SCANNED DEC 1 2 2018



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.

		nt of the Treasury evenue Service			Go to www.i	rs gov/Form990PF for ins	tructions and the	latest info	ormation.	100	Open to Public	Inspection
For	cale	ndar year 2017	or tax year	r beginning	JUL	1, 2017	, and endi	ng	JUN 30	<u>, 2018</u>		
Na	me o	f foundation				y			A Employeri	dentification	number	
THE SNOWY OWL FOUNDATION									27-4140781			
Number and street (or P O box number if mail is not delivered to street address) Room/suite							om/suite	B Telephone		<u> </u>		
	Number and street (or P O box number if mail is not delivered to street address) 55 HARDSCRABBLE LANE								795-20	74		
		town, state or pr				ostal code			1		ending, check here	ightharpoonup
			03768						·			
G (Chec	k all that apply:		Initial return		Initial return of a f	ormer public cha	rity	D 1 Foreign	organizations	, check here	ightharpoons
				Final return		Amended return			2 Foreign or	nanizations me	eting the 85% test	. —
				Address cha		Name change		, /	check here	and attach co	eting the 85% test, mputation	▶Ш
H_(_	k type of organiz				kempt private foundation		0 Y			tus was terminate	d
		ection 4947(a)(1				Other taxable private found ing method: X Cash		- -	l		(A), check here	
		arket value of all		end of year		ing method: X Cash ther (specify)	Accrual	,			60-month termina (B), check here	ation
	:01111 ►\$	Part II, col (c), I	11 (10) 2 14	5 431	ان لیسا Part I. colun)	nn (d) must be on cash bas	is.)		i unuei secii	(י)(ט) ייט ווע	(D), Check here	
		Analysis of R	evenue an	d Expenses		(a) Revenue and	(b) Net inves	stment	(c) Adjus	ted net	(d) Disburser	
٠		(The total of amonecessarily equ	ounts in colu	mns (b), (c), and	(d) may not)	expenses per books	income		inco	me	for charitable pu (cash basis o	
	1	Contributions,	gifts, gran	ts, etc., receiv	ed	260,182.			hillin/2		Makalakk	
	2			n is not required to	attach Sch B	HARRICH SAN	24 07 0 - 107 0			8=1,33,12,47,95,25,57.°.		
	3	Interest on saving cash investments	gs and tempo s	orary	i	552.		552.			STATEMEN	
	4	Dividends and	interest fro	om securities	\mathcal{D}	27,669.	27	,669.			STATEMEN	VI 3:2:
	5a	Gross rents			17	-1100 UB71LUBLESSUESETTESSUESEMBTHLL1 P*.304		ANGESTE SEE SEE	25 JUNE 10 10 15 15 15 15 15 15 15 15 15 15 15 15 15	F-4-12-12-12-15-16-16-1	PRO CREATE SERVICE AND	- 18191.1869#351
		Net rental income	· · · · -			161,758.	THE STATE OF THE S	**************************************	######################################	*******************	/ #44/14/16/16/26/26/26/26/26/26/26/26/26/26/26/26/26	
ne	6a	Net gain or (loss) Gross sales price	for all	2,467		101,/30 •	. 4835.20472734274266666		Part and line and		455- C15525(5), 125-12	13.03.6 JAN. 1
Revenue	,"	assets on line 6a Capital gain net ii			, 023.	THE FEBRUARY SERVICES AND ALTHOUGH THE SERVI	161	,758.	Real Property	I PE	PEN/ED	
æ	8	Net short-term	-		,	AND THE THE PARTY OF THE PARTY					J.EI.V.EU,	160
	9	Income modifi			·				18	B ncr		
	10a	Gross sales less and allowances	returns				anaman	**************************************			20 200	
	١ .	Less Cost of goo	ods sold					18, 1882 1881 1814 1617 1824 1881 1814 1814 1814 1814 1814 1814		Y-1x Y-44Exx TYE-2-2	4.848 9448 754.725,3 4.44.	189 332
	C	Gross profit or	(loss)				1222 121 121 121 12 12 12 12 12 12 12 12			<u>OGI</u>	DENHUT	
	11	Other income				450 161	100	070			2202/81/27313975 23/25/1/4 	
_	12	Total Add line				450,161.		<u>,979.</u> 0.			\$1.86834353590_PA\$\$36353888	0.
	13	Other employe			etc	0.	 	<u> </u>				· ·
		Other employe Pension plans,		-			-					
es	162	Legal fees	, employee	Delicitio				-	,			
ens	, b	Accounting fee	es	STI	MT 3	1,600.		0.			1	,600.
Ëxp	0	Other professi										_
Š	17	Interest										
trati	18	Taxes			MT 4	1,933.		0.			######################################	0.
inis	19	Depreciation a	nd depletio	n							**************************************	ENTREMENTAL STATES
Ē	20	Occupancy										
Ą	21	Travel, confere										
a an	22	Printing and po			MT 5	8,018.		0.	-		8	,018.
Operating and Administrative Expenses	24	Total operatin										
Jera		expenses Add	-			11,551.		0.			9	<u>,61</u> 8.
Ö	25	Contributions,				77,000.					77	,618. ,000.
		Total expense										
	L.	Add lines 24 a				88,551.		0.	w - v - v - v - v	XXXX XXXX T2C00000	86	<u>,618.</u>
	27	Subtract line 2	6 from line	: 12:			1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	**************************************		
	I	Excess of revenu				361,610.			**************************************	**************************************	######################################	(14,18493FB383F6)1;4 F839×9±9365-48.1±3
		Net investmen				THE STATE AND STATE OF THE STAT	189	<u>,979.</u>	TANGET PRODUCT	## (##################################	*# 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, ex 2, 3 4 4 3 5 7 3 6 8 6 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7
		Adjusted net i	ncome (if n	egative, enter -C)-)	######################################	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	**********	N/2	•	SYSSEME CANAGES CONTRACTED TO SERVICE STREET	48×492××825××844×84

For	m 99	00-PF (2017) THE SNOWY OWL FOUNDATION	, ON	27-	4140781 Page 2
			Beginning of year	End o	
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	. (b) Book Value	(c) Fair Market Value
	_		(a) book value	: (b) book value	(0) . aa
	l .	Cash - non-interest-bearing	85,108.	171 170	171,170.
	2	Savings and temporary cash investments	AZADARRANDRAFERRAFIZATZATZATARRAFERR	171,170.	Eightein and the state of the s
	3	Accounts receivable - +		ANGEL TO ANGELE IN THE FALL AND ANGEL ANGE	
		Less: allowance for doubtful accounts		A-MARKANIMAN AND KATANIMAN KAKANIMAN KAKANIMAN KAKANIMAN ANG KAKANIMAN ANG KAKANIMAN K	ADDITION OF THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF T
	4	Pledges receivable ▶	1844		AND THE RESERVE OF THE PROPERTY OF THE PROPERT
	١.	Less: allowance for doubtful accounts			
	5	Grants receivable .			·
	6	Receivables due from officers, directors, trustees, and other			1
	-	disqualified persons			
	7	Other notes and loans receivable			PARAMETERS AND ALL SECTION OF THE SE
	'	Less: allowance for doubtful accounts	THE CONTRACTOR OF THE PROPERTY	Name of the state	*
	١,	Inventories for sale or use			
Assets	8				· · · · · · · · · · · · · · · · · · ·
1SS		Prepaid expenses and deferred charges	<u>'</u>		
	ı	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds	CEARANCE AND THE CHANNES AND THE STATE OF TH	NANKERK JEZZEN-EN NES ENVÖSPES PRESENESTES TEST	***************************************
	11	Investments - land, buildings, and equipment basis	12112112121212121212121212121212121212		
		Less accumulated depreciation			·
	12	Investments - mortgage loans •			1
	13	Investments - other STMT 6	1,694,747.	1,970,295.	1,974,261.
	14	Land, buildings, and equipment: basis	THE RESERVE THE PROPERTY OF TH	AND THE PROPERTY OF THE PROPER	THE CONTROL OF BUILDINGS AND
		Less accumulated depreciation			
	15	Other assets (describe		,	\$
		Total assets (to be completed by all filers - see the	, '		
	'`	instructions. Also, see page 1, item I)	1,779,855.	2,141,465.	2,145,431.
_	17	Accounts payable and accrued expenses			
٠	l	Grants payable		•	
	18	· •			
abilities	19	Deferred revenue			
Ξ	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable			ACTUAL PROPERTY OF THE PROPERT
_	22	Other liabilities (describe			AND REPORTED TO MENTAL STANDARD TO SERVICE AND SERVICE
*				,	A RECOGNIZATION OF THE PARTY OF
_	23	Total liabilities (add lines 17 through 22)	0.		THE PROPERTY OF THE PROPERTY O
		Foundations that follow SFAS 117, check here	_ `		
'n		and complete lines 24 through 26, and lines 30 and 31	,		SNIPSKYTEK THE THE TERM THE TERM THE TRANSPORT OF THE TERM THE TER
Š	24	Unrestricted			THE THE TO DESCRIPT THE TAXABLE PROPERTY OF TAXABLE PROPERTY O
or Fund Balances	25	Temporarily restricted ·	•		* ## *********************************
Ba	26	Permanently restricted			THE CONTRACT CONTRACT OF THE C
<u> </u>		Foundations that do not follow SFAS 117, check here			AND ALL THE TOTAL THE TANK AND
Ţ		and complete lines 27 through 31			
, ō	27	Capital stock, trust principal, or current funds	0.	0.	SERVICE APROPRIATE SERVICE CONTROL OF THE CONTROL OF T
šets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	**************************************
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	1,779,855.	2,141,465.	
et	30	Total net assets or fund balances	1,779,855	2,141,465.	
Z	"	· .			
	21	Total liabilities and net assets/fund balances	1,779,855.	2,141,465.	
2.00		•			The state of the s
₽.	art	Analysis of Changes in Net Assets or Fund E	saiances		
1	Tota	I 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)	ì	1	1,779,855.
				2	361,610.
		r increases not included in line 2 (itemize)		; , 3	0.
				- 3	2,141,465.
		lines 1, 2, and 3		, 5	2,141,403.
		eases not included in line 2 (itemize)	Jolumn (h) line 20	. 6	2,141,465.
<u>6</u>	ı <u>ota</u>	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olujili (u), lille 30	- 10	Form 990-PF (2017)
					FUIII 330-FT (2017)

b 48,007. c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) FMV as of 12/31/69 (iii) FMV as of 12/31/69 (iv) Excess of col. (iv) col. (k), but not less than -0-) or	751. 007.
b CAPITAL GAINS DIVIDENDS c d e (e) Gross sales price (f) Depreciation allowed (or allowable) (plus expense of sale plus expense of sale ((e) plus (f) minus (g)) a 2,419,022. 2,305,271. 113 b 48,007. 48 c Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) Adjusted basis as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (ver col. (i)) over col. (i), if any (col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) a b 113 b 48 c d e Capital gain net income or (net capital loss) (If gain, also enter in Part I, line 7) If (loss), enter -0- in Part I, line 7	751. 007.
c d e (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (le) plus (f) minus (g)) a 2,419,022. 2,305,271. 113 b 48,007. 48,007. 48,007. 48,007. 113 c C Gomplete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) a (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) a 113 b 133 c 148 c 148 c 148 c 148 c 159 c 169 c 169 c 179 c 189	751. 007.
e (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (le) plus (f) minus (g)) a 2,419,022. 2,305,271. 113 b 48,007. 48 c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) a (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (l) FMV as of 12/31/69 (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) a 113 b 139 c 148 c 149 c 150 c 150 c 161 c	751. 007.
(e) Gross sales price (f) Depreciation allowed (or allowable) a 2,419,022. b 48,007. c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (i) FMV as of 12/31/69 (ii) FMV as of 12/31/69 (ij) Adjusted basis (k) Excess of col. (i) over col. (j), if any 113 b 13 b 148 c 15 c 2 161 2 Capital gain net income or (net capital loss) (if) gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	751. 007.
(e) clioss sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) a 2,419,022. 2,305,271. 113 b 48,007. 48 c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any col. (k), but not less than -0-) or Losses (from col. (h)) a b 113 b 2 113 c d e C Capital gain net income or (net capital loss) (if gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	751. 007.
b 48,007. c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) col. (k), but not less than -0-) or Losses (from col. (h)) a 113, b 2 Capital gain net income or (net capital loss) (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) 2 Capital gain net income or (net capital loss) (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) 2 Table 1 2 Capital gain net income or (net capital loss)	751. 007.
c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) col. (k), but not less than -0-) or Losses (from col. (h)) a 113 b 13 c d e 2 Capital gain net income or (net capital loss) (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) a 113 b 113 c 161	751. 007.
d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (i) FMV as of 12/31/69 (ii) FMV as of 12/31/69 (ii) FMV as of 12/31/69 (iii) FMV as of 12/31/69 (iv) Excess of col. (iv) col. (k), but not less than -0-) or Losses (from col. (h)) a 113 b c d e (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) 113 c d e 114 c d e 115 c d f f gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	007.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) col. (k), but not less than -0-) or Losses (from col. (h)) a b c d e 2 Capital gain net income or (net capital loss) (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) 2 113 48 2 161	007.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (i) FMV as of 12/31/69 (ii) FMV as of 12/31/69 (ij) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any 113 b c d e 2 Capital gain net income or (net capital loss) (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) 2 Table 1 (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) 2 113	007.
(i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any col. (k), but not less than -0-) or Losses (from col. (h)) 113 b c d e 2 Capital gain net income or (net capital loss) (k) Excess of col. (i) over col. (i) 113 2 161	007.
a 113 b 48 d 48	007.
to de la	007.
c d e 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } } 2 161	
d e 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 2 161, line 7 3 2 161, line 7 3 3 4 4 4 4 4 4 4 4	758
e 2 Capital gain net income or (net capital loss) A lf gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	758
2 Capital gain net income or (net capital loss) (If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	758
	758
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):	, 50
If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 N/A	
If (loss), enter -0- in Part I, line 8 N/A Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income	
If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.	X No
1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.	
(a) (b) (c) (d) Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets (col. (b) divided by col.	
	6860
	0817
4 050 000	2650
	3917
2012 34,957. 793,77604	4039
	8283
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years 3 • 0 4	9657
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	661
5 Multiply line 4 by line 3 5 102	773.
	900.
	·
	673.
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	673.

Form	990-PF (2017) THE SNOWY OWL FOUNDATION			4140781	Page 4
Pá	it VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	or 49	48 -	see instruc	ctions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	15	4 4 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	**************************************	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		10000 () 10000 () 10000 (0000)		40.000
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%		1	3	3,800.
	of Part I, line 27b	***	**************************************		14914111111111111111111111111111111111
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).	5	XXXXX D XX XXXXXXXXX XXXXXXXX XXXXXXX XXXXXXX XXXX	**************************************	SAN ANY AND MAN AND ANY AND ANY AND ANY AND ANY AND ANY AND ANY AND
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	L	2		0.
3	Add lines 1 and 2		3 .	3	3,800.
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	3	3,800.
6	Credits/Payments:	××××	*######		MENARI.
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 1,76	0.			
	Exempt foreign organizations - tax withheld at source 6b	0.	**************************************	TENERS NEWS TO SERVICE AND THE	
	Tax paid with application for extension of time to file (Form 8868)	0.	**************************************	THE STATE OF THE S	
	Backup withholding erroneously withheld 6d	0.		TENNESS OF THE STATE OF THE STA	
7	Total credits and payments. Add lines 6a through 6d	<u> </u>	7	1	.,760.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	Γ	8		0.
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶│	9	2	2,040.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ [10		
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax	▶ [11		
	rt VII-A Statements Regarding Activities			•	
_	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inter	vene II	n	**************************************	Yes No
	any political campaign?			1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the	definit	ion	, 1b	X
-	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.				
c	Did the foundation file Form 1120-POL for this year?		••	1c	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	•			
	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$	0.		MARIAN AND AND AND AND AND AND AND AND AND A	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		•	ANGEL SAN ANGEL	
	managers. ► \$ 0.				1 111 1111
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			· 2	X
	If "Yes," attach a detailed description of the activities.			260-v000 ya 48154 kint 171 200-400 ya 400-400 ya	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporati	on, or		F STANKE IN	
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			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 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) satisfied either:			ASSESSED TO A SECOND PROPERTY OF THE PROPERTY	
	By language in the governing instrument, or			SCHOOL SEE THE	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the	state I	aw		
	remain in the governing instrument?			6	х
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	<u>x</u>
•					iki kan
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	NH		•	**************************************	AND A CONTRACTOR
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)			TO THE STATE OF TH	100 100 100 100 100 100 100 100 100 100
	of each state as required by General Instruction G? If "No," attach explanation				X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	calen	dar	**************************************	**************************************
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV			9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	SI	TMT		X
				Form 990 -	-PF (2017)

ori	m 990-PF (2017) THE SNOWY OWL FOUNDATION 27-41	40781		Page
P	art VII-A Statements Regarding 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		١.	
	section 512(b)(13)? If "Yes," attach schedule. See instructions			X
12	2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ JAMES WEINSTEIN Telephone no. ▶ 603-	795 <u>-</u> 2	074	
	Located at ► 55 HARDSCRABBLE LANE, LYME, NH ZIP+4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			•
	and enter the amount of tax-exempt interest received or accrued during the year	N	I/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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	*********	*****	**************************************
	foreign country	ALME SERVICE	**************************************	CHARACTE AND THE PERSON NAMED IN COLUMN TO A COLUMN TO
P	art VII_BI Statements Regarding Activities for Which Form 4720 May Be Required	TAN SEERLES	* ****	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	492224822	Yes	No
1:	a During the year, did the foundation (either directly or indirectly):	2222222 222222 2222222 2222222 2222222 2222	*********	(ANNOY IN
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	22272 2227 22272 2227	######################################	XXXXXXX
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	AN ARXANA ALA ALANA ALA ALA ALA ALA ALA ALA ALA ALA ALA AL	######################################	(XX XX
	a disqualified person?	NAT ARETER LANGUARES LANGU	** ***********************************	1200 B
'	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	5 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	**************************************	* ************************************
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	APRICAL AC	TAKE AND THE TAKE THE	* ************************************
	(5) Transfer any income or assets to a disqualified person (or make any of either available	NO RESIDENCE NO CONTROL NO CONTRO	**************************************	**************************************
	for the benefit or use of a disqualified person)?	#RF-RE NIE #RF-RE NIE #REZ-YEK W FP-LEJZ NE AZNEPEK		14 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	(6) Agree to pay money or property to a government official? (Exception Check "No"	ALCHARA C	12021-121 121127 120 121127 120	1441744 144174 144174
	·	2000 M	LANS TANKS	
	If the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes X No	HA W AL AN	PARTY PARTY	
	• • • • • • • • • • • • • • • • • • • •	######################################	THE PERSON	
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations 2. A 2.404(4) 2.20 yrs a superstant and a superstant acts are superstant as a superstant and a superstant acts are superstant as a superstant acts are superstant acts are superstant as a superstant acts are superstant acts are superstant acts are superstant acts are s	**************************************	TELESCO.	127.825
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	388886688	1-556293
	Organizations relying on a current notice regarding disaster assistance, check here	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(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	TERRESPONDE NECESTAL	212223	01111111111111111111111111111111111111
_	before the first day of the tax year beginning in 2017?	1c	XXXXXXX XX	X Tink 4.
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	**************************************	STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN CO
	defined in section 4942(j)(3) or 4942(j)(5)):	## ###################################	*********	HANNEY AND
6	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	21.5 x 22.5 x 22		
	before 2017? Yes X No	PRESENTATION OF THE PROPERTY O	20.02°18', (A83848338)	**************************************
	If "Yes," list the years \(\sum_{}\),	THE STREET	CANADA SA	CARL SAN
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	MARKEN TO MARKEN TO MARKEN TO ACCOUNT TO MAKEN T	##1.#XP#### ##1.#X##### ##1.#X##### ##1.#X##########	**************************************
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	22.22.22.22.22.22.22.22.22.22.22.22.22.	INTERNATION OF	1201-122
	statement - see instructions.) N/A	2b	79888888	********
(c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	XXXXX XXX XXXXX X XXX XXXXX X XXX XXXX X XXX XXXX X XXX	**************************************	**********
	<u> </u>	2224 324 2222 3224 2222 324 2222 324 2222 324 2222 324 2222 324 2222 324 2222 3224 2222 324 2222 324 2222 324 2222 324 2222 324 2222 324 2222 3222 3		
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	25.744454 27.744454 27.7444644		
	during the year? Yes X No	92574 2 2 2 244, 2624 2 1164, 2624 2 1164, 2624 2 1164, 2624 2 1164, 2624		
t	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	ALEGATICA TO A TO	44347.293 44347.293 44347.293	
	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	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	**************************************	
	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,	345,186316 345,186316 345,186316 345,186316	********	

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3b

4a

4b

N/A

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

		–	l.		i
_	Compensation of five highest-paid employees (other than those in	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 devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	NONE	,		,	•
	•			·	
_		<u>]</u> .		l ,	
			·		
				<u> </u>	
T	otal number of other employees paid over \$50,000		*		

Form 990-PF (2017)

Form 990-PF (2017)

Form 990-PF (2017) THE SNOWY OWL FOUNDATION	27-4	1140781 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
(a) Name and address 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 Part IX-A Summary of Direct Charitable Activities		0
	Address of a market and the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant s number of organizations and other beneficiaries served, conferences convened, research papers	produced, etc.	Expenses
1 N/A		
2		
3		

4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax yea	r on lines 1 and 2	Amount
1 N/A	on mos rand 2.	, Amount
M/A	-	
2		
All other program-related investments. See instructions.		
3		
	-	
	-	
Total. Add lines 1 through 3	_	0.

P	art X 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:		
a	Average monthly fair market value of securities	1a	2,029,642.
	Average of monthly cash balances	15	2,029,642. 71,537.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	2,101,179.
	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	2,101,179.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	31,518.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,069,661.
6	Minimum investment return. Enter 5% of line 5	6	103,483.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here in and do not complete this part.)	d certain	
1	Mınımum investment return from Part X, line 6	1	103,483.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
¢	Add lines 2a and 2b	2c	3,800.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	99,683.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	99,683.
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	99,683.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	86,618.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	86,618.
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	86,618.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	r the section

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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				99,683.
2 Undistributed income, if any, as of the end of 2017	:			
a Enter amount for 2016 only			0.	
b Total for prior years:		2		
,,,,,,,,,		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014 11,104. d From 2015 4,228.				
e From 2016	15,332.			
f Total of lines 3a through e	15,334.			
4 Qualifying distributions for 2017 from Part XII, line 4: ►\$ 86,618.				
a Applied to 2016, but not more than line 2a	j		0.	
b Applied to undistributed income of prior			<u> </u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				86,618.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	13,065.			13,065.
must be shown in column (a)) 6 Enter the net total of each column as				
indicated below:	2 267			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,267.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				•
the section 4942(a) tax has been previously assessed	į	0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
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			ı	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				!
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	2,267.			
O Aπalysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015 2, 267.				; t
d Excess from 2016				
e Excess from 2017				

	WY OWL FOUN		A ====================================		40781 Page 10
·	 		-A, question 9)	N/A	
1 a If the foundation has received a ruling of		-			
foundation, and the ruling is effective fo		-	▶ ∟		
b Check box to indicate whether the found	dation is a private operation	g foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) ² 014	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a	·			/	
c Qualifying distributions from Part XII,			/		
, , ,	ĺ				
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				1	
for active conduct of exempt activities.			/	1	
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)				ł	
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	`				
, ,				· -	
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5 000 or mo	re in assets
at any time during t			ii tiic ioailaatioi	ι παα φο,σσο σι πις	no in addotto
		<u> </u>			
1 Information Regarding Foundation					
a List any managers of the foundation wh			ributions received by the	toundation before the clos	se of any tax
year (but only if they have contributed n	nore man \$5,000). (See Si	ection 507(u)(2).)			
SEE STATEMENT 8					
b List any managers of the foundation wh			or an equally large porti	on of the ownership of a pa	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	t.			
NONE					
2 Information Regarding Contributi	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation of				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone num					
a The hame, dutiess, and telephone hum	טיי טו פווימוו מטטו כפט טו נוו	o person to whom applic	anona anoula de audica	ood.	
					
b The form in which applications should b	e submitted and informat	ion and materials they sh	ioula include:		
		- 	<u> </u>		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields,	kinds of institutions, or	other factors:	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year BRADLEY UNIVERSITY PUBLIC CHARITY GENERAL SUPPORT 1501 WEST BRADLEY AVENUE PEORIA, IL 61625 10,000. PUBLIC CHARITY GENERAL SUPPORT CASA PO BOX 1327 2,000. MANCHESTER NH 03105 PUBLIC CHARITY GENERAL SUPPORT DEERFIELD ACADEMY 7 BOYDEN LANE, PO BOX 87 2,000. DEERFIELD, MA 01342 FOR INSPIRATION AND RECOGNITION OF PUBLIC CHARITY GENERAL SUPPORT SCIENCE AND TECHNOLOGY 200 BEDFORD ST 25,000. MANCHESTER, NH 03101 PUBLIC CHARITY GENERAL SUPPORT GIVE KIDS THE WORLD 210 SOUTH BASS ROAD 10,000. KISSIMMEE FL 34746 SEE CONTINUATION SHEET(S) ▶ 3a 77,000. Total b Approved for future payment NONE Total

Part XVI-A	Analysis	of Income	-Producing	Activities
	Milalysis		-r roducing	ACTIVITIES

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ded by section 512, 513, or 514	(e)
·	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		COGE		
a					,
b					<u> </u>
<u> </u>	<u> </u>				
d					
e					
g Fees and contracts from government agencies			-		
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1 1	550	
investments			14 14	552. 27,669.	
4 Dividends and interest from securities	**************************************	***************************************	L4	47,009.	
5 Net rental income or (loss) from real estate:	(### <u>#################################</u>	120, 175, 125, 125, 125, 125, 125, 125, 125, 12	APET APER	ECK TEX ATMENT ADMINING TO THE MANAGEMENT AND WARRANTS OF THE PERSON OF	Sauta diatitikalitikantilandibilikati.*\tziltasu.iistt
a Debt-financed property	 				
b Not debt-financed property	<u> </u>				<u> </u>
6 Net rental income or (loss) from personal	1			s	
property	 				
7 Other investment income	 				
8 Gain or (loss) from sales of assets other	1	ł	18	161 750	
than inventory	-	•	10	161,758.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		•			
11 Other revenue:					
a			-		
b			1		
c	,		 		
d	-		 		
	.v. \$222.734 - 6334.5 15 44.55.45588855522.	0	*1 4/10/19	189,979.	0.
12 Subtotal. Add columns (b), (d), and (e)	in has in the spanning of the state of the spanning of the spanning of the state of	0 •	**********	109,979.	4 4 4 4 4 4 4
13 Total Add line 12, columns (b), (d), and (e)				13 _	100,010.
(See worksheet in line 13 instructions to verify calculations.)			_		
Part XVI-B. Relationship of Activities	to the Acc	omplishment of Ex	cemp	t Purposes	
Line No Explain below how each activity for which inco			contrib	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing it	inas for such purposes).	•		
			_		 -
					· · · · · · · · · · · · · · · · · · ·
				 	
	· · · · · · · · · · · · · · · · · · ·			<u>. </u>	<u></u>
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Form 99	0-PF (2	017) THE S	NOWY OWL	FOUNDA	TION		27-	4140781	Page 1
Part	XVII			sfers to a	nd Transactions a	nd Relations	hips With Non	charitable	!
		Exempt Organ	izations					····	
		•			ig with any other organizations?		tion 501(c)		Yes No
		from the reporting found	ation to a noncharita	able exempt or	ganization of				1 mg 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Cash	accate						1a(1) 1a(2)	X
	Other er tran	sactions						7.53 m	
		of assets to a noncharita	ible exempt organiza	ation				1b(1)	X
(2)	Purch	ases of assets from a no	ncharitable exempt	organization				1b(2)	X
(3)	Renta	l of facilities, equipment,	or other assets					1b(3)	X
		oursement arrangements						1b(4)	X
		or loan guarantees						1b(5)	X
		rmance of services or me	•	•				1b(6)	X
	-	facilities, equipment, ma	-			wave above the form	market value of the a	1c	
or	service	s given by the reporting fo	oundation If the fou	indation receiv	edule. Column (b) should al ed less than fair market vali				ets,
(a)Line n) the value of the goods, (b) Amount involved			e exempt organization	(d) Description	n of transfers, transactio	ns, and sharing an	rangements
(4)2		(b)/illicult livelved	(o) mamo o	N/A	o o o o o o o o o o o o o o o o o o o	(0) 2000.p.(0)		no, and onaing an	a igomonia
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		.							
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	-						·		
			 						
	+	· · · -	 						
	-					-			
	+								
							- 		
ın s	section	501(c) (other than sectio	n 501(c)(3)) or in s	-	or more tax-exempt organ	izations described		Yes	X No
וו ע	100, 00	mplete the following sch (a) Name of org			(b) Type of organization	T	(c) Description of re	lationship	
		N/A						_	
									
	Lindor	appalition of partition I deplete	that I have examined th	us sature includes	g accompanying schedules and	I statements, and to the	hart of my knowledge		
Sign Here					n taxpayer) is based on all inform		er has any knowledge	May the IRS of return with the shown below. X Yes	e preparer
	Sign	ature of officer or trustee			Date	Title			
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	<u> </u>	PTIN	
Dم:م			aau 222	tm.	e J. Schole CPa	10/4/18	self- employed	הממנים	005
Paid Prepa	arer	MURIEL D.				10/1/14	Firm's EIN ► 0	P00352	
, ieh	ui Ci	Firm's name NAT	TAM MECHS	DUEK &	CO., P.A.		Trim s EIN PU	4-034/3	4

Phone no. 603-448-2650 Form **990-PF** (2017)

Firm's address ▶ 44 SCHOOL STREET

LEBANON, NH 03766

Paid Preparer **Use Only**

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

T	HE SNOWY OWL FOUNDATION	27-4140781					
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						
	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						
X For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling						
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							
year, total contribu	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 certify that it doesn't meet 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

Employer identification number

THE SNOWY OWL FOUNDATION

27-4140781

<u> </u>	NOWI OWE I CONDITION		
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES AND MIRIAM WEINSTEIN 55 HARDSCRABBLE LANE LYME, NH 03768	\$255,182. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ESTATE OF CAROLYN WEINSTEIN DTD 9/17/17 55 HARDSCRABBLE LANE LYME, NH 03768	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 Oncash Complete Part II for noncash contributions)

Name of organization

Employer identification number

THE SNOWY OWL FOUNDATION

27-4140781

art II Nonc	ash Property (see instructions) Use duplicate copies of F	Part II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From	(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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization Employer identification number THE SNOWY OWL FOUNDATION 27-4140781 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (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 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 (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

Part XV Supplementary Information				I
3 Grants and Contributions Paid During the Yo	If recipient is an individual,		` ·	
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
GREENWOOD MUSIC CAMP		PUBLIC CHARTTY	GENERAL SUPPORT	
PO BOX 1045		TOBBIC CIRRCITI	Service Source	
EASTHAMPTON, MA 01027				
MIDDLEBURY COLLEGE		PUBLIC CHARITY	GENERAL SUPPORT	
5 COURT STREET				
MIDDLEBURY, VT 05753-6014				5,000
			GENERAL SUPPORT	
NATIONAL ACADEMY OF MEDICINE 500 5TH STREET NW		PUBLIC CHARITY	GENERAL SUPPORT	
WASHINGTON DC 20001				2,000
UPPER VALLEY EDUCATORS INSTITUTE		PUBLIC CHARITY	GENERAL SUPPORT	
194 DARTMOUTH COLLEGE HIGHWAY				
LEBANON, NH 03766				2,000
TRILLIUM		PUBLIC CHARITY	GENERAL SUPPORT	
37 STARLAKE LANE				
NORWICH, VT 05055				5,000
GUIDING EYES FOR THE BLIND PO BOX 97007		PUBLIC CHARITY	GENERAL SUPPORT	
WASHINGTON DC 20090				2,000
CITY YEAR		PUBLIC CHARITY	GENERAL SUPPORT	
287 COLUMBUS AVE				
BOSTON, MA 02116				10,000
		,		
			·	
Total from continuation sheets				28,000

FORM 990-PF	TAX	TAXES			STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM			
FEDERAL TAXES	1,933.		0.			0.	
TO FORM 990-PF, PG 1, LN 18	1,933.		0.			0.	
FORM 990-PF	OTHER E	XPENSES			STATEMENT	5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM			
FILING FEES INVESTMENT MANAGEMENT FEES ADR FEES AMORTIZATION PREMIUMS	75. 7,587. 56. 300.		0. 0. 0.		7,5	75. 87. 56.	
TO FORM 990-PF, PG 1, LN 23	8,018.		0.		8,0	18.	
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6	
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE' VALUE	T	
EQUITIES FIXED INCOME		COST COST	1	1,327,777. 642,518.	1,337,6		
TOTAL TO FORM 990-PF, PART I	I, LINE 13		1	1,970,295.	1,974,2	61.	

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

NAME OF CONTRIBUTOR

JAMES AND MIRIAM WEINSTEIN

55 HARDSCRABBLE LANE
LYME, NH 03768

ESTATE OF CAROLYN WEINSTEIN

55 HARDSCRABBLE LANE
LYME, NH 03768

FORM 990-PF

PART XV - LINE 1A

STATEMENT 8

LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

JAMES WEINSTEIN MIRIAM WEINSTEIN

FORM 990-PF INTERES	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT
SOURCE		(A REVE PER B	NUE		(B) VESTMENT COME	(C) ADJUSTED NET INCOME
CHEVY CHASE TRUST IN ADVISORS FIDELITY INVESTMENTS			543. 9.	<u> </u>	543.	
TOTAL TO PART I, LIN	NE 3		552.		552.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	
CHEVY CHASE TRUST INVESTMENT ADVISORS FIDELITY	19,650	. 5	5.	19,595.		
INVESTMENTS TO PART I, LINE 4	56,026 75,676			8,074.	-	
=	,					
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	3) NVEST- INCOME	(C) ADJUSTED NET INCOM	
ACCOUNTING FEES		1,600.		0.		1,600
TO FORM 990-PF, PG	l, LN 16B	1,600.		0.		1,600