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2017

OMB No 1545-0052

# **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

| For                     | caler                         | ndar year 2017, or tax year beginning 12-01-20   | )17 , ar                     | nd en  | iding 11-30-                          | 2018   |                         |
|-------------------------|-------------------------------|--|------------------------------|--|---------------------------------------|--|-------------------------|
|                         |                               | indation<br>ARPER CHARITABLE FOUNDATION INC  |                              |  | A Employer ide                        | entification numbe                           | er                      |
|                         | 2 <b>0</b> (1 <b>1</b> (2) 1) | EN CHARACTE TOOLS ATTOM THE  |                              |  | 04-2944189                            |  |                         |
|                         |                               | l street (or P O box number if mail is not delivered to street address)<br>CLANE 200 CLARENDON ST FL56                               |                              | B Telephone number (see instructions)            |                                       |  |                         |
| C,                      | OFAIN                         | CLANE 200 CLARENDON 31 1 E30   |                              | (617) 574-6700                                   | ı                                     |  |                         |
|                         |                               | , state or province, country, and ZIP or foreign postal code<br>A 02116  | 1                            |  | <b>C</b> If exemption                 | application is pendir                        | ng, check here          |
| G Cł                    | neck al                       | l that apply 🔲 Initial return 🔲 Initial return of a  | former public charity        |  | <b>D 1.</b> Foreign org               | ganizations, check h                         | ere 🔲                   |
|                         |                               | ☐ Final return ☐ Amended return  |                              |  |                                       | ganizations meeting                          |                         |
|                         |                               | $\square$ Address change $\square$ Name change   |                              |  |                                       | k here and attach co                         | · -                     |
| H C                     | neck ty                       | pe of organization $\checkmark$ Section 501(c)(3) exempt private   | foundation                   |  |                                       | ındatıon status was<br>n 507(b)(1)(A), che   |                         |
| <u></u>                 | Section                       | 4947(a)(1) nonexempt charitable trust  Other taxabl  | e private foundation         |  |                                       |  |                         |
| of                      | year <i>(f</i>                | set value of all assets at end from Part II, col (c),  \$ 38,011,011  J Accounting method  Other (specify)  (Part I, column (d) must | Cash Accru                   | al   |                                       | ation is in a 60-mont<br>n 507(b)(1)(B), che |                         |
| Pa                      | rt I                          | Analysis of Revenue and Expenses (The total  | (-) D                        |  |                                       |  | (d) Disbursements       |
|                         |                               | of amounts in columns (b), (c), and (d) may not necessarily  | (a) Revenue and expenses per | (b)  | Net investment income                 | (c) Adjusted net income                      | for charitable purposes |
|                         |                               | equal the amounts in column (a) (see instructions) )   | books                        |  |                                       |  | (cash basis only)       |
|                         | 1                             | Contributions, gifts, grants, etc , received (attach schedule)   | 2,119,065                    | 1  |                                       |  |                         |
|                         | 2                             | Check ► ☐ if the foundation is <b>not</b> required to attach Sch B   |                              |  |                                       |  |                         |
|                         | 3                             | Interest on savings and temporary cash investments   | 21,641                       |  | 21,641                                |  |                         |
|                         | 4                             | Dividends and interest from securities   | 322,308                      | 3  | 322,308                               |  |                         |
|                         | 5a                            | Gross rents  |                              |  |                                       |  |                         |
|                         | ь                             | Net rental income or (loss)  |                              |  |                                       |  |                         |
| KI 6                    | 6a                            | Net gain or (loss) from sale of assets not on line 10  | 3,132,491                    |  |                                       |  |                         |
| Reversie                | b                             | Gross sales price for all assets on line 6a 6,211,322  |                              |  |                                       |  |                         |
|                         | 7                             | Capital gain net income (from Part IV, line 2)   |                              |  | 3,846,007                             |  |                         |
|                         | 8                             | Net short-term capital gain  |                              |  |                                       |  |                         |
|                         | 9                             | Income modifications   |                              |  |                                       |  |                         |
|                         | 10a                           | Gross sales less returns and allowances  |                              |  |                                       |  |                         |
|                         | ь                             | Less Cost of goods sold  |                              |  |                                       |  |                         |
|                         | С                             | Gross profit or (loss) (attach schedule)   |                              |  |                                       |  |                         |
|                         | 11                            | Other income (attach schedule)   | 3,905                        | -  | 6,816                                 |  |                         |
|                         | 12                            | Total. Add lines 1 through 11  | 5,599,410                    |  | 4,196,772                             |  |                         |
|                         | 13                            | Compensation of officers, directors, trustees, etc   | 0                            |  | 0                                     |  | (                       |
| _                       | 14                            | Other employee salaries and wages  |                              |  |                                       |  |                         |
| ses                     | 15<br>16a                     | Pension plans, employee benefits   |                              |  |                                       |  |                         |
| en<br>En                | b                             | Accounting fees (attach schedule)  | 2,500                        |  | 2,500                                 |  |                         |
| Administrative Expenses | C                             | Other professional fees (attach schedule)  | 24,065                       |  | 24,065                                |  |                         |
| Ne                      | 17                            | Interest   | 23,877                       |  | 23,877                                |  |                         |
| rat                     | 18                            | Taxes (attach schedule) (see instructions)   | 76,025                       | <del>                                     </del> | 3,025                                 |  |                         |
| ) St                    | 19                            | Depreciation (attach schedule) and depletion   |                              |  | · · · · · · · · · · · · · · · · · · · |  |                         |
| ፪                       | 20                            | Occupancy  |                              |  |                                       |  |                         |
| Ă                       | 21                            | Travel, conferences, and meetings  |                              |  |                                       |  |                         |
| bue<br>end              | 22                            | Printing and publications  |                              |  |                                       |  |                         |
| Ď                       | 23                            | Other expenses (attach schedule)   | 92,894                       |  | 92,876                                |  | (                       |
| Operating and           | 24                            | Total operating and administrative expenses.   |                              |  |                                       |  |                         |
| ber                     |                               | Add lines 13 through 23  | 219,361                      |  | 146,343                               |  |                         |
| 0                       | 25                            | Contributions, gifts, grants paid  | 2,089,721                    |  |                                       |  | 2,089,721               |
|                         | 26                            | <b>Total expenses and disbursements.</b> Add lines 24 and 25   | 2,309,082                    | <u></u>  | 146,343                               |  | 2,089,72                |
|                         | 27                            | Subtract line 26 from line 12  |                              |  |                                       |  |                         |
|                         | а                             | Excess of revenue over expenses and disbursements  | 3,290,328                    | 3  |                                       |  |                         |
|                         | ь                             | Net investment income (If negative, enter -0-)   |                              |  | 4,050,429                             |  |                         |
|                         | С                             | Adjusted net income(If negative, enter -0-)  |                              |  |                                       |  |                         |
| or                      | Daner                         | work Reduction Act Notice, see instructions.   |                              |  | + No. 11280V                          | , Ea   | rm 000-BE (2017         |

|      | ~   | Savings and temperary cash investments                             |           | l          |            |            |
|------|-----|--|-----------|------------|------------|------------|
|      | 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 ▶                             |           |            |            |            |
| S    | 8   | Inventories for sale or use  |           |            |            |            |
| sets | 9   | Prepaid expenses and deferred charges                              |           |            |            |            |
| As   | 10a | Investments—U S and state government obligations (attach schedule) |           |            |            |            |
|      | ь   | Investments—corporate stock (attach schedule)                      | 9,438,927 | ر <b>چ</b> | 13,708,772 | 21,264,640 |
|      | С   | 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)                                | 9,949,428 | ارچھ       | 10,483,856 | 15,599,497 |
|      | 14  | Land, buildings, and equipment basis ▶                             |           |            |            | _          |
|      |     | Less accumulated depreciation (attach schedule) ▶                  |           |            |            |            |

ارچ

1,531,833

1,531,833

21,226,674

21,226,674

22,758,507

25,339,502

822,500

822,500

24,517,002

24,517,002

25,339,502

1

2

3

4

5

21,226,674

3,290,328

24,517,002

24,517,002

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38,011,011

# 15 Other assets (describe ▶ \_ 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 22,758,507 17 Accounts payable and accrued expenses . 18 Grants payable. . . . .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Capital stock, trust principal, or current funds . . . .

Total net assets or fund balances (see instructions) .

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

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Liabilities

Assets or Fund Balances

19

20

21

22 23

24

25

26

27

28

29 Net 30

31

Part III

2

3

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

Other liabilities (describe ...

Page **3** 

| List and describe t<br>2-story brick ware                      | (b) How acquired P—Purchase D—Donation  | (c) Date acquired (mo , day, yr ) | (d) Date sold (mo , day, yr )            |  |  |
|--|---|-----------------------------------|--|--|--|
| <b>1a</b> See Additional Data Table                            | 2   |                                   |  |  |  |
| b  |   |                                   |  |  |  |
| С  |   |                                   |  |  |  |
| d  |   |                                   |  |  |  |
| e  |   |                                   |  |  |  |
| (-)  | (f)   |                                   | (g)                                      | (  | h)   |
| (e)<br>Gross sales price                                       | Depreciation allowed (or allowable)   | <b>I</b>                          | other basis<br>ense of sale              |  | r (loss)<br>) minus (g)                                  |
| a See Additional Data Table                                    | e .   |                                   |  |  |  |
| b  |   |                                   |  |  |  |
| c  |   |                                   |  |  |  |
| d  |   |                                   |  |  |  |
| e  |   |                                   |  |  |  |
| Complete only for assets                                       | showing gain in column (h) and ow   | ned by the foundation             | on 12/31/69                              | (  | I)   |
| (i)<br>F M V as of 12/31/69                                    | (j)<br>Adjusted basis<br>as of 12/31/69   | Excess                            | ( <b>k)</b><br>of col (ı)<br>(ı), ıf any | col (k), but not                                   | h) gain minus<br>less than -0-) <b>or</b><br>om col (h)) |
| a See Additional Data Table                                    |   |                                   | (3),                                     |  |  |
| b  |   |                                   |  |  |  |
| С  |   |                                   |  |  |  |
| d  |   |                                   |  |  |  |
| e  |   |                                   |  |  |  |
| · -  | or (net capital loss)  Jain or (loss) as defined in sections in t I, line 8, column (c) (see instructions). | ons) If (loss), enter -0          | Part I, line 7                           | 3  | 3,846,007  |
|  |   |                                   |  |  |  |
| Part V Qualification U   | Inder Section 4940(e) for Re  | educed Tax on Net                 | Investment In                            | come   |  |
| (For optional use by domestic p                                | rivate foundations subject to the sec   | ction 4940(a) tax on ne           | t investment incom                       | ne )   |  |
| if section 4940(d)(2) applies, le                              | ave this part blank   |                                   |  |  |  |
|  | e section 4942 tax on the distributa<br>t qualify under section 4940(e) Do                                  |                                   | in the base period                       | ? L Y  | es 🗹 No  |
|  | ount in each column for each year,  | see instructions before           | making any entrie                        |  |  |
| (a) Base period years Calendar year (or tax year beginning in) | <b>(b)</b><br>Adjusted qualifying distributions   | (c)<br>Net value of noncharitab   | le-use assets                            | ( <b>d)</b> Distribution rat (col (b) divided by c |  |
| 2016   | 1,694,387   |                                   | 34,368,882                               |  | 0 049300   |
| 2015   | 1,702,186   |                                   | 34,031,510                               |  | 0 050018   |
| 2014   | 1,527,414   |                                   | 34,376,078                               |  | 0 044432   |
| 2013   | 1,207,435   |                                   | 33,403,489                               |  | 0 036147   |
| 2012   | 1,838,424   |                                   | 29,484,377                               |  | 0 062352   |
| 2 Total of line 1, column (c                                   | 1)  |                                   | 2  |  | 0 242249   |
| number of years the foun                                       | for the 5-year base period—divide dation has been in existence if less                                      | than 5 years                      | <u>3</u>                                 |  | 0 048450   |
|  | ncharitable-use assets for 2017 fron  | •                                 | 4  |  | 38,431,617   |
| <b>5</b> Multiply line 4 by line 3                             |   |                                   | 5  |  | 1,862,012  |
|  | ent income (1% of Part I, line 27b)   |                                   | 6  |  | 40,504   |
|  |   |                                   |  |  | 1,902,516  |
|  | ons from Part XII, line 4 ,   |                                   |  |  | 2,089,721  |
| If line 8 is equal to or gre                                   | ater than line 7, check the box in Pa   | art VI, line 1b, and com          | plete that part usir                     | ng a 1% tax rate Se                                | e the Part VI  |

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

|            | Information About Officers, Di | irectors Trustees  | Foundation Managers   | Highly Daid Employees   |
|------------|--------------------------------|--------------------|-----------------------|-------------------------|
| Death MITT | Initination About Officers, Di | inectors, musices, | i oundation managers, | inging raid Linpidyces, |
| balt ATTT  | and Contractors                |                    |                       |                         |
|            |                                |                    |                       |                         |

| 1 List all officers, directors, truste  | es, f        | oundation managers ar   | nd their compensation                              | (see instructions).   |                                       |
|---|--------------|---|--|---|---------------------------------------|
| (a) Name and address  |              | Title, and average<br>hours per week<br><b>b)</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 |
| P ANDREWS MCLANE  |              | SIDENT  | 0  | ·   | C                                     |
| 77 DEAN ROAD  | 0 00         |   |  |   |                                       |
| WESTON, MA 02493<br>LINDA MCLANE  | TDE          | ASURER  | 0  | 0   |                                       |
| 77 DEAN ROAD  | 0 00         |   | ١  | U   |                                       |
| WESTON, MA 02493  |              |   |  |   |                                       |
| DAVID H HOPFENBERG  | CLEF<br>0 00 |   | 0  | 0   | C                                     |
| 122 NORTH ROAD<br>SAUNDERSTOWN, RI 02874  |              |   |  |   |                                       |
| 2 Compensation of five highest-pa   | id er        | mployees (other than tl   | nose included on line 1                            | .—see instructions). If nor   | ne, enter "NONE."                     |
| (a) Name and address of each employee pa  | aıd          | Title, and average hours per week (b) devoted to position             | (c) Compensation                                   | Contributions to employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances |
| NONE  |              |   |  |   |                                       |
|   |              | 1   |  |   |                                       |
|   |              |   |  |   |                                       |
|   |              | ]   |  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
| Total number of other employees paid ov   |              |   |  |   | <u> </u>                              |
| 3 Five highest-paid independent of  |              |   |  |   |                                       |
| (a) Name and address of each perso  | n pai        | d more than \$50,000  | ( <b>b)</b> Typ                                    | e of service  | (c) Compensation                      |
| NONE  |              |   | 1  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   | 1  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   | 1  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   | 1  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
| Total number of others receiving over \$50  |              |   |  |   | (                                     |
| Part IX-A Summary of Direct (   |              |   |  |   |                                       |
| List the foundation's four largest direct charitable<br>organizations and other beneficiaries served, con | activ        | rities during the tax year. Incli                                     | ude relevant statistical inform<br>s produced, etc | nation such as the number of  | Expenses                              |
| 1   | i Ci Ci i    | ces convened, research paper  | 5 produced, etc                                    |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
| 2   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
| 3   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
| 4   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
| Part IX-B Summary of Program  |              |   | <u> </u>   |   |                                       |
| Describe the two largest program-related inve   | estme        | ents made by the foundation d   | uring the tax year on lines 1                      | and 2   | Amount                                |
| 1   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
| All other program-related investments   | Sec          | Instructions  |  |   |                                       |
| •   |              |   |  |   |                                       |
| <u> </u>  |              |   |  |   |                                       |
|   |              |   |  |   |                                       |
| Total. Add lines 1 through 3 .  |              |   |  |   |                                       |
|   |              |   |  |   |                                       |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

1a

1b

2

3a 3h

4

5

2,089,721

2.089.721

2.049.217

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40.504

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

1

2

3

4

5

478.835

0

(d)

Page 9

Part XIII

**b** Total for prior years

a From 2012. . . . . **b** From 2013. . . . . c From 2014. . . . d From 2015. . . . . e From 2016. . . . .

Undistributed Income (see instructions)

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

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) . . . . . . . . . 8 Excess distributions carryover from 2012 not

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. . c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

**d** Applied to 2017 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017

a Enter amount for 2016 only. . . . . . .

Excess distributions carryover, if any, to 2017

(a)

Corpus

0

0

(b)

Years prior to 2016

<u>~</u>

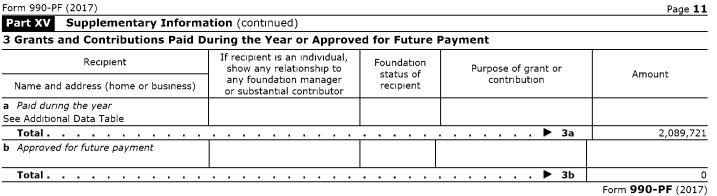
(c)

2016

1,610,886

1,610,886

1,402,242



| nter gross   | amounts unless otherwise indicated   | Unrelated bu         | siness income        | Excluded by section   | 512, 513, or 514     | (e)<br>Related or exempt               |
|--------------|--|----------------------|----------------------|-----------------------|----------------------|--|
| =            | service revenue  | (a)<br>Business code | <b>(b)</b><br>Amount | (c)<br>Exclusion code | <b>(d)</b><br>Amount | function income<br>(See instructions ) |
|              |  |                      |                      |                       |                      |  |
|              |  |                      |                      |                       |                      |  |
|              |  |                      |                      |                       |                      |  |
|              |  |                      |                      |                       |                      |  |
|              |  |                      |                      |                       |                      |  |
| g Fees a     | and contracts from government agencies   |                      |                      |                       |                      |  |
|              | rship dues and assessments   |                      |                      |                       |                      |  |
|              | st on savings and temporary cash<br>ments  |                      |                      | 14                    | 21,641               |  |
|              | ds and interest from securities  |                      |                      | 14                    | 322,308              |  |
|              | tal income or (loss) from real estate  |                      |                      |                       | ,                    |  |
|              | financed property  |                      |                      |                       |                      |  |
|              | ebt-financed property  |                      |                      |                       |                      |  |
|              | ntal income or (loss) from personal property   |                      |                      |                       |                      |  |
|              | nvestment income   |                      |                      | 14                    | 3,905                |  |
|              | r (loss) from sales of assets other than ory   |                      |                      | 18                    | 3,132,491            |  |
|              | ony  |                      |                      | 10                    | 3,132,431            |  |
|              | profit or (loss) from sales of inventory   |                      |                      |                       |                      |  |
|              | evenue <b>a</b>  |                      |                      |                       |                      |  |
| b            |  |                      |                      |                       |                      |  |
|              |  |                      |                      |                       |                      |  |
|              |  |                      |                      |                       |                      |  |
|              |  |                      | _                    |                       |                      |  |
|              | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)                            |                      | 0                    | 4.5                   | 3,480,345            |  |
|              | orksheet in line 13 instructions to verify calcu   |                      |                      |                       |                      | 3,400,343                              |
|              | -B Relationship of Activities to th  |                      | ment of Exem         | pt Purposes           |                      |  |
| ine No.<br>▼ | Explain below how each activity for which the accomplishment of the foundation's ex instructions ) |                      |                      |                       |                      |  |
|              | mistractions y   |                      |                      |                       |                      |  |
|              |  |                      |                      |                       |                      |  |
|              |  |                      |                      |                       |                      |  |
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|              | 1  |                      |                      |                       |                      |  |
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|              |  |                      |                      |                       |                      |  |
|              |  |                      |                      |                       |                      |  |

| orm 990-        | PF (2017)                       |   |  |           | Pa     | ge <b>13</b> |
|-----------------|---------------------------------|---|--|-----------|--------|--------------|
| Part X          | Information Re<br>Exempt Organi |   | ions and Relationships With Nonchari   | table     |        |              |
|                 |                                 | directly engage in any of the following with a<br>n 501(c)(3) organizations) or in section 527, | any other organization described in section 501<br>, relating to political organizations?  |           | Yes    | No           |
| a Transf        | ers from the reporting foun     | dation to a noncharitable exempt organization   | on of  |           |        |              |
| <b>(1)</b> C    | ash                             |   |  | 1a(1)     |        | No           |
|                 |                                 |   |  | 1a(2)     |        | No           |
|                 | transactions                    |   |  |           |        |              |
| <b>(1)</b> S    | ales of assets to a nonchar     | itable exempt organization  |  | 1b(1)     |        | No           |
|                 |                                 |   |  | 1b(2)     |        | No           |
|                 |                                 |   |  | 1b(3)     |        | No           |
| (4) R           | eımbursement arrangemer         | ts  |  | 1b(4)     |        | No           |
|                 |                                 |   |  | 1b(5)     |        | No           |
| <b>(6)</b> Pe   | rformance of services or m      | embership or fundraising solicitations  |  | 1b(6)     |        | No           |
| <b>c</b> Sharin | g of facilities, equipment, r   | nailing lists, other assets, or paid employees  |  | 1c        |        | No           |
| of the          | goods, other assets, or ser     |   | olumn (b) should always show the fair market was foundation received less than fair market valuate goods, other assets, or services received |           |        |              |
| (a) Line No     | (b) Amount involved             | (c) Name of noncharitable exempt organization   | (d) Description of transfers, transactions, and sha  | rıng arra | ngemen | ts           |
|                 |                                 |   |  |           |        |              |
|                 |                                 |   |  |           |        |              |
|                 |                                 |   |  |           |        |              |
|                 |                                 |   |  |           |        |              |
|                 |                                 |   |  |           |        |              |
|                 |                                 |   |  |           |        |              |
|                 |                                 |   |  |           |        |              |
|                 |                                 |   |  |           |        |              |

| (5) 200            | no or roun guaranteces.     |                         |   |               |                                 |                      | (-/       | +   |
|--------------------|-----------------------------|-------------------------|---|---------------|---------------------------------|----------------------|-----------|-----|
| <b>(6)</b> Perfo   | ormance of services or m    | embership or fund       | raising solicitations   |               |                                 | 1b                   | (6)       | No  |
| <b>c</b> Sharing   | of facilities, equipment, r | mailing lists, other a  | assets, or paid employees   |               |                                 | 1                    | С         | No  |
| of the go          | ods, other assets, or ser   | vices given by the      | the following schedule Creporting foundation If the column (d) the value of t | ie foundatioi | n received less than fair i     | market value         | e         |     |
| (a) Line No        | (b) Amount involved         | (c) Name of noncha      | aritable exempt organization  | (d) Desc      | cription of transfers, transact | ions, and sharing    | arrangeme | nts |
|                    |                             |                         |   |               |                                 |                      |           |     |
|                    |                             |                         |   |               |                                 |                      |           |     |
|                    |                             |                         |   |               |                                 |                      |           |     |
|                    |                             |                         |   |               |                                 |                      |           |     |
|                    |                             |                         |   |               |                                 |                      |           |     |
|                    |                             |                         |   |               |                                 |                      |           |     |
|                    |                             |                         |   |               |                                 |                      |           |     |
|                    |                             |                         |   |               |                                 |                      |           |     |
|                    |                             |                         |   |               |                                 |                      |           |     |
|                    |                             |                         |   |               |                                 |                      |           |     |
|                    | •                           | •                       | , or related to, one or moi<br>section 501(c)(3)) or in se                    |               |                                 | 🗆 Y                  | es 🔽      | No  |
| <b>b</b> If "Yes," | complete the following s    |                         |   |               |                                 |                      |           |     |
|                    | (a) Name of organization    | on                      | (b) Type of organiza  | ation         | (c) Descrip                     | otion of relationshi | p         |     |
|                    |                             |                         |   |               |                                 |                      |           |     |
|                    |                             |                         |   |               |                                 |                      |           |     |
|                    |                             |                         |   |               |                                 |                      |           |     |
| of                 |                             | f, it is true, correct, | ve examined this return, i<br>and complete Declaratio                         |               |                                 |                      |           |     |

which preparer has any knowledge Sign May the IRS discuss this return with the preparer shown 2019-10-11 Here Signature of officer or trustee Date Title (see instr )? 🗹 Yes 🗆 No PTIN Print/Type preparer's name Preparer's Signature Date Check if self-P00287396

employed ▶ □ DAVID H HOPFENBERG 2019-10-11 Firm's name ▶ VENTURE TAX SERVICES INC Firm's EIN ▶20-8031866 Firm's address ▶ 31 HOME DEPOT DRIVE PMB 294 Phone no (617) 553-1497 PLYMOUTH, MA 02360

Paid **Preparer Use Only** 

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, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation PUTNAM SHORT DURATION INCOME FUND 2017-12-06 2018-01-31 PUTNAM SHORT DURATION INCOME FUND 2017-12-27 2018-01-31 PUTNAM SHORT DURATION INCOME FUND 2017-12-27 2018-01-31 PUTNAM SHORT DURATION INCOME FUND 2017-12-29 2018-01-31 YOYA INTERMEDIATE BOND FUND CLASS I 2017-11-20 2018-02-02 YOYA INTERMEDIATE BOND FUND CLASS I 2017-11-20 2018-02-02 YOYA INTERMEDIATE BOND FUND CLASS I 2017-12-29 2018-02-02 YOYA INTERMEDIATE BOND FUND CLASS I 2018-01-31 2018-02-02 PUTNAM SHORT DURATION INCOME FUND 2017-12-31 2017-12-31 ADAGE CAPITAL PARTNERS, LP Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 300,000 300,000 0 0 33 33 33 33 0 311 310 1 442,871 450,000 -7,129 348 354 -6 1,195 1,215 -20 1,214 1,221 -7 33 33 20,462 -20,462 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 0 0 0 1 -7,129 -6 -20 -7 33 -20,462

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, (c) (d) (b) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation LONE CASCADE LP 2017-12-31 TA INVESTORS III LP 2017-12-31 LOOMIS SAYLES SR 2015-08-27 2017-12-04 HOTCHKIS & WILEY HIGH YIELD I 2016-08-26 2018-04-17 HOTCHKIS & WILEY HIGH YIELD I 2016-08-26 2018-04-17 LOOMIS SAYLES SR FLOATING RATE & FIXED INCOME FUND CLASS Y 2015-08-27 2018-10-22 WISDOMTREE EUROPE HEDGED EQUITY FUND ETF 2016-08-26 2018-01-31 WISDOMTREE EUROPE HEDGED EQUITY FUND ETF 2016-08-26 2018-01-31 WISDOMTREE EUROPE HEDGED EQUITY FUND ETF 2016-08-26 2018-01-31 2018-01-21 TEMPUR SEALY INTL INC 2002-10-31 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 144,161 144,161 81 -81 300,000 304,083 -4.0831.500 1,476 24 375,000 373,744 1,256 160,000 -2,930 162,930 329,551 267,021 62,530 329,510 267,020 62,490 256,936 208,276 48,660 1,009,891 2.352 1,007,539 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 144,161 -81 -4,083 24 1,256 -2,930 62,530 62,490 48,660 1,007,539

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, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) Date sold How acquired Date acquired P-Purchase (mo, day, yr) (mo, day, yr) D-Donation TEMPUR SEALY INTL INC 2002-11-01 2018-01-22 TEMPUR SEALY INTL INC 2002-11-01 2018-01-23 TEMPUR SEALY INTL INC 2002-11-01 2018-01-24 TEMPUR SEALY INTL INC 2002-11-01 2018-01-25 ADAGE CAPITAL PARTNERS, LP 2017-12-31 LONE CASCADE LP 2017-12-31 TA INVESTORS III LP 2017-12-31 CAPITAL GAINS DIVIDENDS Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed Cost or other basis Gain or (loss) (e) Gross sales price (f) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) 487,956 1,135 486,821 335,015 780 334,235 187,468 437 187,031 1,007,171 2,352 1,004,819 13,169 13,169 487,371 487,371 33,167 33,167 7,418 7,418 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 486,821 334,235 187,031 1,004,819 13,169 487,371 33,167 7,418

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ANIMAL RESCUE LEAGUE OF BOSTON NONE PUBLIC UNRESTRICTED DONATION 10,000 10 CHANDLER STREET CHARITY BOSTON, MA 02116

| APPALACHIAN MOUNTAIN CLUB<br>5 JOY STREET<br>BOSTON, MA 02108             | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 205,000 |
|---|------|-------------------|-----------------------|---------|
| BONEFISH & TARPON TRUST<br>24 DOCKSIDE LANE PMB 83<br>KEY LARGO, FL 33037 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 1,000   |

2,089,721

|   | BOSTON, MA 02108  |      | CHARITY           |                       |      |
|---|---|------|-------------------|-----------------------|------|
|   | BONEFISH & TARPON TRUST<br>24 DOCKSIDE LANE PMB 83<br>KEY LARGO, FL 33037 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 1,00 |
| 1 |   |      |                   |                       |      |

Total .

3а

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year BOYS AND GIRLS CLUB (BOSTON) NONE PUBLIC UNRESTRICTED DONATION 1,000 50 CONGRESS STREET CHARITY BOSTON, MA 02109

| CHARLES RIVER WATERSHED ASSN<br>190 PARK ROAD<br>WESTON, MA 02493 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 325,000 |
|---|------|-------------------|-----------------------|---------|
| CIRCLE PROGRAM 85 MAIN STREET PO BOX 815                          | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 5,000   |

| WESTON, MA 02493  |      | CHARITY           |                       |     |
|---|------|-------------------|-----------------------|-----|
| CIRCLE PROGRAM<br>85 MAIN STREET PO BOX 815<br>PLYMOUTH, NH 03264 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 5,0 |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year                           |      |                   |                       |        |
|--|------|-------------------|-----------------------|--------|
| CITY YEAR287 COLUMBUS AVENUE<br>BOSTON, MA 02116 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 2,500  |
| CLAN MACLEAN ASSOCIATION                         | NONE | PUBLIC            | UNRESTRICTED DONATION | 34,861 |

| ARTMOUTH COLLECT                     | NONE | DUDLIC  | LINDECTRICTED DONATION |  |
|--------------------------------------|------|---------|------------------------|--|
| O BOX 61066<br>RALEIGH, NC 276611066 | NONE | CHARITY | ONNESTRICTED DONATION  |  |
| LAN MACLEAN ASSOCIATION              | NONE | PUBLIC  | UNRESTRICTED DONATION  |  |

| RALEIGH, NC 276611066                                 |      |                   |                       |  |
|---|------|-------------------|-----------------------|--|
| DARTMOUTH COLLEGE<br>6068 BLUNT ALUMNI CENTER STE 103 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION |  |

| DARTMOUTH COLLEGE<br>6068 BLUNT ALUMNI CENTER STE 103<br>HANOVER, NH 03755 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION |  |
|--|------|-------------------|-----------------------|--|
|  |      |                   |                       |  |

| RALLIGH, NC 270011000  |      |                   |                       |      |
|--|------|-------------------|-----------------------|------|
| DARTMOUTH COLLEGE<br>6068 BLUNT ALUMNI CENTER STE 103<br>HANOVER. NH 03755 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 578, |

| ELIGH, NC 270011000   |      |                   |                       |       |
|---|------|-------------------|-----------------------|-------|
| ARTMOUTH COLLEGE<br>68 BLUNT ALUMNI CENTER STE 103<br>NOVER, NH 03755 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 578,9 |

| ARTMOUTH COLLEGE<br>068 BLUNT ALUMNI CENTER STE 103<br>IANOVER, NH 03755 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 578,960 |
|--|------|-------------------|-----------------------|---------|
|  |      |                   |                       |         |

| IANOVER, NH 03755 |      |           |
|-------------------|------|-----------|
| Total             | <br> | 2,089,721 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FESSENDEN SCHOOL NONE PUBLIC UNRESTRICTED DONATION 100,000 250 WALTHAM STREET CHARITY NEWTON, MA 02465 2,000 1,000

| FIRST PARISH CHURCH<br>349 BOSTON POST ROAD<br>WESTON, MA 02493 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION |  |
|---|------|-------------------|-----------------------|--|
| FRIENDS OF DARTMOUTH SKIING<br>6068 BLUNT ALUMNI CENTER STE 103 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION |  |

| 1 |  |      |                   |                       | 2 000 |
|---|--|------|-------------------|-----------------------|-------|
|   | FRIENDS OF DARTMOUTH SKIING<br>6068 BLUNT ALUMNI CENTER STE 103<br>HANOVER, NH 03755 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION |       |
|   |  |      |                   | 1                     |       |

Total .

2,089,721 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FRIENDS OF HARVARD ROWING NONE PUBLIC UNRESTRICTED DONATION 1,000 65 N HARVARD STREET CHARITY BOSTON, MA 02163

| INNER CITY SCHOLARSHIP FUND   | NONE | PUBLIC            | UNRESTRICTED DONATION | 2,500 |
|---|------|-------------------|-----------------------|-------|
| 280 CONGRESS ST SUITE 1300<br>BOSTON, MA 02110                                |      | CHARITY           |                       |       |
| INTERNATIONAL SKI HISTORY ASSOC<br>PO BOX 1064<br>MANCHESTER CENTER, VT 05255 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 500   |

| BOSTON, MA 02110  |      |                   |                       |           |
|---|------|-------------------|-----------------------|-----------|
| INTERNATIONAL SKI HISTORY ASSOC<br>PO BOX 1064<br>MANCHESTER CENTER, VT 05255 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 50        |
| Total   |      |                   |                       | 2,089,721 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year JACKSON NH HISTORICAL SOCIETY NONE PUBLIC UNRESTRICTED DONATION 5,000 PO BOX 8 CHARITY

| JACKSON, NH 03846  |      |                   |                       |       |
|--|------|-------------------|-----------------------|-------|
| KIMBALL UNION ACADEMY<br>7 CAMPUS CENTER PO BOX 188<br>MERIDEN, NH 03770 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 500   |
| LAKE REGION CONSERVATION TRUST   | NONE | PUBLIC            | UNRESTRICTED DONATION | 5,000 |

| 7 CAMPUS CENTER PO BOX 188<br>MERIDEN, NH 03770                            |      | CHARITY           |                       |       |
|--|------|-------------------|-----------------------|-------|
| LAKE REGION CONSERVATION TRUST<br>156 DANE ROAD<br>CENTER HARBOR, NH 03226 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 5,000 |

| MERIDEN, NH 03770  |      |                   |                       |      |
|--|------|-------------------|-----------------------|------|
| LAKE REGION CONSERVATION TRUST<br>156 DANE ROAD<br>CENTER HARBOR, NH 03226 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 5,00 |

| LAKE REGION CONSERVATION TRUST<br>156 DANE ROAD<br>CENTER HARBOR, NH 03226 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 5,000     |
|--|------|-------------------|-----------------------|-----------|
| Total  |      |                   |                       | 2,089,721 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| LANDMARK COLLEGE19 RIVER RD S<br>PUTNEY, VT 05346                                     | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 500   |
|---|------|-------------------|-----------------------|-------|
| LOON PRESERVATION COMMITTEE<br>PO BOX 604 - LEES MILLS RD<br>MOULTONBOROUGH, NH 03254 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 500   |
| LUMIND RESEARCH DOWN SYNDROME   | NONE | PUBLIC            | UNRESTRICTED DONATION | 2,000 |

2,089,721

| MOULTONBOROUGH, NH 03254   |      |                   |                       |  |
|--|------|-------------------|-----------------------|--|
| LUMIND RESEARCH DOWN SYNDROME<br>FOUNDATION<br>20 BURLINGTON MALL ROAD SUITE 200<br>BURLINGTON, MA 01803 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION |  |

Total . 3a

| MOULTONBOROUGH, NH 03254  |      | CHARITI           |                       |     |
|---|------|-------------------|-----------------------|-----|
| LUMIND RESEARCH DOWN SYNDROME<br>FOUNDATION<br>20 BURLINGTON MALL ROAD SUITE 200<br>BURLINGTON MA 01803 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 2,0 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MAYHEW PROGRAM NONE PUBLIC UNRESTRICTED DONATION 6.000 293 WEST SHORE ROAD CHARITY BRISTOL, NH 03222

| MILL REEF FUND<br>C/O JPM CHASE DEPT 781682 PO BOX<br>78000<br>DETROIT, MI 48278 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 5,000  |
|--|------|-------------------|-----------------------|--------|
| MSPCA  | NONE | PUBLIC            | UNRESTRICTED DONATION | 10,000 |

| DETROIT, MI 48278   |      |                   |                       |           |
|---|------|-------------------|-----------------------|-----------|
| MSPCA<br>350 SOUTH HUNTINGTON AVENUE<br>JAMAICA PLAIN, MA 02130 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 10,000    |
| Total   |      |                   |                       | 2,089,721 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

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

| a Paid during the year                               |      |                   |                       |       |
|--|------|-------------------|-----------------------|-------|
| MT WASHINGTON OBSERVATORY<br>2779 WHITE MOUNTAIN HWY | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 1,000 |

| NORTH CONWAY, NH 03860  |      |                   |                       |         |
|---|------|-------------------|-----------------------|---------|
| MUSEUM OF FINE ARTS BOSTON<br>465 HUNTINGTON AVENUE<br>BOSTON, MA 02115 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 300,000 |

| MUSEUM OF FINE ARTS BOSTON<br>465 HUNTINGTON AVENUE<br>BOSTON, MA 02115 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 300,000 |
|---|------|-------------------|-----------------------|---------|
| MUSEUM OF SCIENCE1 SCIENCE PARK   | NONE | PUBLIC            | UNRESTRICTED DONATION | 1,200   |

| BOSTON, MA 02115                                    |      |                   |                       |       |
|---|------|-------------------|-----------------------|-------|
| MUSEUM OF SCIENCE1 SCIENCE PARK<br>BOSTON, MA 02114 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 1,200 |
|   |      |                   |                       |       |

| MUSEUM OF SCIENCE1 SCIENCE PARK<br>BOSTON, MA 02114 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 1,20      |
|---|------|-------------------|-----------------------|-----------|
| Total   |      |                   |                       | 2,089,721 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MUSEUM OF THE WHITE MOUNTAINS NONE PUBLIC UNRESTRICTED DONATION 2.000 34 HIGHLAND STREET CHARITY

| PLYMOUTH, NH 03264   |      |                   |                       |        |
|--|------|-------------------|-----------------------|--------|
| NEW ENGLAND SKI MUSEUM<br>135 TRAMWAY DRIVE<br>FRANCONIA, NH 03580 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 1,000  |
| NEWFOUND LAKE REGION<br>ASSOCIATION<br>10 NORTH MAIN STREET UNIT 1 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 22,000 |

| 135 TRAMWAY DRIVE<br>FRANCONIA, NH 03580  |      | CHARITY           |                       | ·      |
|---|------|-------------------|-----------------------|--------|
| NEWFOUND LAKE REGION<br>ASSOCIATION<br>10 NORTH MAIN STREET UNIT 1<br>BRISTOL, NH 03222 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 22,000 |
|   |      |                   |                       |        |

| FRANCONIA, NH 03580   |      |                   |                       |      |
|---|------|-------------------|-----------------------|------|
| NEWFOUND LAKE REGION<br>ASSOCIATION<br>10 NORTH MAIN STREET UNIT 1<br>BRISTOL, NH 03222 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 22,0 |

| ASSOCIATION<br>10 NORTH MAIN STREET UNIT 1<br>BRISTOL, NH 03222 | CHARITY |  |
|---|---------|--|
|   |         |  |

| Total  |  | <b>.</b> | 2 089 721 |
|--|--|----------|-----------|
| 10 NORTH MAIN STREET UNIT 1<br>BRISTOL, NH 03222 |  |          |           |

| BRISTOL, NH U3222 |      |           |
|-------------------|------|-----------|
| Total             | <br> | 2,089,721 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year NH AUDUBON SOCIETY NONE PUBLIC UNRESTRICTED DONATION 2,000 84 SILK FARM ROAD CHARITY CONCORD, NH 03301

| NH GATHERING OF THE SCOTTISH<br>CLANS<br>25 TRIANGLE PARK DRIVE SUITE 4<br>CONCORD, NH 03301 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 1,000 |
|--|------|-------------------|-----------------------|-------|
| PLYMOUTH STATE UNIVERSITY<br>17 HIGH STREET<br>PLYMOUTH, NH 03264                            | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 1,000 |

| Total   |      |                   |                       | 2,089,721 |
|---|------|-------------------|-----------------------|-----------|
| PLYMOUTH STATE UNIVERSITY<br>17 HIGH STREET<br>PLYMOUTH, NH 03264 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 1,00      |
| CONCORD, NH 03301   |      |                   |                       |           |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year POLO HISTORICAL SOCIETY NONE PUBLIC UNRESTRICTED DONATION 200 113 N FRANKLIN AVE B CHARITY POLO II 61064

| 1 020,12 01001   |      |                   |                       |       |
|--|------|-------------------|-----------------------|-------|
| SILVER LINING MENTORING<br>727 ATLANTIC AVE 3<br>BOSTON, MA 02111                    | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 5,000 |
| SOCIETY FOR PROTECTION OF NH<br>FORESTS<br>54 PORTSMOUTH STREET<br>CONCORD, NH 03301 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 2,000 |

| Total  |      |                   |                       | 2,089,721 |
|--|------|-------------------|-----------------------|-----------|
| SOCIETY FOR PROTECTION OF NH<br>FORESTS<br>54 PORTSMOUTH STREET<br>CONCORD, NH 03301 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 2,000     |
| BOSTON, MA 02111   |      | CHARITY           |                       |           |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

500

6,000

2,089,721

| a Paid during the year                                 |      |                   |                       |  |
|--|------|-------------------|-----------------------|--|
| STRAY PETS IN NEEDPO BOX 812143<br>WELLESLEY, MA 02482 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION |  |
| TEACH FOR AMERICA60 CANAL STREET                       | NONE | PUBLIC            | UNRESTRICTED DONATION |  |

or substantial contributor

David division that were

3a

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

CHARITY POSTON MA 03114

| HE INTERNATIONAL MUSEUM OF<br>VORLD WAR II<br>16 ELLIOT STREET<br>NATICK, MA 01760 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | <u> </u> |
|--|------|-------------------|-----------------------|----------|
| Total  |      |                   |                       |          |

| BOSTON, MA 02114                         |      | CHARITT           |                       |        |
|--|------|-------------------|-----------------------|--------|
| THE INTERNATIONAL MUSEUM OF WORLD WAR II | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 10,000 |
| 46 ELLIOT STREET<br>NATICK, MA 01760     |      | S                 |                       |        |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TROUT UNLIMITED NONE PUBLIC UNRESTRICTED DONATION 1,000 1777 N KENT STREET SUITE 100 CHARITY

| ARLINGTON, VA 22209  |      |                   |                       |         |
|--|------|-------------------|-----------------------|---------|
| TURTLE RIDGE FOUNDATION<br>461 MAIN STREET 6A<br>FRANCONIA, NH 03580 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 4,000   |
| US SKI AND SNOWBOARD FOUNDATION 1 VICTORY LANE BOX 100               | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 402,000 |

2,089,721

| TURTLE RIDGE FOUNDATION<br>461 MAIN STREET 6A<br>FRANCONIA, NH 03580             | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 4,0   |
|--|------|-------------------|-----------------------|-------|
| US SKI AND SNOWBOARD FOUNDATION<br>1 VICTORY LANE BOX 100<br>PARK CITY, UT 84060 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 402,0 |

Total.

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| WALNUT HILL SCHOOL FOR THE ARTS<br>12 HIGHLAND STREET<br>NATICK, MA 01760 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 9,000 |
|---|------|-------------------|-----------------------|-------|
| WEBSTER HOUSE135 WEBSTER STREET<br>MANCHESTER, NH 03104                   | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 2,000 |

| WEBSTER HOUSE135 WEBSTER STREET<br>MANCHESTER, NH 03104                 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 2,000 |
|---|------|-------------------|-----------------------|-------|
| NESTON FOREST & TRAILS<br>ASSOCIATION<br>PO BOX 665<br>NESTON, MA 02493 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 2,000 |

2,089,721

| MANCHESTER, NH 03104   | 110112 | CHARITY           |                       | 2,3 |
|--|--------|-------------------|-----------------------|-----|
| WESTON FOREST & TRAILS<br>ASSOCIATION<br>PO BOX 665<br>WESTON MA 02493 | NONE   | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 2,0 |

Total . 3a

| MANCHESTER, NH U31U4                  |      | CHARITY           |                       | I    |
|---------------------------------------|------|-------------------|-----------------------|------|
| WESTON FOREST & TRAILS<br>ASSOCIATION | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION | 2,00 |
| PO BOX 665                            |      |                   |                       | I    |
| WESTON, MA 02493                      |      |                   |                       | I    |

Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

10,000

| a Paid during the year          |      |        |                       |   |
|---------------------------------|------|--------|-----------------------|---|
| WHEATON COLLEGE26 E MAIN STREET | NONE | PUBLIC | UNRESTRICTED DONATION | • |

or substantial contributor

3a

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

| WHEATON COLLEGE26 E MAIN STREET<br>NORTON, MA 02766 | NONE | PUBLIC<br>CHARITY | UNRESTRICTED DONATION |  |
|---|------|-------------------|-----------------------|--|
|---|------|-------------------|-----------------------|--|

| NORTON, MA 02766 | CHARITY | ,             |
|------------------|---------|---------------|
| Total            | <br>    | <br>2,089,721 |

| efile GRAPHIC print - D   | O NOT PROCESS   | As Filed Data -   |  |  |   | DLN: 93491288007499   |
|---|---|---|--|--|---|---|
| Schedule B  |   | Schedu  | ule of Contributo  | rs   |   | OMB No 1545-0047  |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | ► Information a   | about Schedule B (F   | tach to Form 990, 990-EZ, or 990-PF ule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www irs gov/form990</u> .                    |  |   |   |
| Name of the organizati<br>MCLANEHARPER CHARITA                                    |   | NC .  |  |  | Employer id   | dentification number  |
| Organization type (che  | ck one)   |   |  |  | 04-2944189  |   |
|   | •   |   |  |  |   |   |
| Filers of:  | Section:  |   |  |  |   |   |
| Form 990 or 990-EZ  | ☐ 501(c)(   | ) (enter number) o  | organization   |  |   |   |
|   | ☐ 4947(a)(  | 1) nonexempt chai   | ritable trust <b>not</b> treated as  | s a private founda   | tion  |   |
|   | ☐ 527 politi  | cal organization  |  |  |   |   |
| Form 990-PF   | <b>✓</b> 501(c)(3)  | exempt private fo   | undation   |  |   |   |
|   | ☐ 4947(a)(  | 1) nonexempt chai   | ritable trust treated as a p   | rivate foundation  |   |   |
|   | ☐ 501(c)(3)   | taxable private fo  | undation   |  |   |   |
|   |   |   | PF that received, during the complete Parts I and II Se  |  |   |   |
| Special Rules   |   |   |  |  |   |   |
| under sections 5 received from ar   | 09(a)(1) and 170(b)   | (1)(A)(vı), that che<br>luring the year, tota                             | g Form 990 or 990-EZ that<br>ecked Schedule A (Form 9<br>al contributions of the gre<br>plete Parts I and II                                       | 990 or 990-EZ), P  | art II, line 13,                                    | 16a, or 16b, and that   |
| during the year,  | total contributions o   | f more than \$1,000   | , or (10) filing Form 990 o<br>Dexclusively for religious,<br>animals Complete Parts   | , charitable, scient   |   |   |
| during the year,<br>If this box is che<br>purpose Don't c                         | contributions <i>exclus</i><br>cked, enter here the<br>omplete any of the p | eively for religious,<br>total contributions<br>parts unless the <b>G</b> | , or (10) filing Form 990 o<br>charitable, etc , purposes<br>s that were received durin<br>eneral Rule applies to thi<br>or more during the year . | s, but no such con<br>ig the year for an<br>is organization be | tributions tota<br>exclusively re<br>cause it recei | aled more than \$1,000<br>eligious, charitable, etc ,<br>ived <i>nonexclusively</i> |
| 990-EZ, or 990-PF), but   | ıt <b>must</b> answer "No   | on Part IV, line 2  | ile and/or the Special Rul<br>2, of its Form 990, or chec<br>at it doesn't meet the filing   | k the box on line  | H of its  |   |
| For Paperwork Reduction A<br>for Form 990, 990-EZ, or 99                          |   | ructions  | Cat No 30613X  | Schedu   | ıle B (Form 990                                     | ), 990-EZ, or 990-PF) (2017)  |

| Name of organi | zation  | Employer identification    |  | age z                                 |
|----------------|---|----------------------------|--|---------------------------------------|
|                | CHARITABLE FOUNDATION INC   | 04-2944189                 |  |                                       |
| Part I         | Contributors (See instructions) Use duplicate copies of Part I if a | dditional space is needed  |  |                                       |
| (a)<br>No.     | (b)<br>Name, address, and ZIP + 4                                   | (c)<br>Total contributions | (d)<br>Type of cont  | ribution                              |
| <u>1</u>       | P ANDREWS MCLANE 77 DEAN ROAD WESTON, MA 02493                      | \$ 1,828,054               | Person Payroll Noncash (Complete Part II fo                | ✓<br>□<br>✓<br>r noncash              |
| (a)<br>No.     | (b)<br>Name, address, and ZIP + 4                                   | (c)<br>Total contributions | contributions ) (d) Type of cont                           | ribution                              |
| 2              | P ANDREWS MCLANE 77 DEAN ROAD WESTON, MA 02493                      | \$ 291,011                 | Person Payroll Noncash (Complete Part II fo contributions) |                                       |
| (a)<br>No.     | (b)<br>Name, address, and ZIP + 4                                   | (c)<br>Total contributions | (d)<br>Type of cont  | ribution                              |
|                |   |                            | Person Payroll Noncash (Complete Part II fo contributions) | n noncash                             |
| (a)<br>No.     | (b)<br>Name, address, and ZIP + 4                                   | (c) Total contributions    | (d)<br>Type of cont  | ribution                              |
|                |   | s                          | Person Payroll Noncash (Complete Part II fo contributions) | n noncash                             |
| (a)<br>No.     | (b)<br>Name, address, and ZIP + 4                                   | (c)<br>Total contributions | (d)<br>Type of cont  | ribution                              |
|                |   |                            | Person Payroll Noncash (Complete Part II fo contributions) |                                       |
| (a)<br>No.     | (b)<br>Name, address, and ZIP + 4                                   | (c)<br>Total contributions | (d)<br>Type of cont  | ribution                              |
| -              |   | s                          | Person Payroll Noncash (Complete Part II fo                | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
|                |   | Schedule B (Fo             | contributions)<br>orm 990, 990-EZ, or 9                    | 990-PF) (2017)                        |

| Schedule B (For        | n 990, 990-EZ, or 990-PF) (2017)  |  | Page <b>3</b>                  |
|------------------------|---|--|--------------------------------|
| Name of organiz        | ation<br>HARITABLE FOUNDATION INC   | Employer identi                          | fication number                |
| Part II                | Noncash Property (See Instructions) Use duplicate copies of Part II if additional space is needed | 04-29                                    | 44189                          |
| Part II                | NONCASH Property (See instructions) Use duplicate copies of Part II if additional space is needed | (a)                                      |                                |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received           |
| 1                      | TEMPUR SEALY - 28,617 000 SHARES  | \$ 1 828,054                             | 2017-12-27                     |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received           |
| 2                      | SBA COMMUNICATIONS - 1,012 SHARES   | \$ 291,011                               | 2017-12-27                     |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received           |
|                        |   | \$                                       |                                |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received           |
|                        |   | \$                                       |                                |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received           |
|                        |   | \$                                       |                                |
| (a)<br>No. from Part I | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (See instructions) | (d)<br>Date received           |
|                        |   | s  |                                |
|                        |   | Schedule B (Form 9                       | 990, 990-EZ, or 990-PF) (2017) |

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

| efile GRAPHIC print - DO NOT P               | ROCESS | As Filed Dat | :a -                     | DI                     | LN: 93491288007499                          |  |
|--|--------|--------------|--------------------------|------------------------|---|--|
| TY 2017 Accounting Fees Schedule             |        |              |                          |                        |   |  |
|  |        |              |                          |                        |   |  |
| Name: MCLANEHARPER CHARITABLE FOUNDATION INC |        |              |                          |                        |   |  |
|  | EIN:   | 04-294418    | 39                       |                        |   |  |
| Accounting Fees Schedule                     |        |              |                          |                        |   |  |
| Category                                     | Am     | ount         | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |

2,500

2,500

| Accounting 1 ccs beneaute |        |
|---------------------------|--------|
| Category                  | Amount |

VENTURE TAX SERVICES, INC

DLN: 93491288007499 TY 2017 Applied to Prior Year Election Name: MCLANEHARPER CHARITABLE FOUNDATION INC **EIN:** 04-2944189 Election: ELECTIONS CAN BE MADE UNDER TREASURY REGULATIONS SECTION 53.4942(A)-3(D) THE FOUNDATION MANAGERS DECLARE THAT THE FOUNDATION IS MAKING THIS ELECTION UNDER THE ABOVE SUBPARAGRAPH, AND A DISTRIBUTION IS MADE OUT OF THE UNDISTRIBUTED INCOME OF TAXABLE YEAR 2012.

| TY 2017 In | vestments Corporat | e Stock Sched | dule |  |
|------------|--------------------|---------------|------|--|
|            |                    |               |      |  |

Name: MCLANEHARPER CHARITABLE FOUNDATION INC

DLN: 93491288007499

Name of Stock End of Year Book

**EIN:** 04-2944189

End of Year Fair Value **Market Value** 

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

UBS (ACCOUNT PW 20292) 5,662,394 5,406,242

UBS (ACCOUNT PW B0674) 8,046,378 15,858,398

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491288007499 |
|--------------------------------------|-----------------|---------------------|
|                                      |                 |                     |
| TV 2017 Investments - Other 9        | Schedule        |                     |

Name: MCLANEHARPER CHARITABLE FOUNDATION INC.

**EIN:** 04-2944189

|                                 | .5 1 1105             |            |                                  |
|---------------------------------|-----------------------|------------|----------------------------------|
| Investments Other Schedule 2    |                       |            |                                  |
| Category/ Item                  | Listed at Cost or FMV | Book Value | End of Year Fair<br>Market Value |
| LONE CASCADE LP                 | AT COST               | 3,687,493  | 4,556,183                        |
| NYES LEDGE CAPITAL OFFSHORE LTD | AT COST               | 382,177    | 689,526                          |
| TA INVESTORS III LP             | AT COST               | 82,358     | 94,084                           |
| VIKING LONG III                 | AT COST               | 2,819,107  | 5,986,210                        |
| ADAGE CAPITAL PARTNERS, LP      | AT COST               | 3.512.721  | 4.273.494                        |

| As Filed Data -                      |  | DLN  | : 93491288007499   |  |  |  |
|--------------------------------------|--|--|--|--|--|--|
| TY 2017 Other Expenses Schedule      |  |  |  |  |  |  |
|                                      |  |  |  |  |  |  |
| MCLANEHARPE                          | R CHARITABLE FO                                  | DUNDATION INC  |  |  |  |  |
| 04-2944189                           |  |  |  |  |  |  |
|                                      |  |  |  |  |  |  |
| Revenue and<br>Expenses per<br>Books | Net Investment<br>Income                         | Adjusted Net<br>Income   | Disbursements for<br>Charitable<br>Purposes  |  |  |  |
|                                      | MCLANEHARPE 04-2944189  Revenue and Expenses per | MCLANEHARPER CHARITABLE FOOT 104-2944189  Revenue and Expenses per Net Investment Income | MCLANEHARPER CHARITABLE FOUNDATION INC 04-2944189  Revenue and Expenses per Net Income Adjusted Net Income |  |  |  |

| Other Expenses Schedule |                             |                          |                        |      |  |  |  |
|-------------------------|-----------------------------|--------------------------|------------------------|------|--|--|--|
| Description             | Revenue and<br>Expenses per | Net Investment<br>Income | Adjusted Net<br>Income | Disb |  |  |  |

|   | Books  |        | Purposes |
|---|--------|--------|----------|
| LONE CASCADE LP - SCHEDULE K-1 - PORTFOLIO DEDUCTIONS | 63,948 | 63,948 | 0        |
|   |        |        |          |

| LONE CASCADE LP - SCHEDULE K-1 - PORTFOLIO<br>DEDUCTIONS | 63,948 | 63,948 |  |
|--|--------|--------|--|
| TA INVESTORS III LP - SCHEDULE K-1 -                     | 4,158  | 4,140  |  |

| DEDUCTIONS   |       |       |  |
|--|-------|-------|--|
| TA INVESTORS III LP - SCHEDULE K-1 -<br>PORTFOLIO DEDUCTIONS | 4,158 | 4,140 |  |

|   | DEDUCTIONS  |        |        |  |
|---|---|--------|--------|--|
| Ш | TA INVESTORS III LP - SCHEDULE K-1 -<br>PORTFOLIO DEDUCTIONS        | 4,158  | 4,140  |  |
|   | ADAGE CAPITAL PARTNERS, LP - SCHEDULE K-1 -<br>PORTFOLIO DEDUCTIONS | 24,788 | 24,788 |  |

| etile GRAPHIC | print - DO NOT PROCESS | As Filed Data - | DLN: 93491288007499 |
|---------------|------------------------|-----------------|---------------------|
|               |                        |                 |                     |

### **TY 2017 Other Income Schedule**

Name: MCLANEHARPER CHARITABLE FOUNDATION INC

**EIN:** 04-2944189

| Other Income Schedule                                       |                                   |                          |                     |  |  |
|---|-----------------------------------|--------------------------|---------------------|--|--|
| Description   | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |  |  |
| LONE CASCADE LP - SCHEDULE K-1 - ORDINARY INCOME            | 81                                | 81                       | 81                  |  |  |
| TA INVESTORS III LP - SCHEDULE K-1 - ORDINARY INCOME        | 96                                | 96                       | 96                  |  |  |
| ADAGE CAPITAL PARTNERS, LP - SCHEDULE K-1 - ORDINARY INCOME | 6,037                             | 6,037                    | 6,037               |  |  |
| UBS (ACCT 20292) - ORDINARY INCOME                          | 602                               | 602                      | 602                 |  |  |
| UBS (ACCT B0674) - ORDINARY INCOME                          | 0                                 | 0                        | 0                   |  |  |
| UBS (ACCT 20292) - TIMING DIFFERENCES                       | -2,911                            | 0                        | -2,911              |  |  |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |             | DI                                | N: 93491288007499           |  |  |
|--------------------------------------|-----------------|-------------|-----------------------------------|-----------------------------|--|--|
| TY 2017 Other Liabilities Schedule   |                 |             |                                   |                             |  |  |
|                                      |                 |             |                                   |                             |  |  |
|                                      |                 | ER CHARITAE | BLE FOUNDATION IN                 | С                           |  |  |
| <b>EIN:</b> 04-2944189               |                 |             |                                   |                             |  |  |
| Descriptio                           | n               |             | Beginning of Year<br>- Book Value | End of Year -<br>Book Value |  |  |
| UBS - UNCLEARED CHECKS               |                 |             | 1,531,833                         | 822,500                     |  |  |

| efile GRAPHIC print - DO NOT PROCESS         | As Filed Data |                | DLI          | N: 93491288007499               |  |  |  |
|--|---------------|----------------|--------------|---------------------------------|--|--|--|
| TY 2017 Other Professional Fees Schedule     |               |                |              |                                 |  |  |  |
|  |               |                |              |                                 |  |  |  |
| Name: MCLANEHARPER CHARITABLE FOUNDATION INC |               |                |              |                                 |  |  |  |
| <b>EIN:</b> 04-2944189                       |               |                |              |                                 |  |  |  |
| Category                                     | Amount        | Net Investment | Adjusted Net | Disbursements<br>for Charitable |  |  |  |

| Category | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|----------|--------|--------------------------|------------------------|---|
| UBS      | 24,065 | 24,065                   |                        | 0   |

| efile GRAPHIC print - DO NOT PROCESS                         |                        | As Filed Data | <u>-</u>                 | DLI                    | N: 93491288007499                           |  |  |
|--|------------------------|---------------|--------------------------|------------------------|---|--|--|
| TY 2017 Taxes Schedule                                       | TY 2017 Taxes Schedule |               |                          |                        |   |  |  |
| Name: MCLANEHARPER CHARITABLE FOUNDATION INC EIN: 04-2944189 |                        |               |                          |                        |   |  |  |
| Category   | Amount                 |               | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |
| FEDERAL TAXES  |                        | 73,000        | 0                        |                        | 0   |  |  |
| FOREIGN TAXES  |                        | 2,525         | 2,525                    |                        | 0   |  |  |
| STATE TAXES  |                        | 500           | 500                      |                        | 0   |  |  |