of Constant at which a substitute of the | 2,600. |
| | 27 | Subtract line 26 from line 12; | | | | |
| | 1 | Excess of revenue over expenses and disbursements | 86,767. | | TO CALEBOOT OF A SECOND OF A S | TOTAL STATE OF THE |
| | 1 | Net investment income (if negative, enter -0-) | THE PARTY OF THE P | 84,093. | ALL AND THE SERVICE OF THE SERVICE O | CONTRACTOR OF THE STATE OF THE |
| | 0 | Adjusted net income (if negative, enter -0-) | 光·斯斯· 克·斯斯·克·拉 | THE A THE CHARGE IN COLUMN | N/A | |

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

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| Partelli Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | | Beginning of year | | of year |
|--|--|--|--|--|
| ir ai₁r | 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 | | 63,178. | 63,178. |
| 3 | Accounts receivable ► | 建筑在建筑的 | | Walter Strain The Party of the |
| | Less: allowance for doubtful accounts | Trad () to Leftward Balter, will have her | addition to the first to white | This pass day of a secondary Mary 1977 117 |
| 4 | | | | |
| 1 | Less allowance for doubtful accounts ▶ | postali, contersturbischu det im 9 t. | CHARACT CARREST CARRACT | Local delication of the second |
| 5 | Grants receivable | | | |
| 6 | Receivables due from officers, directors, trustees, and other | | <u> </u> | |
| ١ | disqualified persons | | | |
| 7 | | PACE OF THE PERSON OF THE PERS | THE TRACE AND THE | managed-character trimings at |
| 7 | | | | THE THE TAXABLE |
| | Less. allowance for doubtful accounts | | <u> </u> | |
| Assets | Inventories for sale or use | | | |
| Ass a | Prepaid expenses and deferred charges | | | |
| 108 | a Investments - U.S. and state government obligations | <u> </u> | | |
| | o Investments - corporate stock STMT 4 | 0. | 22,415. | 22,415. |
| ' | Investments - corporate bonds | | | _ |
| 11 | Investments - land, buildings, and equipment basis | | STATE OF THE | |
| | Less accumulated depreciation | | | |
| 12 | Investments - mortgage loans | | | |
| 13 | Investments - other | | | |
| 14 | Land, buildings, and equipment basis | | | |
| | Less accumulated depreciation | Prints States, Colleges Market Carl Land | THE PROPERTY OF THE PROPERTY O | ANALOGO CASACTARAS CASTAS CONTRACTOR CONTRACTOR |
| 15 | Other assets (describe > | | | _ |
| 16 | Total assets (to be completed by all filers - see the | | <u> </u> | |
| | instructions. Also, see page 1, item I) | 0. | 85,593. | 85,593. |
| 17 | Accounts payable and accrued expenses | | | |
| 18 | Grants payable | | | |
| مدا | Deferred revenue | | | |
| Liabilities 50 21 20 20 20 20 20 20 20 20 20 20 20 20 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| 를 21 | Mortgages and other notes payable | | | |
| رد ا ت | Other liabilities (describe) | · | | |
| 22 | Other liabilities (describe | | · — — · | |
| 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| - 20 | Foundations that follow SFAS 117, check here | | | |
| | and complete lines 24 through 26, and lines 30 and 31 | | | |
| se 24 | • | <u> </u> | | |
| 2 24 | Unrestricted | | | |
| 25 | Temporarily restricted | | | |
| <u>126</u> | Permanently restricted | | | |
| 등 | Foundations that do not follow SFAS 117, check here | | | |
| <u> </u> | and complete lines 27 through 31 | 0 | 0 | |
| <u>ي</u> 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| es 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | 0. | 0. | |
| Net Assets or Fund Balano 85 22 22 23 25 25 25 25 25 25 25 25 25 25 25 25 25 | Retained earnings, accumulated income, endowment, or other funds | 0. | 85,593. | |
| ≥ 30 | Total net assets or fund balances | 0. | 85,593. | |
| - } | | 0 | 05 502 | |
| 31 | Total liabilities and net assets/fund balances | 0. | 85,593. | The state of the s |
| Part | Analysis of Changes in Net Assets or Fund B | alances | | |
| 4 Tota | I not except on fixed belongs at horizons of year. Part II, polymer (a) line | 20 | | |
| | I net assets or fund balances at beginning of year - Part II, column (a), line | JU | | n |
| | st agree with end-of-year figure reported on prior year's return) | | 1 2 | 86,767. |
| | r amount from Part I, line 27a | | - | 00,707. |
| | r increases not included in line 2 (itemize) | | 3 | 86,767. |
| | lines 1, 2, and 3 | מים | A MEMENIM 3 | 1,174. |
| | eases not included in line 2 (itemize) | | ATEMENT 3 5 | 85,593. |
| 6 Tota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | numm (b), ime 30 | 6 | Form 990-PF (2017) |

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| CALLET AND MAN | | sses for Tax on Ir of property sold (for exa | | | Т(Б)Т | low acquired - Purchase | (c) Da | ate acquired | (d) Date sold |
|---|-----------------|--|---------------------|------------------------------------|---------|----------------------------|-----------------|--|----------------------------------|
| 2-story brick warehouse, of common stock, 200 sils. MLC co.) | | | | - Donation | | ., day, yr.) | (mo., day, yr.) | | |
| 1a LAUNCH ANGELS | MANAG | EMENT CO LL | C UNITS | | | D | | | |
| <u>b</u> | | ···- | | | | | - | | |
| d d | | | | | +- | <u> </u> | ļ | | |
| e | | · · · · · · · · · · · · · · · · · · · | | | ┼─ | | | | |
| (e) Gross sales price | (f) D | epreciation allowed (or allowable) | | or other basis bense of sale | _ | | |) Gain or (loss plus (f) minus (| |
| a 86,630. | | | | 2,67 | 74. | | | | 83,956 |
| b | | | | | | | | | |
| <u> </u> | ļ | | | | | | | | |
| d | <u> </u> | | | | | | | | |
| Complete only for assets shown | Ja dalu in c | olump (h) and owned by | the foundation o | n 12/31/60 | | | //\ Covers | (Col. /b) co.o. | |
| (i) FMV as of 12/31/69 | () |) Adjusted basis as of 12/31/69 | (k) Exce | ess of col. (i) ol. (j), if any | | | col. (k), bu | s (Col. (h) gain ut not less thai ses (from col. (| n -0-) o r |
| | | as 01 12/3 1/09 | Over Ci | Ji. (]), II ally | | | | | |
| <u>a</u> b | - | | | | | | | | 83,956. |
| C | | | | | | | | | |
| d | ļ <u>.</u> | | | | | | | | |
| е | | | | | | | - | | |
| 2 Capital gain net income or (net ca | anital loss) | { If gain, also enter | r in Part I, line 7 | | } | 2 | | | 83,956. |
| , | , | • | | | 7 | | | | |
| 3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8 | column (c) | | iu (o) | | } | 3 | | N/A | |
| Part V Qualification U | Inder S | ection 4940(e) for | Reduced | ax on Net | t Inv | estment l | ncome |) | |
| (For optional use by domestic private | e foundatio | ns subject to the section 4 | 4940(a) tax on n | et investment ir | ncome |) | | | N/A |
| If section 4940(d)(2) applies, leave to | hie nart hla | nk | | | | | | | |
| | | | | | | | | | |
| Was the foundation liable for the sec | | | | in the base pe | riod? | | | | Yes No |
| If "Yes," the foundation doesn't qualit 1 Enter the appropriate amount in | | | | e making any e | entries | | | | |
| (a) | each colum | (b) | ISU dellons belon | | (c) | | | | (d) |
| Base periód years Calendar year (or tax year beginni | ng ın) | Adjusted qualifying dis | tributions | Net value of no | | itable-use ass | ets | Distrib (col. (b) div | ution ratio ided by col. (c)) |
| 2016 | | ` | | | | · | | | |
| 2015 | | | | | | | | | |
| 2013 | | | | | | | | | |
| 2012 | - - | | | | | | | | |
| | <u>-</u> - | | | | | | | | |
| 2 Total of line 1, column (d) | | | | | | | 2 | | |
| 3 Average distribution ratio for the | 5-year base | period - divide the total o | on line 2 by 5 0, | or by the numb | er of y | ears | | | |
| the foundation has been in existe | nce if less t | han 5 years | | | | | 3 | | |
| 4 Enter the net value of noncharitab | ole-use asse | ets for 2017 from Part X, I | ine 5 | | | | 4 | | |
| 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 | ı Part XII, lı | ne 4 | | | | | 8 | | |
| If line 8 is equal to or greater than See the Part VI instructions | • | | 1b, and complet | e that part usin | g a 1% | tax rate | | | |
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Form 990-PF (2017) FOUNDATION

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| Part VIII Excise Tax Based on Investment Income (Section | 4940(a), 4940(b), 4940(e), or 4 | 1948 - see instructions) |
|--|--|--|
| 1a Exempt operating foundations described in section 4940(d)(2), check here | and enter "N/A" on line 1. | |
| Date of ruling or determination letter (attach copy of lette | r if necessary-see instructions) | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check he | ere 🕨 🔙 and enter 1% | 1 1,682. |
| of Part I, line 27b |] | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, e | nter 4% of Part I, line 12, col (b) | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations of | only; others, enter -0-) | 2 0. |
| 3 Add lines 1 and 2 | | 3 1,682. |
| 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 1,682. |
| 6 Credits/Payments: | | |
| a 2017 estimated tax payments and 2016 overpayment credited to 2017 | 6a 0. | The state of the s |
| b Exempt foreign organizations - tax withheld at source | 6b 0. | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c 0. | |
| d Backup withholding erroneously withheld | 6d 0. | |
| 7 Total credits and payments. Add lines 6a through 6d | | 7 0. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 | is attached | 8 27. |
| 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | • | 9 1,709. |
| 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount over | ' · · · · · · · · · · · · · · · · · · · | 10 |
| 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax | Refunded ► | |
| Part VII A Statements Regarding Activities | | So 8.2. V N |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local and the local area of the state of the st | al legislation or did it participate or intervene | |
| any political campaign? | and the second control of the second control | ition 1a X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political | | ition 1b X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co | opies of any materials published of | |
| distributed by the foundation in connection with the activities 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 dur | and the year | 1c X |
| (1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation ma | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political e. | | |
| managers > \$ 0. | xpenditure tax imposed on roundation | |
| 2 Has the foundation engaged in any activities that have not previously been reported to | o the IBS? | 2 X |
| If "Yes," attach a detailed description of the activities | , and m.e | (2) 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its gove | rning instrument, articles of incorporation, c | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change | | 3 May 2 X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during t | | 4a X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | • | N/A 4b |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the | e year? | 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) satisfies | sfied either | |
| By language in the governing instrument, or | | |
| By state legislation that effectively amends the governing instrument so that no mail | ndatory directions that conflict with the state | 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," | complete Part II, col. (c), and Part XV | 7 X |
| | | |
| 8a Enter the states to which the foundation reports or with which it is registered. See ins | tructions > | |
| ME | | |
| 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) | The state of the s |
| 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 | | 22 (SEMEN L. 197, 7 - John 7 - 7 - 7 24 |
| year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes | | 9 X 10 X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a | schedule listing their names and addresses | 10 X Form 990-PF (2017) |
| | | FUIIII 330-FF (2017) |

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Form 990-PF (2017) FOUNDATION Part VII A Statements Regarding Activities (continued)

| 7 - Y | The first of the f | 1/ martinia | 1 | T |
|-------|--|---------------------------------------|-------------------|---|
| | | हिंद हैं। इ.स. है | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | ł., | 1 | 77 |
| 40 | section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | 1 40 | | \ \v |
| 10 | If "Yes," attach statement. See instructions | 12 | X | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A | 13 | <u></u> | L |
| 4.4 | Website address ► N/A The books are in care of ► BRIAN CLEMENT Telephone no. ► 207-8 | 70.0 | 205 | |
| 14 | Located at \triangleright 20 LONG MEADOW ROAD, CUMBERLAND FORESIDE, ME ZIP+4 \triangleright 0 | | | <u>'</u> |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | # T T O | | \Box |
| 10 | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, | | 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 | 74.5 m | l Próxistus | 7 3115 |
| | foreign country | | | 100 |
| Pε | it VII B Statements Regarding Activities for Which Form 4720 May Be Required | 22. 4.40 | entra e | 4. T. 15. |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | 567 | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly): | PLAZ | 7.75 | 4 460 |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | 200 | P | |
| | for the benefit or use of a disqualified person)? | | Th. | |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | SE 15 | i ra | |
| | termination of government service, if terminating within 90 days.) | | | to de la companya de |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 3.33 | | 5 |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | 製料 | 营港 |
| 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 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | before the first day of the tax year beginning in 2017? | 10 | <u> </u> | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| | defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | × | 医 | 1400 |
| | before 2017? | 4.3 | 红蓝 | |
| | If "Yes," list the years > | | 经验 | E-7.2 |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | N. P. | 18 J. P. | |
| | statement - see instructions) N/A | 2b | المراجعة المراجعة | ier, astro |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | P | 1966 | | 15.35 (EV) |
| 38 | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No | | | |
| L | • • | | | |
| 0 | 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 housest, or (3) the lapse of the 10 - 15 - or 20-year first phase holdings period? (Use Schedule C | | | 35-65- 11 c 228 |
| | 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.) N/A | 3b | ME T | lad Barall |
| 4. | Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 44 | 备作 | Strain. |
| U | had not been removed from jeopardy before the first day of the tax year beginning in 2017? | 4b | ters t | X |
| | nad not been removed from joupardy belove the first day of the tax year beginning in 2017. | 1 70 | | |

Form **990-PF** (2017)

Form 990-PF (2017)

| Rant VII-B Statements Regarding Activities for Which | Form 4/20 May Be I | Required (contin | ued) | | |
|--|--|-----------------------------------|--|-------------------------------------|--------------|
| 5a During the year, did the foundation pay or incur any amount to | | | | Yes I | Nο |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Y | es X No | | |
| (2) Influence the outcome of any specific public election (see section 4955); of | or to carry on, directly or indir | | | | F. |
| any voter registration drive? | | | es X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | es X No | | 猫 | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | on described in section | | [==] | | |
| 4945(d)(4)(A)? See instructions | | | es 🗶 No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | , or educational purposes, or | | | | |
| the prevention of cruelty to children or animals? | | | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | | ın Regulations | 37 / 3 | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instr | | | N/A | 5b | 7.1 0 |
| Organizations relying on a current notice regarding disaster assistance, check | | | | | 旗 |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | | . — | I | | |
| expenditure responsibility for the grant? | T. | 1/A Y | es L No ! | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d) | | | ì | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | es X No | | |
| a personal benefit contract? | | Y(| es 🔝 No | | V |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | | | X witt.gi |
| If "Yes" to 6b, file Form 8870. | ah alkar transportus 2 | | es X No | | 300 |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | T (| N/A | 7b | 87 J.H |
| b If "Yes," did the foundation receive any proceeds or have any net income attributed information About Officers, Directors, Trust | | nagara Highl | | /b | |
| Paid Employees, and Contractors | lees, Foundation Wa | magers, night | у | | |
| 1 List all officers, directors, trustees, and foundation managers and t | their compensation. | | | | |
| (a) Name and address | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans and deferred | (e) Expension account, ot allowance | se ther |
| BRIAN CLEMENT | to position CHAIRMAN & TR | enter -0-) | compensation | anowance | |
| 20 LONG MEADOW ROAD | CUNIVIUM & IL | EASORER | | | |
| CUMBERLAND FORESIDE, ME 04110 | 1.00 | 0. | 0 | 1 . | 0. |
| CAROLYN CLEMENT | CLERK | | | <u> </u> | <u>·</u> |
| 20 LONG MEADOW ROAD | | | | | |
| CUMBERLAND FORESIDE, ME 04110 | 1.00 | 0. | 0 | | 0. |
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| | 4 | | |] | |
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| | <u>.</u> | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | cluded 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 | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expens account, of | Sê her |
| (a) Name and address of each employee paid more than \$50,000 | devoted to position | (C) Compensation | and deferred compensation | allowance | 38 |
| NONE | | | | | |
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| | 1 | | | | |
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| | | | | | |
| | | | | | _~ |
| Total number of other employees paid over \$50,000 | | | Гото | . 000 DE /00 | 0 |
| | | | Forn | n 990-PF (20 | 117) |

| Part VIII Information Abou Paid Employees, | ut Officers, Directors, Trustees, Fo and Contractors (continued) | oundation Managers, Highly | |
|--|--|---------------------------------------|----------------------------------|
| 3 Five highest-paid independent co | ontractors for professional services. If non- | e, enter "NONE." | |
| | of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | | |
| | | | |
| Total number of others receiving over \$50 | ,000 for professional services | | ▶ 0 |
| | | nt atatistical information and as the | |
| number of organizations and other benefic | aritable activities during the tax year. Include releva iaries served, conferences convened, research pap | ers produced, etc. | Expenses |
| 1 N/A 2 | | | |
| 3 | | | |
| 4 | | | |
| Part IX B Summary of Prog | | and and a | A |
| 1 N/A | nvestments made by the foundation during the tax | year on lines 1 and 2 | Amount |
| All other program-related investments. See | instructions. | | |
| 3 | | | |
| | | | |
| Total. Add lines 1 through 3 | | > | 0 . Form 990-PF (2017) |

| "P | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations, | see instructions) |
|----|--|---------------|--------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| | Average monthly fair market value of securities | 1a | 9,039. 70,924. |
| | Average of monthly cash balances | 1b | 70,924. |
| | Fair market value of all other assets | 1c | |
| | Total (add lines 1a, b, and c) | 1d | 79,963. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | 1 22 5 72 | |
| - | 1c (attach detailed explanation) le 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 79,963. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,199. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 78,764. |
| 6 | Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD | 6 | 1,651. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a | nd certain | |
| | foreign organizations, check here 🕨 🔝 and do not complete this part) | T . I | 1 (51 |
| 1 | Minimum investment return from Part X, line 6 | 1 (1.00)25.5 | 1,651. |
| | Tax on investment income for 2017 from Part VI, line 5 2a 1,682. | 1.56 | |
| | Income tax for 2017 (This does not include the tax from Part VI) | PER . | 1 (00 |
| C | Add lines 2a and 2b | 2c | 1,682. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 0. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 0. |
| 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 | 0. |
| ŧŖ | Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | (Tay | 0.500 |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 2,600. |
| b | Program-related investments - total from Part IX-B | 1b | |
| 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 | 2,600. |
| 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 | 2,600. |
| | Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the foundation | qualifies for | the section |

Form **990-PF** (2017)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
|---|--|--|--|---|
| 1 Distributable amount for 2017 from Part XI, line 7 | | | | 0. |
| 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only | | | Trick thing? | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2017: | | | | |
| a From 2012 | | | | |
| b From 2013 | | | | |
| c From 2014 | | | | |
| dFrom 2015 | | | | |
| e From 2016 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2017 from | | THE PERSON NAMED IN THE PE | | |
| Part XII, line 4 ►\$ 2,600. | | | | |
| a Applied to 2016, but not more than line 2a | | | 0 . | |
| b Applied to undistributed income of prior | | The fight of the metable popular and the first | MINDALL SINTE PART | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | Price to the Contract of the C | DECEMBER OF THE STATE OF THE | billian state of the state of the | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2017 distributable amount | | Principal Control of the Control of | Library La Corp. Sec. 1977 | C. Jenstein James affir Prairies ru |
| | 2,600. | West of the post of the property of | Transport Corr on Character | Part Bar Paradenties (S. |
| e Remaining amount distributed out of corpus | 2,000. | | MARINE TAX TO MAKE THE TOTAL OF | |
| 5 Excess distributions carryover applied to 2017 (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. | | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 2,600. | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | CONTRACTOR OF THE PARTY OF THE | | | |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | 12.241 | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2016 Subtract line | | Set The Contact | | |
| 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 | | | | 0. |
| 7 Amounts treated as distributions out of | <u> </u> | TOREST OF | | |
| 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 | | | | 的原生,我就会发展 |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2018 | | | | |
| Subtract lines 7 and 8 from line 6a | 2,600. | | | |
| O Analysis of line 9 | "TET SHOW THE WAY | And the property of the second | Annual Control of the | |
| a Excess from 2013 | | | | |
| | | | | |
| b Excess from 2014 | | | | |
| c Excess from 2015 | | Winds the Constitution of | | |
| dExcess from 2016 | | | | |
| e Excess from 2017 2,600. | "国际"等的"等",并不是对于"等"的"等", | 光的技术等企业的 利斯克斯 公 医外侧 | 电影的现在分词 "我们是我们的人们的人们的人们的人们们们们们们们们们们们们们们们们们们们们们们们们 | Control State Co. S. C. |

Page 10

| Part XIV Private Operating F | oundations (see in | structions and Part VII | -A, question 9) | N/A | |
|---|---------------------------------------|------------------------------|----------------------------|---|----------------|
| 1 a If the foundation has received a ruling of | determination letter that | t it is a private operating | | | |
| foundation, and the ruling is effective for | 2017, enter the date of t | the ruling | ▶ | | |
| b Check box to indicate whether the found | ation is a private operatir | ng foundation described i | n section | 4942(j)(3) or 4942 | 2(J)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | Ī | Prior 3 years | | <u> </u> |
| income from Part I or the minimum | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | (e) Total |
| investment return from Part X for | · · · · · · · · · · · · · · · · · · · | | | / | |
| each year listed | | | | | |
| b 85% of line 2a | | | <u> </u> | | · |
| 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 | | | | ļ | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | / | | |
| 3 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 listed | | | | | |
| 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 | <u> </u> | | | ļ | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Info | | | if the foundation | had \$5,000 or mor | e in assets |
| at any time during t | ne year-see instr | uctions.) | | | |
| 1 Information Regarding Foundatio | • | | | | |
| a List any managers of the foundation who | | | ibutions received by the | foundation before the close | of any tax |
| year (but only if they have contributed m | ore than \$5,000) (See s | ection 507(d)(2).) | | | |
| NONE | | | | | |
| b List any managers of the foundation who | own 10% or more of th | e stock of a corporation (| or an equally large portio | on of the ownership of a partr | nership or |
| other entity) of which the foundation has | a 10% or greater interes | st. | | | |
| NONE | | | | | |
| 2 Information Regarding Contributi | on, Grant, Gift, Loan, | Scholarship, etc., Pre | ograms. | | |
| Check here X if the foundation of | nly makes contributions t | o preselected charitable o | organizations and does n | ot accept unsolicited request | s for funds If |
| the foundation makes gifts, grants, etc, | to individuals or organiza | itions under other condition | ons, complete items 2a, | b, c, and d | |
| a The name, address, and telephone numb | per or email address of th | e person to whom applica | ations should be address | sed. | |
| , | | | | | |
| | | | | | |
| b The form in which applications should be | submitted and informat | on and materials they sh | ould include | | |
| b the ferm of which approaches effected by | o odbrinitou di a miorinat | .on and materials and on | | | |
| c Any submission deadlines | | | | | |
| 2 7 my oddinioolon doddinioo | | | | | |
| d Any restrictions or limitations on awards | such as by geographica | l areas, charitable fields. | kinds of institutions or o | ther factors | |
| _ / my / sociodono or initiations on awards | , sasii as of goograpiiled | 2.040, Shariadio noidd, I | | | |
| | | | | | |
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| 3 Grants and Contributions Paid During the Y | ear or Approved for Future | Payment | | |
|--|--|--------------------------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, | | Purpose of grant or | |
| Name and address (home or business) | if recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | | | | |
| | | | | |
| NONE | | | | |
| NONE | | | | |
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| | | | , | |
| Total | | | ▶ 3a | 0. |
| b Approved for future payment | | | | |
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| NONE | | | | |
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| Total | <u></u> | | ▶ 3b | 0. |

Part XVI A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelate | ed business income | | ided by section 512, 513, or 514 | (e) |
|---|-----------------|--|-----------------|---|--|
| · | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue | Business | Amount | sion | Amount | function income |
| | Codo | | 1 | · · · · · · · · · · · · · · · · · · · | |
| <u>a</u> | <u> </u> | | | <u> </u> | |
| b | <u> </u> | | - | | |
| C | <u></u> | | - | · · · · · · · · · · · · · · · · · · · | |
| d | | | ļ | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | L | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 137. | |
| 5 Net rental income or (loss) from real estate: | william | | | | |
| a Debt-financed property | The standard of | The standing of the State of th | i unitality "Go | TESTS THE WINNEY SEE , TO SEE TO SEE TO | The state of the s |
| | | | | <u> </u> | |
| b Not debt-financed property | | | - | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | <u> </u> | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 83,956. | |
| 9 Net income or (loss) from special events | | | | | - |
| 10 Gross profit or (loss) from sales of inventory | | | · · · · · · | | |
| 11 Other revenue. | | | | | |
| • | | | | | |
| | | | | | |
| b | | | <u> </u> | | |
| C | <u> </u> | | | | |
| d | | · <u>-</u> | ļ | | |
| e | A second second | | B 4 MVH | | |
| 12 Subtotal Add columns (b), (d), and (e) | ENDER! | 0. | 1 ki 7 to | · | 0. |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 84,093. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Relationship of Activities to | the Acc | omplishment of Fx | cemn | t Purposes | |
| (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| Line No Explain below how each activity for which incor | | | contrit | outed importantly to the accord | nplishment of |
| the foundation's exempt purposes (other than b | by providing fu | nds for such purposes). | | | |
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| | | | | | Form 990-PF (2017) |
| 723621 01-03-18 | | | | | LOEM 14411 Lib /2017\ |

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

| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) | | | | | | | | | 100 | Yes | No |
|--|--|--|-----------------------|-------------------|---------------------------------------|----------------|----------------|--------------------------|-----------------------------|---|-----------|
| (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | | | | | | | | 136 | F4-03 |
| | a Transfers from the reporting foundation to a noncharitable exempt organization of: | | | | | | | | | | |
| | (1) Cash | | | | | | | | 1a(1 |) | X |
| | (2) Other assets | | | | | | | | | í | X |
| | b Other transactions: | | | | | | | | | TVI | |
| (1) Sales of assets to a noncharitable exempt organization | | | | | | | | | | | X |
| | | irchases of assets from a nor | | | | | | | 1b(1 1b(2 | + | X |
| | | ental of facilities, equipment, | • | or gameanon | | | | | 1b(3 | '\ | X |
| | | imbursement arrangements | | | | | | | 1b(4 | 'i - | X |
| | | ans or loan quarantees | | | | | | | 1b(5 | ' | X |
| (6) Performance of services or membership or fundraising solicitations | | | | | | | | | 1b(6 | + | X |
| | c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | | | | | | 10(0 | 1 | X | |
| | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, | | | | | | | note. | | | |
| | | ices given by the reporting fo | | | | | | | | seis, | |
| | | n (d) the value of the goods, (| | | eu 1622 illali lali Illainei v | raide ili aliy | lialisaction | TO SHATHIY ATTAINS | ement, Snow in | | |
| | ne no | (b) Amount involved | | | a avament organization | 7 7 | 4\ | | | | |
| a)Li | ne no | (b) Allioulit livolveu | (c) Name o | | e exempt organization | | 1) Description | n of transfers, transact | tions, and sharing a | rrangeme | nts. |
| | | | | N/A | | | | | | | |
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| | -+ | | | | | | | | | | — |
| 20 | le the f | oundation directly or indirect | dy affiliated with or | related to one | or more tay ayamat orga | anizatione c | | | | | |
| | | | | | of more tax-exempt orga | anizations (| iesci ineu | | Yes | ¥ | No |
| | | on 501(c) (other than section | | 321 r | | | | | 162 | | טווו ר |
| _D | ii Yes, | complete the following sche (a) Name of org: | | | (b) Type of organizatio | n | | (c) Description of i | relationshin | | |
| | | <u></u> | anization | | (b) Type of organizatio | " | | (c) Description on | Ciationsinp | | |
| | | N/A | | | | | | | | | |
| | | | | | | | | ···· | | | |
| | | | | | | | | | | | —– |
| | | | | | <u> </u> | | | | | | |
| | , | | | | | <u> </u> | | | | | |
| | 000 | der penalties of perjury, i declare t i bellef, it is rue, correct, and com | | | | | | | May the IRS | discuss t | his |
| Sig | п | 1 LEN | prote becommend or pr | oparci (ottor tra | | . | | | return with the shown below | /2 See ins | er str |
| Hei | e | 13/1 | _ | | | _ 🖊 🔼 | RUSTI | EE | X Yes | : L | No |
| | S | ignature of officer or trustee | | | Date \ | Title | e | | | | |
| _ | • | Print/Type preparer's na | me | Prenarer 3 SI | ignature / | Date | | Check X If | PTIN | | |
| | self- employed | | | | | | | | | | |
| Pai | | | | | | | P00285 | 183 | | | |
| Pre | pare | t . | | L | | | | Firm's EIN ▶ 0 | | | |
| | Onl | | | | | | | | | | |
| | | Firm's address ▶ 30 | LONG CRE | EK DRT | VE | | | | | | |
| | | | UTH PORTL | | | | | Phone no 20 | 7-774-5 | 701 | |
| | | | <u> </u> | | | | | 11 110110 110 210 | Form 99 | | 2017) |
| | | | | | | | | | 101111 33 | | |

723622 01-03 18

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

Employer identification number

2017

| | RIAN & CAROLYN CLEMENT FAMILY OUNDATION | 82-6396136 | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Organization type (check | one) | | | | | | | |
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | | |
| | 527 political organization | | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | | |
| General Rule X For an organization |)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor. | g \$5,000 or more (in money or | | | | | | |
| Special Rules | y one contributor. Complete Parts Fand if See instructions for determining a contributor | s total contributions | | | | | | |
| sections 509(a)(1) any one contribute | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount, line 1 Complete Parts I and II | or 16b, and that received from | | | | | | |
| year, total contribi | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from autions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III | | | | | | | |
| year, contributions is checked, enter purpose Don't co | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from seculusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it is le, etc., contributions totaling \$5,000 or more during the year | ore than \$1,000 If this box ,, charitable, etc , | | | | | | |
| but it must answer "No" or | nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F i Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | · · | | | | | | |

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)

Name of organization BRIAN & CAROLYN CLEMENT FAMILY FOUNDATION

Employer identification number

82-6396136

| Part I | Contributors (see instructions) Use duplicate copies of Part I if | additional space is needed , | |
|--------------|---|------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | BRIAN CLEMENT 20 LONGMEADOW ROAD CUMBERLAND FORESIDE, ME 04110 | \$\$ <u>89,230.</u> | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 723452 11-01 | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2017) |

Name of organization BRIAN & CAROLYN CLEMENT FAMILY FOUNDATION

Employer identification number

82-6396136

| Partil | Noncash Property (see instructions) Use duplicate copies of Part II if a | idditional space is needed. | |
|------------------------------|--|---|-------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 1 | LAUNCH ANGELS MANAGEMENT CO LLC UNITS. | \$86,630. | 08/15/17 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 723453 11-01- | 17 | \$Schedule B (Form 9 | 90, 990-EZ, or 990-PF) (2017) |

Schedule B (Form 990, 990-EZ, or 990 PF) (2017) Name of organization Employer identification number BRIAN & CAROLYN CLEMENT FAMILY FOUNDATION 82-6396136 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info page) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

| FORM 990-PF | DIVIDENDS | AND INTER | EST : | FROM SECUR | ITIES | STATEMENT | 1 | |
|---|------------|-------------------------------|-------|-----------------------------|-------------------------------|---------------------------------|---|--|
| GROSS AMOUNT | | CAPITAL GAINS DIVIDENDS | | (A) REVENUE PER BOOKS | (B) NET INVES MENT INCO | | | |
| RBC CAPITAL MARKETS 137 | | 0. | | 137. | 13 | 7. | | |
| TO PART I, LINE 4 | 137. | . 0. | | 137. | 13 | 7. | | |
| FORM 990-PF | | LEGAL | FEE: | S | | STATEMENT | 2 | |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | (B) INVEST- I INCOME | (C) ADJUSTED NET INCOM | | | |
| LEGAL FEES | | 2,600. | | 0. | | 2,60 | 00. | |
| TO FM 990-PF, PG 1, | LN 16A | 2,600. 0. | | 0. | | 2,60 | 2,600. | |
| FORM 990-PF OTHER | DECREASES | IN NET AS | SETS | OR FUND B | ALANCES | STATEMENT | 3 | |
| | | | | | | | | |
| DESCRIPTION | | | | | | AMOUNT | | |
| DESCRIPTION | SES ON INV | ESTMENTS | | | - | AMOUNT | 74. | |
| | | | | | - - - | | | |
| UNREALIZED GAINS/LOS | | | E STO | OCK . | = | 1,17 | | |
| UNREALIZED GAINS/LOS | | , LINE 5 | E STO | | - = X VALUE | 1,17 | 74. ———————————————————————————————————— | |
| UNREALIZED GAINS/LOS TOTAL TO FORM 990-PF FORM 990-PF | | , LINE 5 | E STO | | X VALUE 22,415. | 1,17 1,17 STATEMENT FAIR MARKET | 4 | |

-PF, Part II, Line 10

INVESTMENT ACCESS ACCOUNT STATEMENT

DECEMBER 1, 2017 - DECEMBER 31, 2017

Account number 319-15412 Page 4 of 7

| SYMBOL/CUSIP | QUANTITY | MARKET PRICE | MARKET VALUE | PURCHASE DATE | NET COST * | UNREALIZED GAIN/LOSS * | ESTIMATED ANNUALIZED INCOME |
|--------------|----------|-----------------|-----------------|------------------|-------------|---------------------------|--------------------------------|
| GS | 25 000 | \$254 760 | \$6,369 00 | 11/28/17 | \$6,033 25 | \$335 75 | \$75 00 |
| NVDA | 20 000 | \$193.500 | \$3,870 00 | 11/28/17 | \$4,266 73 | -\$396 73 | \$12 00 |
| SQ | 150 000 | \$34.670 | \$5,200 50 | 11/28/17 | \$6,441 10 | -\$1,240 60 | |
| | | | \$15,439.50 | | \$16,741 08 | -\$1,30158 | \$87 00 |



INVESTMENT ACCESS ACCOUNT STATEMENT

Account number 319-15412 Page 5 of 7

IRA/SIPC.

DECEMBER 1, 2017 - DECEMBER 31, 2017

| SYMBOL/CUSIP | QUANTITY | MARKET PRICE | MARKET VALUE | PURCHASE DATE | NET COST * | UNREALIZED GAIN/LOSS * | ESTIMATED ANNUALIZED INCOME |
|--------------|----------|-----------------|-----------------|------------------|------------|---------------------------|-----------------------------|
| FEM | 250 000 | \$27 900 | \$6,975 00 | 11/28/17 | \$6,847 65 | \$127 35 | \$171 00 |
| | | | \$6,975.00 | | \$6,847.65 | \$127 35 | \$171.00 |