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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491318024869

OMB No 1545-0052

2018

## **Return of Private Foundation**

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

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax yea	r beginning 01-01-20	)18 , a	nd er	nding 12-31-	2018		
NO	RWIN S	undation S AND ELIZABETH N BEAN					entification numbe	r	
	UNDAT					02-6013381			
Number and street (or P O box number if mail is not delivered to street address) Room/suite PO BOX 326						<b>B</b> Telephone number (see instructions)			
		n, state or province, country, and ZIP of ER, NH 031050326	r foreign postal code			<b>C</b> If exemption	application is pending	g, check here	
<b>G</b> Cl	neck al	ll that apply $\Box$ Initial return	☐ Initial return of a	former public charity		<b>D 1.</b> Foreign org	ganizations, check he	re 📘 🗍	
		Final return	Amended return				ganizations meeting k here and attach cor		
		☐ Address chan	<u>-                                      </u>			·	indation status was t	· -	
_	,		501(c)(3) exempt private				n 507(b)(1)(A), chec		
		n 4947(a)(1) nonexempt charitabl							
of	year (f	ket value of all assets at end from Part II, col (c), 12,207,945	J Accounting method ☐ Other (specify) (Part I, column (d) must	Cash L Accru	ıaı		ition is in a 60-month n 507(b)(1)(B), checl		
Pa	rt I	Analysis of Revenue and	Expenses (The total	(-) P				(d) Disbursements	
		of amounts in columns (b), (c), and equal the amounts in column (a) (se	(d) may not necessarily	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , schedule)	, received (attach						
	2	Check ► ✓ If the foundation is	<b>not</b> required to attach						
	_	Sch B							
	3	Interest on savings and tempora Dividends and interest from secu	•	14,745 349,398	+	14,745 349,398	14,745 349,398		
	5a	Gross rents	indes	349,390	1	349,390	349,396		
	b	Net rental income or (loss)							
Φ	6a	Net gain or (loss) from sale of as	ssets not on line 10	675,054	1				
Revenue	ь	Gross sales price for all assets o	n line 6a						
SeV.	_	·	3,022,513			107.176			
ш.	7 8	Capital gain net income (from Pa Net short-term capital gain .				187,476			
	9	Income modifications							
	10a	Gross sales less returns and allo	wances						
	ь	Less Cost of goods sold	· ·						
	С	Gross profit or (loss) (attach sch	edule)						
	11	Other income (attach schedule)							
	12	<b>Total.</b> Add lines 1 through 11		1,039,197	7	551,619	364,143		
	13	Compensation of officers, directo	ors, trustees, etc	11,375	5	2,275		9,100	
	14	Other employee salaries and wa	ges						
es	15	Pension plans, employee benefit							
ens	16a	Legal fees (attach schedule) .		<b>66.1</b>				7.00	
Exp	b	Accounting fees (attach schedule	•	9,500		1,900	F. F.	7,600	
ve	_ c	Other professional fees (attach s	,	129,898		63,775	51,539	66,123	
rati	17	Interest		9,385	5	1,877	1,877	7,508	
ii st	18 19	Taxes (attach schedule) (see ins Depreciation (attach schedule) a	•	9,365		1,0//	1,0//	7,500	
Ē	20	Occupancy	·						
Ad	21	Travel, conferences, and meeting							
pue	22	Printing and publications	_						
Operating and Administrative Expenses	23	Other expenses (attach schedule	e)	9,147	7	1,829		7,318	
atıı	24	Total operating and administ	rative expenses.						
ber		Add lines 13 through 23		169,305	5	71,656	53,416	97,649	
0	25	Contributions, gifts, grants paid		578,712	2			578,712	
	26	Total expenses and disburser 25	ments. Add lines 24 and	748,017	7	71,656	53,416	676,361	
	27	Subtract line 26 from line 12							
	a	Excess of revenue over expendisbursements	nses and	291,180	)				
	ь	Net investment income (if neg	•			479,963			
	С	Adjusted net income (if negat	<u> </u>				310,727		
For	Paper	work Reduction Act Notice, se	e instructions.		(	Cat No 11289X	For	m <b>990-PF</b> (2018)	

	3	Accounts receivable P		
		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 ▶	'	
ets	8	Inventories for sale or use		
ē	۵	Prepaid expenses and deferred charges		

11,939,884

250,000

12,397,980

250,000

12,106,800

11,999,849

12,207,945

12,106,800

12,397,980

12,397,980 Form 990-PF (2018)

291,180

2

3

4

5

6

## 10a Investments—U S and state government obligations (attach schedule) 11,642,240 b C Investments—land, buildings, and equipment basis ▶ 11 Less accumulated depreciation (attach schedule) ▶ 12 Investments—mortgage loans . . . . . . 13 Investments—other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule)

15

16

17

18

Liabilities

2

Other assets (describe > \_

Grants payable

instructions Also, see page 1, item I)

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

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . .

Other increases not included in line 2 (itemize) -

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses . . . .

19 Deferred revenue . Loans from officers, directors, trustees, and other disqualified persons 20 21 Mortgages and other notes payable (attach schedule). . . . . . Other liabilities (describe -22 23 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. Unrestricted Temporarily restricted Permanently restricted . Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. Capital stock, trust principal, or current funds . . . . Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds 12,106,800 12,397,980 Total net assets or fund balances (see instructions) . . . . . 12,106,800 12,397,980 12,106,800 12,397,980 Total liabilities and net assets/fund balances (see instructions) .

Fund Balances 24 25 26 ö Assets 27 28 29 Net 30 31

Part III 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

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

2

4

5

6

7

8

0 249181

0 049836

652,499

657,299

676,361

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4,800

13,092,918

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

. . . . . . . . . . .

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b) .

8 Enter qualifying distributions from Part XII, line 4

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Pa	rt VII-B Statements Regard	ding Activities for Whic	h Form 4720 May Be	Required (continued)			
5a	During the year did the foundation	pay or incur any amount to				Yes	No
	(1) Carry on propaganda, or other	wise attempt to influence legi	slation (section 4945(e))?	☐ Yes 🗸	No		
	(2) Influence the outcome of any s	specific public election (see se	ection 4955), or to carry	□ les ⊡	NO		
	on, directly or indirectly, any vo	oter registration drive?		· · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individua	l for travel, study, or other s	mılar purposes?	☐ Yes 🔽	No		
	(4) Provide a grant to an organizat	tion other than a charitable, e	etc , organization described	d	110		
	ın section 4945(d)(4)(A)? See i	instructions		· · · Pes 🗸	No		
	(5) Provide for any purpose other t	than religious, charitable, scie	entific, literary, or				
	educational purposes, or for the			∟ Yes 🖭	No		
b	If any answer is "Yes" to 5a(1)-(5)			ceptions described in			
	Regulations section 53 4945 or in a				5b	_	
	Organizations relying on a current i			· · · · · • 📙			
С	If the answer is "Yes" to question 5	• • •	·				
	tax because it maintained expendit			· · 🗌 Yes 🗌	No		
	If "Yes," attach the statement requ	· -					
6a	Did the foundation, during the year						
_	a personal benefit contract?			I I Yes I▼I	No .		
Ь	Did the foundation, during the year	r, pay premiums, directly or ii	ndirectly, on a personal be	nefit contract?	6b		No
<b>-</b> -	If "Yes" to 6b, file Form 8870						
7а ь	At any time during the tax year, wa			tes 🖭	No 7b		
8	If yes, did the foundation receive a				/B	+	_
0	Is the foundation subject to the sec excess parachute payment during t						
							<u> </u>
Pa	rt VIIII and Contractors	Officers, Directors, Tru	stees, Foundation Ma	anagers, Highly Paid Er	nployees	5,	
_1_	List all officers, directors, truste	(b) Title, and average	(c) Compensation (If	(d) Contributions to	1		
	(a) Name and address	hours per week	not paid, enter	employee benefit plans and	(e) Expe	ense acc allowan	
		devoted to position	-0-)	deferred compensation	other	allowan	
See	Additional Data Table						
					<u> </u>		
	Compensation of five highest-pa	aid employees (other than	those included on line		ne, enter	"NONE	<u>·"                                    </u>
(a)	Name and address of each employee	(b) Title, and averag		(d) Contributions to employee benefit	(e) Expe	nse acco	ount.
(-)	more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		llowanc	
		devoted to position		compensation			
NON	E						
Tota	I number of other employees paid ov	ver \$50,000 <b></b>					
					Form <b>9</b> 9	90-PF	(2018)

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Part VIII Information About Officers, Directors, Truste and Contractors (continued)	ees, Foundation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional s	ervices (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.	<u> </u>	<u> </u>
Part IX-A Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year Included.	de relevant statistical information such as the numbe	er of
organizations and other beneficiaries served, conferences convened, research papers	produced, etc	Expenses
1		
2		
		<del></del>
3		
4		
Part IX-B Summary of Program-Related Investments (	see instructions)	
Describe the two largest program-related investments made by the foundation du	·	Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<b>•</b>
		Form <b>990-PF</b> (2018)

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

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

Amounts set aside for specific charitable projects that satisfy the

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

3

4

5

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

2

3a 3h

4

5

676.361

4.800

671.561

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

3 Excess distributions carryover, if any, to 2018

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, 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 required—see instructions). . . . . . . . .

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 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

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 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . .

indicated below:

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

same amount must be shown in column (a) )

2

216,017

433,829

Page 9

	1330 11 (2010)	
P	art XIII Undistributed Income (see instruc	tions)
		(a) Corpus
L	Distributable amount for 2018 from Part XI, line 7	
2	Undistributed income, if any, as of the end of 2018	
а	Enter amount for 2017 only	
b	Total for prior years 20, 20, 20	

ĺ	
i	
l	
i	

(b)

Years prior to 2017

(c)

2017

460,344

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	Part XIV Private Operating Found	•		<del></del>		
	If the foundation has received a ruling or de foundation, and the ruling is effective for 20	18, enter the date	of the ruling	▶∟_		-
b	Check box to indicate whether the organization	on is a private ope	ratıng foundatıon des	scribed in section L	4942(j)(3) or	ط (5)(ر) 4942( <u>ر</u> )
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	] (e) iotai
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
a	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly					
_	for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
-	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(1)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
	Supplementary Information	(Complete this	part only if the	foundation had	\$5.000 or more	in
P	assets at any time during th				. ,	
1	Information Regarding Foundation Man					
а	List any managers of the foundation who have before the close of any tax year (but only if					in
ь	List any managers of the foundation who owi					
	ownership of a partnership or other entity)	of which the founda	ition has a 10% or gr	eater interest		
2	Information Regarding Contribution, Gr	ant, Gift, Loan, So	cholarship, etc., Pro	ograms:		
	Check here $\blacktriangleright \Box$ if the foundation only mak	es contributions to	preselected charitabl	le organizations and	does not accept	
	unsolicited requests for funds If the founda			ials or organizations	under	
	other conditions, complete items 2a, b, c, ai	nd d See instructio	ns			
а	The name, address, and telephone number of	or e-mail address o	f the person to whom	n applications should	l be addressed	
	NORWIN S AND ELIZABETH N BEAN FDN					
	40 STARK STREET					
	MANCHESTER, NH 03101 (603) 493-7257					
h	The form in which applications should be sul	omitted and informa	ation and materials th	hev should include		
_	IN ALL CASES APPLICATIONS SHOULD INCL			•	ER SHEET A NARRA	TIVE WHICH
	EXPLAINS THE PURPOSE OF THE PROJECT A					
	BUDGET FOR THE PROJECT INDICATING KN (PREFERABLY AUDITED) AND CURRENT YEA					
	THEIR PROFESSIONAL AFFILIATIONS ORGA					
	IDENTIFICATION NUMBER IS INCLUDED					
С	Any submission deadlines					
	APPLICATION DEADLINE (POSTMARKED BY)	GRANTMAKING ME	EETING DECEMBER 1	FEBRUARY APRIL 1	JUNE SEPTEMBER	
d	Any restrictions or limitations on awards, su					
-	factors	/ 5-25,		,	,	
	APPLICATIONS ARE ACCEPTED FROM NONPI					
	COMMUNITIES OF MANCHESTER AND AMHE					
	PRIMARILY IN THOSE TWO COMMUNITIES ORGANIZATIONS WHICH PROVIDE A SUBST					
	DOES NOT MAKE GRANTS TO INDIVIDUALS					
	HAVE ALREADY TAKEN PLACE					



Enter gross amounts unless otherwise indicated		Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exemp	
	m service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )	
d							
	and contracts from government agencies ership dues and assessments.						
3 Intere	st on savings and temporary cash ments			14	14,745		
4 Divide	nds and interest from securities			14	349,398		
	ntal income or (loss) from real estate						
	financed property						
	debt-financed property						
	investment income						
	or (loss) from sales of assets other than						
ınvent	•					675,054	
	come or (loss) from special events						
10 Gross 11 Other	profit or (loss) from sales of inventory revenue a						
с							
d							
е							
e <b>12</b> Subto	tal Add columns (b), (d), and (e).			1:	364,143		
e 12 Subto 13 Total	tal Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).	lations )		13	364,143 		
e 12 Subto 13 Total (See v	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calcu  1-B Relationship of Activities to the	lations ) ie Accomplish	nment of Exem	pt Purposes	3		
e 12 Subto 13 Total (See v	tal Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  vorksheet in line 13 instructions to verify calcu  T-B Relationship of Activities to the	lations ) le Accomplish income is report	nment of Exem	pt Purposes  If Part XVI-A contribu	ted importantly to		
e 12 Subto 13 Total (See v Part XV	tal Add columns (b), (d), and (e).  Add line 12, columns (b), (d), and (e).  Yorksheet in line 13 instructions to verify calcu  I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activities to the control of the foundation of th	lations ) le Accomplish income is report	nment of Exem	pt Purposes  If Part XVI-A contribu	ted importantly to		
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	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
	Exempt Organizations

Part	XVII	Exempt Organi		ransters to a	and Iransacti	ons and i	Kelatio	nsnips with None	спагітаріе		
		anization directly or in than section 501(c)(3)	directly enga						n 501	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of											
(1) Cash									1a(1)		No
(2) Other assets									. 1a(2)		No
<b>b</b> Oth	er trans	sactions									
		of assets to a nonchar	•	-					. 1b(1)		No
		ases of assets from a r							. 1b(2)		No
		l of facilities, equipmer							. 1b(3)		No
		oursement arrangemen							1b(4) 1b(5)		No No
		or loan guarantees. nance of services or m							1b(5)		No
٠,		facilities, equipment, r		_							No
	-	er to any of the above		•							.,,
of tl	ne good	ls, other assets, or ser	vices given b	y the reporting	foundation If the	e foundatioi	n receive	d less than fair mark	et value		
ın a	ny tran	saction or sharing arra	ngement, sh	ow in column (	d) the value of th	ie goods, ot	ther asse	ts, or services receive	ed		
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	empt organization	(d) Desc	cription of	transfers, transactions, a	and sharing arra	ngemen	ts
<b>2a</b> Is th	ne foun	dation directly or indire	ectly affiliated	d with, or relate	ed to, one or more	e tax-exem	pt organ	zations	_		
		n section 501(c) (othe		n 501(c)(3)) or	in section 527? .			∐Yes	s 🛂 No		
b If "\	es," co	mplete the following s		1							
		(a) Name of organization	on	(1	<b>b)</b> Type of organizal	tion		(c) Description o	of relationship		
-											
	of m	r penalties of perjury, y knowledge and belief n preparer has any kno	, it is true, co								
Sign Here	*	****			2019-11-13			May the IRS di return			
	• •	ignature of officer or t	rustee		Date	— <b>)</b> ⊤	itle		with the prepa below (see instr )?		_
		Print/Type preparer's	name	Preparer's Signature		Date	Date		TIN		
		GARY G BOISVERT				2010	11 11	Check if self- employed ▶ ☐	P01695	727	
Paid Prop	aror					2019-	11-14				
Prep Use (				' & COMPANY PO				Fı	ırm's EIN ▶02	-04000	31
		Firm's address ► 60	8 CHESTNUT	T ST							
		MA	ANCHESTER,	NH 03104				Ph	hone no (603	) 622-7	7070

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, (e) other allowances hours per week not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation JOHN F DINKEL SENIOR TRUST 000 00 3 BELDENS MILL LANE AMHERST, NH 03031

· · · · · · · · · · · · · · · · · · ·				
THOMAS J DONOVAN	SENIOR TRUST	2,500	0	0
900 ELM ST MANCHESTER, NH 03101	000 00			
ANNA THOMAS	TRUSTEE/BOAR	2,500	0	0
900 ELM STREET	000 00			

MANCHESTER, NH 03101				
ANNA THOMAS	TRUSTEE/BOAR	2,500	0	0
900 ELM STREET MANCHESTER, NH 03101	1 000 00			
DAVID CHEN	TERM TRUSTEE	1,500	0	0
900 ELM STREET	7 000 00			

LECUES CTEMART			_	
900 ELM STREET MANCHESTER, NH 03101	1 000 00			
DAVID CHEN	TERM TRUSTEE	1,500	0	0
900 ELM STREET MANCHESTER, NH 03101	1 000 00			
ANNA THOMAS	TRUSTEE/BOAR	2,500	0	0

MANCHESTER, NH 03101				
DAVID CHEN	TERM TRUSTEE	1,500	0	0
900 ELM STREET MANCHESTER, NH 03101	1 000 00			
LESLEE STEWART	TERM TRUSTEE	1,875	0	0

MANCHESTER, NH 03101				
LESLEE STEWART	TERM TRUSTEE	1,875	0	0
900 ELM STREET MANCHESTER, NH 03101	000 00			

LESLEE STEWART	TERM TRUSTEE	1,875	0	0
900 ELM STREET MANCHESTER, NH 03101	000 00			
MARIA MONGAN	TERM TRUSTEE	1,500	0	0

MANCHESTER, NH 03101				
MARIA MONGAN	TERM TRUSTEE	1,500	0	0
415 N BEND DRIVE MANCCHESTER, NH 03104	000 00			

1,500

0

TERM TRUSTEE

000 00

MICHAEL DELANEY

900 ELM STREET MANCHESTER, NH 03101

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			
HIGHLAND GOFFS FALLS PTA 1 BEATRICE LAWRENCE DR MANCHESTER, NH 03109		ORAL HEALTH PROGRAM	8,720
GIRL SCOUTS GWM1 COMMERCE DRIVE		CENTURY COMM LEARNING	10.000

GIRL SCOUTS GWM1 COMMERCE DRIVE BEDFORD, NH 03110		CENTURY COMM LEARNING CTRS	10,0
CROTCHED MOUNTAIN FOUNDATION 1 VERNEY DRIVE GREENFIELD, NH 03047		AFTER SCHOOL PROGRAM	7,!

500

578,712

▶ 3a

GIRL SCOUTS GWM1 COMMERCE DRIVE BEDFORD, NH 03110		CENTURY COMM LEARNING CTRS	10,0
CROTCHED MOUNTAIN FOUNDATION 1 VERNEY DRIVE		AFTER SCHOOL PROGRAM	7,5

Total . .

Recipient If recipient is an individual, show any relationship to status of contribution Status of contribution

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
GRANITE PATHWAYS 10 FERRY STREET STE 319 CONCORD, NH 03301			CHILDRENS SERVICES	20,000
CATHOLIC MEDICAL CENTER 100 MCGREGOR STREET MANCHESTER, NH 03102			TREATMENT & RECOVERY CENTER	20,000
OPPORTUNUTY NETWORKS 11 CALDWELL DRIVE AMHERST, NH 03031			WELLNESS PROGRAM	10,000
Total			▶ 3a	578,712

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			
AMHERST GARDEN CLUB 11 CHURCH STREET AMHERST, NH 03033		STORAGE BUILDING	4,000
· · · · · · · · · · · · · · · · · · ·	 1		

CONCORD, NH 03301			
125 AIRPORT ROAD			
COMMUNITY			13,300
FOUNDATION FOR HEALTHY		RETURN OF 2017 GRANT	-13,500

125 AIRPORT ROAD CONCORD, NH 03301			
MANCHESTER HISTORIC ASSOCIATION 129 AMHERST STREET MANCHESTER, NH 03101		NEWSPAPER COLLECTION ACCESS	25,000

Total	578.712		
MANCHESTER HISTORIC ASSOCIATION 129 AMHERST STREET MANCHESTER, NH 03101		NEWSPAPER COLLECTION ACCESS	25,000
CONCORD, NH 03301			

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)

a Paid during the year			
WEBSTER HOUSE135 WEBSTER STREET MANCHETSTER, NH 03104		LIFE SKILLS PROGRAM	9,000

FRIENDS OF AINE15 NORMAND CIRCLE BEDFORD, NH 03110		BEREAVEMENT SUPPORT GROUPS
INTERNATIONAL INSTITUTE OF NE		REFLIGEE STABILAZATION

or substantial contributor

Total .

FRIENDS OF AINE15 NORMAND CIRCLE BEDFORD, NH 03110		BEREAVEMENT SUPPORT GROUPS	7,500
INTERNATIONAL INSTITUTE OF NE 2 BOYLSTON STREET		REFUGEE STABILAZATION	10,000

BEDFORD, NH USIIU		GROUPS	
INTERNATIONAL INSTITUTE OF NE 2 BOYLSTON STREET		REFUGEE STABILAZATION	10,000
BOSTON, MA 02116			

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			
PASTORAL COUNSELING SERVICES 2013 ELM STREET MANCHESTER, NH 03104		HEALTHY COUPLES PROJECT	25,000

MANCHESTER, NH 03104			
CONGREGATIONAL CHURCH OF AMHERST 21 TRAILSIDE DRIVE AMHERST, NH 03031		FIRE SUPRESSION SYSTEM	20,000

AMHERST 21 TRAILSIDE DRIVE AMHERST, NH 03031			
CATHOLIC CHARITIES OF NH 215 MYRTLE STREET		IMMIGRANT LEGAL SERVICES	25,000

21 TRAILSIDE DRIVE AMHERST, NH 03031			
CATHOLIC CHARITIES OF NH 215 MYRTLE STREET MANCHESTER, NH 03104		IMMIGRANT LEGAL SERVICES	25,000

Total .

CATHOLIC CHARITIES OF NH 215 MYRTLE STREET		IMMIGRANT LEGAL SERVICES	25,000
MANCHESTER, NH 03104			

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			
GRANITE UNITED WAY YOUTH RFP 22 CONCORD STREET MANCHESTERF, NH 03101		MIDDLE SCHOOL PROGRAMS	25,000

GRANITE UNITED WAY 22 CONCORD STREET 2 MANCHESTER, NH 03101		SERENITY PLACE RECEIVERSHIP	5,000
MANCHESTERF, NH 03101			

22 CONCORD STREET 2 MANCHESTER, NH 03101			
MANCHESTER PROUD22 CONCORD WAY MANCHESTER, NH 03101		MSD STRATEGIC PLAN	50,000

Total .

Recipient If recipient is an individual, show any relationship to status of status of

recipient

578,712

any foundation manager

Name and address (home or husiness)

MANCHESTER, NH 03104

Total .

Name and address (nome or business)	or substantial contributor		
a Paid during the year			
VICTORY WOMEN OF VISION 25 LOWELL STREET STE 307 MANCHESTER, NH 03101		MENTORING PROGRAM	2,500
BIG BROTHERS BIG SISTERS OF NH 3 PORTSMOUTH AVE STRATHAM, NH 03885		EXPAND SITE BASED PGM	15,000
FRIENDS OF STARK PARK 30 NORTH BAY STREET		REPLACEMENT OF PARK BENCHES	10,472

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			
ST JOSEPH COMMUNITY SVCS 325 DW HIWAY		COMMINITY DINING PROGRAM	25,000

MANCHESTER CITY LIBRARY FND 405 PINE STREET MANCHESTER, NH 03104		ACCESSIBILITY	10,000
MERRIMACK, NH 03045			

MANCHESTER CITY LIBRARY FND 405 PINE STREET MANCHESTER, NH 03104		ACCESSIBILITY	10,000
MANCHESTER POLICE ATHLETIC LEAGUE 406 BEECH STREET MANCHESTER. NH. 03103		OPERATIONS & DEVELOPMENT	20,000

MANCHESTER, NH 03104			
MANCHESTER POLICE ATHLETIC LEAGUE 406 BEECH STREET MANCHESTER, NH 03103		OPERATIONS & DEVELOPMENT	20,000

Total .

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

CHILD AND FAMILY SERVICES 464 CHESTNUT STREET MANCHESTER, NH 03101  IT UPGRADES 20,000	a Paid during the year			
	464 CHESTNUT STREET		IT UPGRADES	20,000

MANCHESTER, NH 03101			
WINTERKIDS5 MAIN STREET WESTBROOK, ME 04092		OUTDOOR ACTIVITY LEARNING	6,000
HELPING HANDS OUTREACH MINISTRY 50 LOWELL STREET		DEVELOPMENT DIRECTOR	20,000

WESTBROOK, ME 04092			,
HELPING HANDS OUTREACH MINISTRY 50 LOWELL STREET MANCHESTER, NH 03101		DEVELOPMENT DIRECTOR	20,000
Total	 	▶ 3a	578,712

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

recipient

.000

578,712

any foundation manager

or substantial contributor

Name and address (home or business)

CHARLESTOWN, NH 03603

Total .

a Paid during the year			
BOYS GIRLS CLUB SOUHEGAN VALLEY 56 MONT VERNON ST MILFORD, NH 03055		RESILIENCY RETREAT	20,000
GIRLS INC NEW HAMPSHIRE 63 MARKET STREET MANCHESTER, NH 03101		NUTRITION & WELLNWSS PGMS	15,000

GIRLS INC NEW HAMPSHIRE 63 MARKET STREET MANCHESTER, NH 03101		NUTRITION & WELLNWSS PGMS	15,0
STUDENT CONSERVATION ASSOC		ELEM SCHOOL PROGRAM	5,0

Recipient If recipient is an individual, show any relationship to Status of Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual, show any relationship to Status of Recipient Is an individual Is an i

any foundation manager

Name and address (home or business)

MANCHESTER, NH 03104

Total .

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
MANCHESTER FAMILY JUSTICE CTR 72 CONCORD STREET MANCHESTER, NH 03101			CLIENT CARE COORDINATOR	20,000
GOODWILL INDUSTRIES OF NNE 75 WASHINGTON AVE 300 PORTLAND, ME 04101			JOB CONNECTION WITH FIT	15,000
NEW LIFE MINISTRIES OF NE			ADDICTION SERVICES	5,000

recipient

Recipient Purpose of grant or If recipient is an individual, Foundation 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			
NEIGHBORWORKS SOUTHERN NH 801 ELM STREET		ADDITIONAL SPACE	25,000
MANCHESTED NH 03101			

MANCHESTER, NH 03101			
UNHM STEM LAB9 EDGEWOOD RD DURHAM, NH 03824		STEM DISCOVERY LAB	23,520

UNHM STEM LAB9 EDGEWOOD RD DURHAM, NH 03824		STEM DISCOVERY LAB	23,520
MAYHEW PROGRAMPO BOX 120		ENROLLMENT	8,000

DURHAM, NH 03824			
MAYHEW PROGRAMPO BOX 120 BRISTOL NH 03222		ENROLLMENT	8,000

MAYHEW PROGRAMPO BOX 120 BRISTOL, NH 03222		ENROLLMENT	8,000
DIGISTOL, INT. 03222			

BRISTOL, NH 03222		ENROLLMENT	0,000
Total	 	▶ 3a	578,712

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			
CASA OF NHPO BOX 1327 MANCHESTER, NH 03105		INCREASE SERVICES	25,000

BEAN ENHANCED EDUC FUND PO BOX 326 MANCHESTER, NH 03101		EDUCATION ENHANCEMENT

BEAN ENHANCED EDUC FUND PO BOX 326 MANCHESTER, NH 03101	EDUCATION ENHANCEMENT	10,000
PULASKI MONUMENT RESTORATION	MONUMENT RESTORATION	10,000

MANCHESTER, NH USTUT			
PULASKI MONUMENT RESTORATION PO BOX 3402 MANCHESTER, NH 03109		MONUMENT RESTORATION	10,000

PULASKI MONUMENT RESTORATION PO BOX 3402 MANCHESTER, NH 03109		MONUMENT RESTORATION	10,000
Total	 	▶ 3a	578,712

efile GRAPHIC print - DO NOT PR	OCESS As File	d Data -		D	LN: 93491318024869
TY 2018 Accounting Fed	es Schedule				_
	Name: NORW	'IN S AND	ELIZABETH	N BEAN	
	FOUNI	DATION			
<b>EIN:</b> 02-6013381					
Category	Amount		nvestment ncome	Adjusted Net Income	Disbursements for Charitable Purposes

1,900

7,600

9,500

VACHON CLUKAY & CO PC

Note: To capture the full content of this	lote: To capture the full content of this document, please select landscape mode (11" $\times$ 8.5") when printing.				
TY 2018 Gain/Loss from Sale of Other Assets Schedule					
Nama	NODWIN C AND ELIZABETH NI BEAN				
name:	NORWIN S AND ELIZABETH N BEAN				
	FOUNDATION				
EIN:	02-6013381				
Gain Loss Sale Other Assets Schedule	Gain Loss Sale Other Assets Schedule				

DLN: 93491318024869

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Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
NORHERN TRUST LT GAINS		PURCHASE			2,788,476	2,295,605			492,871	
NORTHERN TRUST ST GAINS		PURCHASE			41,514	41,599			-85	
GS DIRECT STRATEGIES Q& A OFFSHORE	2014-01	PURCHASE	2018-06		1,871	1			1,870	
GS HEDGE FUND PTNRS PLC B SER 1	2014-01	PURCHASE	2018-03		681	1			680	
GSHEDGE FUND PTNRS II PLCC SER 1	2014-01	PURCHASE	2018-03		2,495	10,253			-7,758	

## **TY 2018 Investments Corporate Stock Schedule**

Name: NORWIN S AND ELIZABETH N BEAN

FOUNDATION

**EIN:** 02-6013381

Investments Corporation Stock Schedule					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
MFB FDS STK INDEX FD	1,034,619	1,187,891			
MFB NTRHRN INT'L EQ INDEX FND	1,196,667	1,165,022			
MFO BLACKROCK HIGH YLD BOND	1,548,765	1,494,181			
MFO CORE FIXED INDEX FUND					
MFO DELAWARE VALUE FND I	630,794	675,888			
MFO HBR FD CAP APPREC					
MFO LOEVENER FDS INT'S EQ	575,819	600,940			
MFO DIMENSIONAL FD INT'L VALUE					
MFB MID CAP INDEX	480,211	456,898			
EMERG MKTS CORE EQUITY	336,138	368,905			
OPPENHEIMER DEV MKTS FDS	455,177	532,226			
MFO INVT DIMEN GROUP INC INT					
ISHARES US AGGREGATE BOND ETF	1,184,916	1,178,312			
MFO US SMALL CAP PORTFOLIO					
MFC FLEXSHS MORNINGS GLBL	333,982	385,208			
GS HEDGE FUND PARTNERS II PLCC CL B					
AMOSKEAG INDUSTRIES, INC 100 SHS	2,250	7,000			
GS DIRECT STRATEGIES QUANTITATIVE &					
GS HEDGE FUND PARTNERS PLC CL B SERI					
PIMCO FNDS PAC INVT COMM	389,937	309,847			
VANGUARD INFL PROT SEC FUND					
I SHS US AGGREGATE BOND ETF					
NORTHRN FNDS GLOBAL REAL EST	1,046,965	966,839			
DFA INTERNATIONAL VALUE	630,628	596,879			
DOUBLELINE CORE FIXED	1,178,197	1,165,052			
DFA US SMALL CAP I	235,222	240,083			
HARBOR CAPITAL APPRECIATON FUND	679,597	668,678			

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TY 2018 Other Assets Schedule			
Name: N	ORWIN S AND EL	LIZABETH N BEAN	

Description

NOTE RECEIVABLE NH COMMUNITY LOAN

**FOUNDATION** 

Other Assets Schedule

EIN:	02-6013381	

Beginning of Year -

**Book Value** 

250,000

End of Year - Book

250,000

Value

End of Year - Fair Market Value

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TY 2018 Other Expenses Schedule							
Name:	NORWIN S AND	ELIZABETH N BE	ΞΑN				
	FOUNDATION						
EIN:	02-6013381						
Other Expenses Schedule				·1			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXPENSES							
OTHER EXPENSES	9,147	1,829		7,318			

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TY 2018 Other Professional Fees Schedule							
	ne: NORWIN S A FOUNDATIO IN: 02-6013381		BEAN				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
MCLANE, GRAF, RAULERSON & MIDDLE	22,593	4,519		18,074			
GRANT MANAGER & EXPENSES	38,586	7,717		30,869			

51,539

51,539

17,180

68,719

NORTHERN TRUST MGMT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	<u>-</u>	DLN	N: 93491318024869
TY 2018 Taxes Schedule				
				<u> </u>
Name:	: NORWINS F	AND ELIZABETH N	BEAN	1
	FOUNDATIO	N		
EIN:	: 02-6013381			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES				
FOREIGN TAX ON DIVIDENDS	9,385	1,877	1,877	7,508