

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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.**
 ▶ **Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.**

OMB No 1545-0052
2017
Open to Public Inspection

For calendar year 2017, or tax year beginning 10-01-2017, and ending 09-30-2018

Name of foundation ALEXANDER EASTMAN FOUNDATION C/O ROBERT MCDONALD TREASURER		A Employer identification number 02-0222124	
Number and street (or P O box number if mail is not delivered to street address) SquareTail 120 Main St No 110		B Telephone number (see instructions) (888) 228-1821	
City or town, state or province, country, and ZIP or foreign postal code Nashua, NH 03060		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 11,367,797		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	81,632			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	26	26		
	4 Dividends and interest from securities	247,071	247,071		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	756,646			
	b Gross sales price for all assets on line 6a	2,987,198			
	7 Capital gain net income (from Part IV, line 2)		756,646		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	1,085,375	1,003,743			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	12,500	2,250		10,250
	c Other professional fees (attach schedule)	85,000	40,000		45,000
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	9,614	0		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	6,111	0		6,111
	22 Printing and publications				
	23 Other expenses (attach schedule)	2,099	0		2,015
	24 Total operating and administrative expenses. Add lines 13 through 23	115,324	42,250		63,376
	25 Contributions, gifts, grants paid	584,580			574,080
26 Total expenses and disbursements. Add lines 24 and 25	699,904	42,250		637,456	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	385,471				
b Net investment income (if negative, enter -0-)		961,493			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	22,364	21,733	21,733
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	11,456,481	11,343,904	11,343,904
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	100	2,160	2,160	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	11,478,945	11,367,797	11,367,797	
Liabilities	17 Accounts payable and accrued expenses		15,700	
	18 Grants payable	225,750	236,250	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	6,000	5,415	
	23 Total liabilities (add lines 17 through 22)	231,750	257,365	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	5,185,219	4,952,497	
	25 Temporarily restricted			
	26 Permanently restricted	6,061,976	6,157,935	
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	11,247,195	11,110,432		
31 Total liabilities and net assets/fund balances (see instructions) .	11,478,945	11,367,797		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	11,247,195
2 Enter amount from Part I, line 27a	2	385,471
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	11,632,666
5 Decreases not included in line 2 (itemize) ▶ _____	5	522,234
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	11,110,432

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a See Additional Data Table				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a See Additional Data Table				
b				
c				
d				
e				
(i) F M V as of 12/31/69			(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any
1 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 See Additional Data Table				
b				
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	756,646
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	565,855	9,860,994	0.057383
2015	668,315	9,512,101	0.070259
2014	636,303	9,981,738	0.063747
2013	591,582	10,532,506	0.056167
2012	605,060	10,364,270	0.058379
2 Total of line 1, column (d)			2 0.305935
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.061187
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 10,002,972
5 Multiply line 4 by line 3			5 612,052
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 9,615
7 Add lines 5 and 6			7 621,667
8 Enter qualifying distributions from Part XII, line 4			8 637,456

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.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, and credits/payments. Total tax due is 1,305.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting requirements. Columns for Yes/No.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at SQUARETAIL 120 MAIN ST 110 NASHUA NH ZIP+4 03060

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.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?			5b
	Organizations relying on a current notice regarding disaster assistance check here.			<input type="checkbox"/>
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b
				No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. **0**

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "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. **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

1	Expenses

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

1	Amount
All other program-related investments See instructions	

Total. Add lines 1 through 3 **0**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, 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	10,133,253
b	Average of monthly cash balances.	1b	22,049
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	10,155,302
e	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	10,155,302
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	152,330
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,002,972
6	Minimum investment return. Enter 5% of line 5.	6	500,149

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	500,149
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	9,615
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	9,615
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	490,534
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	490,534
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	490,534

Part 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	637,456
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	637,456
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 (see instructions).	5	9,615
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	627,841

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 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				490,534
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	99,125			
b From 2013.	76,458			
c From 2014.	145,348			
d From 2015.	197,470			
e From 2016.	81,204			
f Total of lines 3a through e.	599,605			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>637,456</u>				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				490,534
e Remaining amount distributed out of corpus	146,922			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	746,527			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of 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 amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			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 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 (see instructions).	99,125			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	647,402			
10 Analysis of line 9				
a Excess from 2013.	76,458			
b Excess from 2014.	145,348			
c Excess from 2015.	197,470			
d Excess from 2016.	81,204			
e Excess from 2017.	146,922			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
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					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
 PAUL HEBERT SEE ATTACHED
 SQUARETAIL 120 MAIN ST 110
 NASHUA, NH 03060
 (603) 417-3328
 paul@squaretailco.com

b The form in which applications should be submitted and information and materials they should include
 SEE ATTACHED

c Any submission deadlines
 SEE ATTACHED

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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient 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 <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				574,080
b <i>Approved for future payment</i>				
GREATER DERRY COMMUNITY HEALTH SERVICES 14 TSIENNETO ROAD SUITE 301 DERRY, NH 03038		ORG	TO PROVIDE ACCESS TO HEALTH CARE NETWORK FOR LOW-INCOME OR UNINSURED	146,250
GREATER DERRY ORAL HEALTH COLLABORATIVE 28 SOUTH MAIN STREET DERRY, NH 03038		ORG	TO PROVIDE SUPPORT FOR THE CHILDREN'S DENTAL NETWORK	90,000
Total ▶ 3b				236,250

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
Parametric Emerging Markets	P	2007-09-30	2017-10-04
Vanguard Extended Market	P	2007-09-30	2017-10-05
Laudus Mondrian Intl Fixed Income Fund	P	2007-09-30	2017-10-23
Voya Global Real Estate	P	2007-09-30	2017-10-24
Vanguard 500 Index Fund Signal Shrs	P	2007-09-30	2017-12-21
Parametric Emerging Markets	P	2007-09-30	2017-12-21
Vanguard Extended Market	P	2007-09-30	2017-12-21
Vanguard Extended Market	P	2007-09-30	2018-05-16
AMG TimesSquare Mid Cap Growth - Premier	P	2007-09-30	2018-07-06
Vanguard Extended Market	P	2007-09-30	2018-07-06

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
49,985		51,156	-1,171
49,985		39,626	10,359
478,696		520,567	-41,871
602,316		569,641	32,675
75,000		26,498	48,502
75,000		75,333	-333
54,000		41,476	12,524
40,000		29,588	10,412
100,000		71,856	28,144
150,000		107,001	42,999

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			-1,171
			10,359
			-41,871
			32,675
			48,502
			-333
			12,524
			10,412
			28,144
			42,999

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
Harbor Intl Institution	P	2007-09-30	2018-09-18
Capital Gains Dividends	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
1,175,231		697,810	477,421
136,985			136,985

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

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))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			477,421
			136,985

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Jen Hamilton 37 Meadow Brook Crossing Sandown, NH 03873	Chair 1 50	0	0	0
John Vaccarezza 83 Royal Range Road Sandown, NH 03873	Vice Chair 1 50	0	0	0
Robert McDonald 49 Forest Street Londonderry, NH 03053	Treasurer 2 50	0	0	0
Susan Linehan RN BSN 4 Diamond Drive Derry, NH 03038	Clerk 1 50	0	0	0
Jill Hartmann 212 Jennifer Drive Chester, NH 03036	Trustee 1 50	0	0	0
William Burdin Esq PO Box 44 Windham, NH 03087	Trustee 1 50	0	0	0
Katherine Boutin JD 348 Meadow Fox Lane Chester, NH 03036	Trustee 1 50	0	0	0
Craig Bulkley 25 Gervaise Drive Derry, NH 03038	Trustee 1 50	0	0	0
Laura Dickens 2 Bowers Road Derry, NH 03038	Trustee 1 50	0	0	0
Thomas Hosey 441 Haverhill Road Chester, NH 03036	Trustee 1 50	0	0	0
William Lonergan 96 Harantis Lake Road Chester, NH 03036	Trustee 1 50	0	0	0
David McPherson 7 Colony Brook Lane Derry, NH 03038	Trustee 1 50	0	0	0
Dr Christopher Peterson MD 58 Floyd Road Derry, NH 03038	Trustee 1 50	0	0	0
Terry McCormick 50 Nashua Road Londonderry, NH 03053	Trustee 1 50	0	0	0
Dr John Moody PhD 3 Horseshoe Drive Derry, NH 03038	Trustee 1 50	0	0	0

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Andrew Nelson 45 Gervaise Drive Derry, NH 03038	Trustee 1 50	0	0	0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILD AND FAMILY SERVICES 112 WEST PEARL ST NASHUA, NH 03060		ORG	TO SUPPORT THE COUNTING THE DAYS PROGRAM FOR CHILDREN OF INCARCERATED PARENTS	5,800
COMMUNITY CAREGIVERS OF GREATER DERRY 58 EAST BROADWAY DERRY, NH 03038		ORG	TO PROVIDE SUPPORT AND ASSISTANCE TO HELP PEOPLE MAINTAIN INDEPENDENCE IN THEIR HOME ENVIRONMENT	28,000
COPPER CANNON CAMP 124 GALE RIVER ROAD FRANCONIA, NH 03580		ORG	SCHOLARSHIPS FOR 8 LOW-INCOME DERRY AREA CAMPERS	8,000
Total ▶ 3a				574,080

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount	
Name and address (home or business)					
a <i>Paid during the year</i>					
FAMILY PROMISE OF GREATER ROCKINGHAM COUNTY 145 HAMPSTEAD ROAD DERRY, NH 03038					7,000
GREATER DERRY COMMUNITY HEALTH SERVICES 14 TSIENNETO ROAD SUITE 301 DERRY, NH 03038					186,000
GREATER DERRY ORAL HEALTH COLLABORATIVE 28 SOUTH MAIN STREET DERRY, NH 03038					118,500
Total 3a	▶			574,080	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ISAIAH 5879 BUTTRICK ROAD HAMPSTEAD, NH 03841		ORG	TO ASSIST HOMELESS AND LOW-INCOME INDIVIDUALS AND FAMILIES IN WESTERN ROCKINGHAM COUNTY IN OBTAINING ADEQUATE HOUSING, MAINTAIN A SELF-SUFFICIENT LIFESTYLE IN ORDER TO REMAIN SECURE IN HOUSING, FOOD AND EMPLOYMENT NEEDS	17,000
NH CATHOLIC CHARITIES 215 MYRTLE STREET MANCHESTER, NH 03104		ORG	TO SUPPORT COST OF STAFF TO REJUVENATE AND STABILIZE THE LONDONDERRY MEALS ON WHEELS SITE	25,000
PLANNED PARENTHOOD OF NEW ENGLAD 14 MANNING STREET DERRY, NH 03038		ORG	TO SUPPORT AFFORDABLE REPRODUCTIVE AND SEXUAL HEALTH	35,000
Total ▶				574,080
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROCKINGHAM NUTRITION & MEAL OF WHEELS 106 NORTH ROAD BRENTWOOD, NH 03833		ORG	TO SUPPORT COST OF FOOD PURCHASED BY NH FOOD BANK AND FOOD PANTRIES	34,000
SONSHINE SOUP KITCHEN 4 CRYSTAL AVENUE DERRY, NH 03038		ORG	TO SUPPORT THE ADDITION OF HEALTHIER, FRESH FOODS TO THE SOUP KITCHEN MENU	12,280
THE UPPER ROOM A FAMILY RESOURCE CENTER 36 TSIENNETO DRIVE DERRY, NH 03038		ORG	TO SUPPORT COSTS OF GREATER DERRY FAMILY OUTREACH PROGRAM	30,000
Total ▶				574,080
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FUTURE IN SIGHT 25 WALKER STREET CONCORD, NH 03301		ORG	TO PROVIDE SERVICES TO THE BLIND AND VISUALLY IMPAIRED	15,000
COMMUNITY CROSSROADS 8 COMMERCE DRIVE UNIT 801 ATKINSON, NH 03811		ORG	TO PROVIDE SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES	10,000
END 68 HOURS OF HUNGER PO BOX 676 SOMERSWORTH, NH 03878		ORG	TO SUPPORT CHILDREN WITH FOOD INSECURITY	10,000
Total 3a				574,080

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ST GIANNA'S PLACEPO BOX 725 LONDONDERRY, NH 03053		ORG	TO PROVIDE HOUSING FOR WOMEN FACING CRISIS PREGNANCIES AND THEIR BABIES	10,000
THE SALVATION ARMY18 FOLSOM ROAD DERRY, NH 03038		ORG	PROVIDES MEALS TO THE COMMUNITY FOOD PANTRY, SUMMER FEEDING PROGRAM, CHRISTMAS BASKETS, AND AFTERSCHOOL CLUB	7,500
LISA TEMPLE6 LAWRENCE RD APT 103B DERRY, NH 03038		IND	SCHOLARSHIP	3,000
Total ▶ 3a				574,080

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EMILY HUSSON3 GARDINERS WAY DERRY, NH 03038		IND	SCHOLARSHIP	3,000
BRITTANY ANZALONE 26 CHATHAM CIRCLE SALEM, NH 03079		IND	SCHOLARSHIP	3,000
APRIL BEGLEY3 LINLEW DRIVE APT 14 DERRY, NH 03038		IND	SCHOLARSHIP	3,000
Total ▶ 3a				574,080

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ERIC EMERSON 102 SMITH ROAD CHESTER, NH 03036		IND	SCHOLARSHIP	3,000
Total				574,080
3a				

TY 2017 Accounting Fees Schedule

Name: ALEXANDER EASTMAN FOUNDATION
C/O ROBERT MCDONALD TREASURER
EIN: 02-0222124

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING SERVICES	3,000	2,250		750
AUDIT EXPENSE	9,500	0		9,500

TY 2017 Investments - Other Schedule

Name: ALEXANDER EASTMAN FOUNDATION
C/O ROBERT MCDONALD TREASURER

EIN: 02-0222124

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	10,103,493	10,103,493
BENEFICIAL INTEREST IN TRUSTS	FMV	1,240,411	1,240,411

TY 2017 Other Assets Schedule

Name: ALEXANDER EASTMAN FOUNDATION
C/O ROBERT MCDONALD TREASURER
EIN: 02-0222124

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DUE FROM HAT	100	2,160	2,160

TY 2017 Other Decreases Schedule

Name: ALEXANDER EASTMAN FOUNDATION
C/O ROBERT MCDONALD TREASURER
EIN: 02-0222124

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	522,234

TY 2017 Other Expenses Schedule

Name: ALEXANDER EASTMAN FOUNDATION
C/O ROBERT MCDONALD TREASURER

EIN: 02-0222124

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Bank Fees	125	0		125
NH Filing Fee	75	0		75
Postage	100	0		100
Web Design	1,715	0		1,715
Office Supplies	84	0		0

TY 2017 Other Liabilities Schedule

Name: ALEXANDER EASTMAN FOUNDATION
C/O ROBERT MCDONALD TREASURER

EIN: 02-0222124

Description	Beginning of Year - Book Value	End of Year - Book Value
Accrued Federal Taxes	6,000	5,415

TY 2017 Other Professional Fees Schedule

Name: ALEXANDER EASTMAN FOUNDATION
C/O ROBERT MCDONALD TREASURER

EIN: 02-0222124

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADMINISTRATIVE SERVICES	45,000	0		45,000
INVESTMENT MANAGEMENT FEES	40,000	40,000		0

TY 2017 Taxes Schedule

Name: ALEXANDER EASTMAN FOUNDATION
C/O ROBERT MCDONALD TREASURER

EIN: 02-0222124

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	9,614	0		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, or 990-PF
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at
www.irs.gov/form990

OMB No 1545-0047
2017

Name of the organization
ALEXANDER EASTMAN FOUNDATION
C/O ROBERT MCDONALD TREASURER

Employer identification number
02-0222124

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

- 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

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization ALEXANDER EASTMAN FOUNDATION C/O ROBERT MCDONALD TREASURER	Employer identification number 02-0222124
--	---

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	Leon P Widger Trust <hr/> C/O Bank of America <hr/> Nashua, NH03064	\$ 41,865	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	Harrison Alexander Trust <hr/> SquareTail 120 Main St 110 <hr/> Nashua, NH03060	\$ 30,963	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization ALEXANDER EASTMAN FOUNDATION C/O ROBERT McDONALD TREASURER	Employer identification number 02-0222124
--	---

Part II **Noncash Property** (See instructions) Use duplicate copies of 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
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

Name of organization ALEXANDER EASTMAN FOUNDATION C/O ROBERT MCDONALD TREASURER	Employer identification number 02-0222124
--	---

Part III 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 completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 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 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