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DLN: 93491130023229

2018

OMB No 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| | | ndar year 2018, or tax year beginning 01-01-20 | , aı | nd er | nding 12-31- | | | |
|---------------------------------------|----------|--|-----------------------|-------|---------------------------------------|---|---|--|
| | | indation SH FAMILY FOUNDATION | | | entification numbe | r | | |
| | | street (or P O box number if mail is not delivered to street address) | Room/suite | | B Telephone number (see instructions) | | | |
| 3: | 26 SANI | D HILL ROAD | | | (603) 924-7213 | · | , | |
| | | ı, state or province, country, and ZIP or foreign postal code IUGH, NH 03458 | 1 | | | application is pendin | a, check here | |
| | | · | | | ' | | ″ ▶ ⊔ | |
| G Ch | neck al | I that apply | former public charity | | _ | ganızatıons, check he | ▶ ⊔ | |
| | | ☐ Final return ☐ Amended return ☐ Address change ☐ Name change | | | | ganizations meeting k here and attach co | | |
| H Ch | eck tv | pe of organization ✓ Section 501(c)(3) exempt private to | foundation | | | undation status was t | | |
| | | a 4947(a)(1) nonexempt charitable trust | | | under sectio | n 507(b)(1)(A), chec | k here | |
| | | | ☑ Cash ☐ Accru | ıal | F If the founda | ation is in a 60-month | n termination | |
| | | rom Part II, col (c), ▶\$ 751,815 CPart I, column (d) must | be on cash basis) | | under sectio | n 507(b)(1)(B), chec | k here ► □ | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | | | | (d) Disbursements | |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per books | (b) | Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) | |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | 1,993 | | | | | |
| | 2 | Check ▶ ☑ if the foundation is not required to attach Sch B | | | | | | |
| | 3 | Interest on savings and temporary cash investments | 369 | | 369 | | | |
| | 4 | Dividends and interest from securities | 17,582 | | 17,582 | | | |
| | 5a | Gross rents | | | | | | |
| • | b | Net rental income or (loss) | | | | | | |
| Ξ | 6a | Net gain or (loss) from sale of assets not on line 10 | -417 | | | | | |
| Revenue | b - | Gross sales price for all assets on line 6a 199,762 | | | 0 | | | |
| ~ | 7 8 | Capital gain net income (from Part IV, line 2) | | | | | | |
| | 9 | Income modifications | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | |
| | b | Less Cost of goods sold | | | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | | | |
| | 11 | , | | | | | | |
| | 12 | Total. Add lines 1 through 11 | 19,527 | | 17,951 | | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0 | | 0 | | 0 | |
| | 14 15 | Other employee salaries and wages | | | | | | |
| ıse. | 16a | Legal fees (attach schedule) | | | | | | |
| <u>B</u> | ь | Accounting fees (attach schedule) | 500 | | 500 | | 0 | |
| Operating and Administrative Expenses | С | Other professional fees (attach schedule) | 4,061 | | 4,061 | | 0 | |
| tive | 17 | Interest | | | | | | |
| stra | 18 | Taxes (attach schedule) (see instructions) | 328 | | 328 | | 0 | |
| Ē | 19 | Depreciation (attach schedule) and depletion | | | | | | |
| Ę | 20 | Occupancy | | | | | | |
| ַ ק | 21 | Travel, conferences, and meetings | | | | | | |
| au | 22 | Printing and publications | <u>aa-1</u> | _ | 200 | | 0 | |
| EID E | 23 | Other expenses (attach schedule) | 390 | | 390 | | 0 | |
| era | 24 | Total operating and administrative expenses. Add lines 13 through 23 | 5,279 | | 5,279 | | 0 | |
| o | 25 | Contributions, gifts, grants paid | 51,970 | - | 3,2/3 | | 51,970 | |
| | 26 | Total expenses and disbursements. Add lines 24 and | | | | | ==,=,= | |
| | | 25 | 57,249 | | 5,279 | | 51,970 | |
| | 27 | Subtract line 26 from line 12 Excess of revenue over expenses and | | | | | | |
| | а | disbursements | -37,722 | | | | | |
| | b | Net investment income (if negative, enter -0-) | | | 12,672 | | | |
| | C | Adjusted net income (If negative, enter -0-) | | | | | | |

681,957

727,222

650.116

689,500

5

6

712,431

751,815

0

689,500 Form **990-PF** (2018)

| Assets | |
|--------|--|
| | |

6

7

8

9

10a

11

12

13

14

15

16

17

18

b c Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

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

Less allowance for doubtful accounts

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Decreases not included in line 2 (itemize) .

Other assets (describe > _

Grants payable

disqualified persons (attach schedule) (see instructions)

Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule)

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

```
Liabilities
   19
         20
         Loans from officers, directors, trustees, and other disqualified persons
   21
         Mortgages and other notes payable (attach schedule). . . . . .
   22
         Other liabilities (describe -
   23
         Total liabilities(add lines 17 through 22) . . . . . . . . .
         Foundations that follow SFAS 117, check here ▶
Balances
         and complete lines 24 through 26 and lines 30 and 31.
   24
         Unrestricted . . . .
   25
         Temporarily restricted
Fund
   26
         Permanently restricted . . . .
         Foundations that do not follow SFAS 117, check here ▶ ✓
ŏ
         and complete lines 27 through 31.
Assets
   27
         Paid-in or capital surplus, or land, bldg, and equipment fund
   28
                                                                               727,222
                                                                                                689,500
   29
         Retained earnings, accumulated income, endowment, or other funds
Net
   30
         Total net assets or fund balances (see instructions) . . . . .
                                                                               727,222
                                                                                                689,500
                                                                               727,222
                                                                                                689,500
   31
         Total liabilities and net assets/fund balances (see instructions) .
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-
    of-year figure reported on prior year's return)
                                                                                                            727,222
                                                                                           2
                                                                                                             -37,722
 2
    Enter amount from Part I, line 27a . . . . . . .
                                                                                           3
    Other increases not included in line 2 (itemize) -
                                                                                                                  0
    4
                                                                                                            689,500
```

instructions

| <u> </u> | | | | | |
|--|--|---|--|---|---|
| | e the kınd(s) of property sold (e g , irehouse, or common stock, 200 shs | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
| 1aSee Additional Data Table | e | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | Cost or | (g) other basis ense of sale | Gain o | h) or (loss) n 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 | 1 | (I) |
| (i) F M V as of 12/31/69 | (j) Adjusted basis | Excess | (k) of col (ı) | Gains (Col (col (k), but not | h) gain minus less than -0-) or |
| | as of 12/31/69 | over col | l (j), if any | Losses (fr | om col (h)) |
| a See Additional Data Table | e | | | | |
| ь | | | | | |
| | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income | or (net capital loss) | If gain, also enter in P If (loss), enter -0- in I | | 2 | -417 |
| · · | gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi | |)- | 3 | |
| Part V Qualification U | Jnder Section 4940(e) for Re | educed Tax on Net | Investment In | come | |
| _ | rivate foundations subject to the sec | | | | |
| If section 4940(d)(2) applies, le | eave this part blank | | | _ | _ |
| | e section 4942 tax on the distributal of qualify under section 4940(e) Do | | | ? | es 🔽 No |
| 1 Enter the appropriate an | nount in each column for each year, | see instructions before | e making any entrie | s | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | le-use assets | (d) Distribution rat (col (b) divided by o | |
| 2017 | 67,242 | | 810,219 | | 0 082992 |
| 2016 | 78,628 | | 750,153 | | 0 104816 |
| 2015 | 88,077 | | 800,349 | | 0 110048 |
| 2014 | 81,304 | | 0 | | 0 000000 |
| 2013 | 72,401 | | 766,090 | | 0 094507 |
| 2 Total of line 1, column (| d) | | 2 | | 0 392363 |
| number of years the four | o for the 5-year base period—divide indation has been in existence if less | than 5 years | 3 | | 0 078473 |
| | ncharitable-use assets for 2018 fron | • | 4 | | 813,210 |
| 5 Multiply line 4 by line 3 | | | 5 | | 63,815 |
| | ent income (1% of Part I, line 27b) | | 6 | | 127 |
| | | | 7 | | 63,942 |
| | ons from Part XII, line 4 , . Pater than line 7, check the box in Pa | | | ng a 1% tax rate Se | 51,970 e the Part VI |

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|--|---------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued) | Foundation Managers, Highly Pa | id Employees, |
| 3 Five highest-paid independent contractors for professional service | es (see instructions). If none, enter | "NONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include releving and other beneficiaries served, conferences convened, research papers produc | | Expenses |
| 1 | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (see in | astructions) | |
| Describe the two largest program-related investments made by the foundation during the | <u>'</u> | Amount |
| 1 | | |
| | | |
| 2 | | |
| All other program-related investments See instructions | | |
| 3 | | |
| Total. Add lines 1 through 3 | | P 0 |
| | | Form 990-PF (2018) |

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

51,970

51.970

51,970

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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

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

2018

Page 9

40,408

40.408

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0

| ,,,,, | , | 0-1 | 1 | 121 | 7 1 (|
|-------|----|-----|----|-----|-------|
| Pa | rt | XΙ | 11 | | |

b Total for prior years

From 2013.

b From 2014. . . . c From 2015. .

e From 2017.

d From 2016. . . .

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| 90-PF (20 | 018) | | |
|-----------|----------------------|--------------------|--|
| t XIII | Undistributed Income | (see instructions) | |

a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9 a Excess from 2014. .

b Excess from 2015. .

c Excess from 2016. . . .

d Excess from 2017. . . e Excess from 2018. . .

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

6 Enter the net total of each column as

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 f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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

indicated below:

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).

Distributable amount for 2018 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2018

> 37.158 81,304

48 446

41.304 27,387

81.304 48,446

41.304

27.387

11.562

- (a) Corpus

235.599

11,562

247,161

37.158

210,003

- (b)
- Years prior to 2017

(c)

2017

factors



| nter gros | s amounts unless otherwise indicated | Unrelated bu | isiness income | Excluded by section | 512, 513, or 51 4 | (e) Related or exempt |
|---|--|--|----------------|-----------------------------------|--------------------------|--|
| _ | n service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 2 Member | and contracts from government agencies ership dues and assessments | | | | | |
| ınvestr | nents | | | 18 | 369 | |
| | nds and interest from securities | | | 18 | 17,582 | |
| | ntal income or (loss) from real estate | | | | | |
| | -financed property | | | | | |
| | lebt-financed property | | | | | |
| | nvestment income | | | | | |
| | r (loss) from sales of assets other than | | | | | |
| invent | ory | | | 14 | -417 | |
| | come or (loss) from special events | | | | | |
| 0 Gross | profit or (loss) from sales of inventory | | | | | |
| | revenue a | | | | | |
| | | | | | | |
| | | | | | | |
| d | | 1 1 | | | | |
| | | | | | | |
| e 2 Subto | al Add columns (b), (d), and (e). | | 0 | | 17,534 | |
| e 2 Subtot 3 Total. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | 0 | | 17,534 | |
| e 2 Subtot 3 Total. (See w | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | lations) | | 13 | | |
| e 2 Subtoo 3 Total. (See w | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu | ilations) ne Accomplish income is reporte | | pt Purposes Part XVI-A contribut | ted importantly to | |
| e 2 Subtoo 3 Total. (See w Part XV Line No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet 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 and the second | ilations) ne Accomplish income is reporte | | pt Purposes Part XVI-A contribut | ted importantly to | |
| e 2 Subtoo 3 Total. (See w Part XV Line No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet 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 and the second | ilations) ne Accomplish income is reporte | | pt Purposes Part XVI-A contribut | ted importantly to | |
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| e 2 Subtoo 3 Total. (See w Part XV Line No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet 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 and the second | ilations) ne Accomplish income is reporte | | pt Purposes Part XVI-A contribut | ted importantly to | |
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| e 2 Subtoo 3 Total. (See w Part XV Line No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet 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 and the second | ilations) ne Accomplish income is reporte | | pt Purposes Part XVI-A contribut | ted importantly to | |
| e 2 Subtoo 3 Total. (See w Part XV Line No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet 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 and the second | ilations) ne Accomplish income is reporte | | pt Purposes Part XVI-A contribut | ted importantly to | |
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| e 2 Subtoo 3 Total. (See w Part XV Line No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet 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 and the second | ilations) ne Accomplish income is reporte | | pt Purposes Part XVI-A contribut | ted importantly to | |
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| e 2 Subtoo 3 Total. (See w Part XV Line No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet 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 and the second | ilations) ne Accomplish income is reporte | | pt Purposes Part XVI-A contribut | ted importantly to | 17,534 |

| . , | (LOLO) | | | | | | |
|------|--|--|--|--|--|--|--|
| | Information Regarding Transfers To and Transactions and Relationships With Noncharitable | | | | | | |
| 1111 | Exempt Organizations | | | | | | |

| | VATT | Exempt Organia | zations | | | | | | | |
|-----------------|--------------------|---------------------------|------------------------------------|------------------------------|--------------------------------|-----------------------------------|---|--|---------|-----------------|
| 1 Did | the org | | directly engage | | | | ation described in section tions? | 501 | Yes | No |
| a Trai | nsfers f | rom the reporting foun | dation to a none | haritable ex | empt organization | of | | | | |
| (1) | Cash. | | | | | | | 1a(1) | | No |
| (2) | Other | assets | | | | | | . 1a(2) | | No |
| b Oth | er trans | sactions | | | | | | | | |
| (1) | Sales | of assets to a nonchari | table exempt or | ganızatıon. | | | | . 1b(1) | | No |
| | | ases of assets from a n | | | | | | . 1b(2) | | No |
| | | l of facilities, equipmer | | | | | | . 1b(3) | | No |
| | | oursement arrangemen | | | | | | 1b(4) | | No |
| | | or loan guarantees. | | | | | | 1b(5) | | No |
| | | nance of services or m | ' | - | | | | 1b(6) | | No |
| | - | facilities, equipment, n | - | | | | d always show the fair ma | 1c | | No |
| of t | he good ny tran | ls, other assets, or ser | vices given by the ngement, show . | he reporting in column (c | foundation If the | foundation rece goods, other a | eived less than fair marke assets, or services receive n of transfers, transactions, ai | t value d | ngemen | ıts |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| 2a Is tl | he foun | dation directly or indire | ectly affiliated w | ıth, or relate | d to, one or more | tax-exempt or | ganızatıons | | | |
| des | cribed ii | n section 501(c) (other | than section 50 | 01(c)(3)) or i | ın section 527? . | | 🗆 Yes | ✓ No | | |
| b If "\ | Yes," co | mplete the following so | chedule | | | | | | | |
| | • | (a) Name of organization | on | (1 | b) Type of organization | n | (c) Description of | relationship | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | of my | | , it is true, corre | | | | anying schedules and stat her than taxpayer) is base | | | |
| Sign Here | * | **** | | | 2019-04-29 | **** | * | May the IRS di return with the prepa | | |
| | s | ignature of officer or t | rustee | | Date | Title | | below (see instr)? | ✓ Yes | □ _{No} |
| | | Print/Type preparer's | name Pr | eparer's Sigr | nature | Date | Check if self | | | |
| Paid | | FRANK STORNIOLO | | | | | employed ▶ □ | P00375 | 5343 | |
| Prep Use (| arer Only | Firm's name ▶ LITM | IANGERSON ASS | SOCIATES LL | .P | 1 | Fir | m's EIN ▶04 | -26940 |)95 |
| | | Firm's address ▶ 60 | 0 W CUMMINGS | PARK SUITE | ≣ 4400 | | | | | |
| | | | | | | | Ph | one no (781 |) 569-4 | 4700 |

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) How acquired Date sold Date acquired P—Purchase (mo, day, yr) (mo, day, yr) D-Donation 1 BNY MELLON NATL S/T MUN BD 2018-03-14 2018-04-04 1 BNY MELLON LARGE CAP 2010-10-14 2018-04-04 BNY MELLON FOCUSED EQUITY 2014-12-16 2018-04-04 BNY MELLON NATL S/T MUN BD 2014-12-16 2018-04-04 BNY MELLON BOND FD CL 2010-10-14 2018-09-04 Ρ CAPITAL GAINS DIVIDENDS 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) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 29,976 30,000 -24 70.000 89,546 -19,546 5,000 752 4,248 26,748 27,334 -586 45,510 49,051 -3,541 22,528 22,528 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 (i) **(1)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (1), if any -24 -19,546 752 -586 -3,541 22,528

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

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

| a Paid during the year | | | |
|---|--|--------------|-------|
| ANCHOR POINT COUNSELING MINISTRY 800 MCKNIGHT PARK DRIVE SUITE 802 | | CONTRIBUTION | 5,000 |

| PITTSBURGH, PA 15237 | | | |
|--|--|--------------|--------|
| ANGLICAN DIOCESE OF CHRIST OUR HOPE PO BOX 52449 | | CONTRIBUTION | 17,500 |

| HOPE PO BOX 52449 DURHAM, NC 27717 | | CONTRIBUTION | 17,500 |
|---|--|--------------|--------|
| CAMP CEDARBROOK IN THE ADIRONDACKS INC | | CONTRIBUTION | 1,000 |

| DURHAM, NC 27717 | | | |
|--|--|--------------|------|
| CAMP CEDARBROOK IN THE ADIRONDACKS INC 59 DAVINGNON ROAD CORINTH NY 12822 | | CONTRIBUTION | 1,00 |

| Total | | ▶ 3a | 51,970 |
|---|------|--------------|--------|
| ADIRONDACKS INC 59 DAVINGNON ROAD CORINTH, NY 12822 | | | |
| CAMP CEDARBROOK IN THE | | CONTRIBUTION | 1,00 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

51,970

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

any foundation manager

Name and address (home or business)

Total.

| | or substantial contributor | | |
|---|----------------------------|--------------|-------|
| a Paid during the year | | | |
| CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE ORLANDO, FL 32832 | | CONTRIBUTION | 3,000 |

| CHRISTIAN OUTREACH91 NORTH ST RINDGE, NH 03461 | | CONTRIBUTION | 12,000 |
|---|--|--------------|--------|
| INTERNATIONAL SERVICE FELLOWSHIP | | CONTRIBUTION | 1,800 |

| RINDGE, NH 03461 | | | , |
|---|--|--------------|-------|
| INTERNATIONAL SERVICE FELLOWSHIP USA 7000 LUDLOW STREET | | CONTRIBUTION | 1,800 |

| UPPER DARBY, PA 19082 | | |
|-----------------------|--|---|
| 7000 LUDLOW STREET | | |
| 03/1 | | 1 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total .

| Traine and dad out (nome or business) | or substantial contributor | | |
|---|----------------------------|--------------|-------|
| a Paid during the year | | | |
| LOVE IN MOTION2546 ELM ST DALLAS, TX 75226 | | CONTRIBUTION | 250 |
| MONADNOCK CONCRECATIONAL | | CONTRIBUTION | 0.000 |

recipient

51,970

| MONADNOCK CONGREGATIONAL CHURCH 120 WILTON ROAD ROUTE 101 PETERBOROUGH, NH 03458 | | CONTRIBUTION | 8,000 |
|---|--|--------------|-------|
| OPERATION MOBILIZATION | | CONTRIBUTION | 2,500 |

| 120 WILTON ROAD ROUTE 101 PETERBOROUGH, NH 03458 | | | |
|--|--|--------------|-------|
| OPERATION MOBILIZATION 285 LYNNWOOD AVE TYRONE, GA 30290 | | CONTRIBUTION | 2,500 |

| PETERBOROUGH, NH 03458 | | | |
|--|---|--------------|-----|
| OPERATION MOBILIZATION 285 LYNNWOOD AVE | | CONTRIBUTION | 2,5 |
| TYRONE, GA 30290 | 1 | | |

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 contribution show any relationship to status of any foundation manager recipient

Name and address (home or business)

| , | or substantial contributor | | |
|------------------------|----------------------------|--------------|-----|
| a Paid during the year | | | |
| THE RIVER CENTER | | CONTRIBUTION | 500 |

| 44 46 CONCORD STREET PETERBOROUGH, NH 03458 | | | |
|--|--|--------------|-----|
| WORLD VISION INC | | CONTRIBUTION | 420 |

| , | | | |
|---------------------------|--|--------------|-----|
| WORLD VISION INC | | CONTRIBUTION | 420 |
| 34834 WEYERHAEUSER WAY SO | | | |
| FEDERAL WAY, WA 98001 | | | |

| FEDERAL WAY, WA 98001 Total | ▶ 3a | 51 970 |
|------------------------------|--------------|--------|
| 34834 WEYERHAEUSER WAY SO | CONTRIBUTION | 420 |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491130023229 | | | | | | |
|--|----|------|-----------------------|-----|------------------------|---|
| TY 2018 Accounting Fees Schedule | | | | | | |
| Name: THE WALSH FAMILY FOUNDATION EIN: 20-6758711 | | | | | | |
| Category | Am | ount | Net Investm Income | ent | Adjusted Net Income | Disbursements for Charitable Purposes |
| TAX PREPARATION FEES | | 500 | | 500 | | 0 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491130023229 |
|--------------------------------------|-----------------|----------------|---------------------|
| TY 2018 Investments - Other | Schodulo | | |
| 14 2016 livestillents - Other s | Scriedule | | |
| Name | THE WALSH FAMI | IV EOUNDATION | |
| Maille. | THE WALSTITAM | LI I CONDATION | |
| EIN: | 20-6758711 | | |
| Investments Other Schedule 2 | | | |

| Investments Other Schedule 2 | | | | |
|------------------------------|-----------------------|------------|----------------------------------|--|
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value | |
| | AT COST | 650,116 | 712,431 | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491130023229 | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Other Expenses Schedule | | | | | | |
| | | | | | | |
| Name: | THE WALSH FA | MILY FOUNDATIO | N | | | |
| EIN: | EIN: 20-6758711 | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |

315

75

315

FOREIGN TAXES PAID

NH ANNUAL FILING FEES

| efile GRAPHIC print - DO NOT PROCESS | S As Filed Data - | | DLN | N: 93491130023229 | | |
|--|-------------------|--------------------------|------------------------|---|--|--|
| TY 2018 Other Professional Fees Schedule | | | | | | |
| | | | | | | |
| Name: THE WALSH FAMILY FOUNDATION EIN: 20-6758711 | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |

4,061

4,061

| Category | Amount | Net |
|----------|--------|-----|
| | | 1 |

INVESTMENT MANAGEMENT FEES

| efile GRAPHIC print - DO NOT PR | OCESS As Filed Data | ata - DLN: 93491130023229 | | | | |
|---------------------------------|---------------------|---------------------------|------------------------|---|--|--|
| TY 2018 Taxes Schedule | | | | | | |
| | | | | | | |
| | Name: THE WALSH | FAMILY FOUNDAT | ION | | | |
| EIN: 20-6758711 | | | | | | |
| <u> </u> | 20 0/30/11 | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| FEDERAL TAXES | 328 | 328 | | 0 | | |

| efile GRAPHIC print - D | O NOT PROCESS As Filed Dat | :a - | | DLN: 93491130023229 | |
|--|--|--|---|---|--|
| Schedule B | Sche | edule of Contributors | | OMB No 1545-0047 | |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | | h to Form 990, 990-EZ, or 990-PF <u>'s <i>gov/Form</i>990</u> for the latest inform | nation | 2018 | |
| Name of the organization | | | Employer id | dentification number | |
| Organization type (chec | ok one) | | 20-6758711 | | |
| Organization type (chec | or one) | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | ☐ 501(c)() (enter numbe | er) organization | | | |
| | ☐ 4947(a)(1) nonexempt of | charitable trust not treated as a p | rivate foundation | | |
| | ☐ 527 political organizatio | n | | | |
| Form 990-PF | 501(c)(3) exempt private | e foundation | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | 501(c)(3) taxable private foundation | | | | |
| | tion filing Form 990, 990-EZ, or 99 property) from any one contributo | | | | |
| Special Rules | | | | | |
| under sections 50 received from an | on described in section 501(c)(3) to 09(a)(1) and 170(b)(1)(A)(vi), that by one contributor, during the year, as 1h, or (ii) Form 990-EZ, line 1 | checked Schedule A (Form 990 of total contributions of the greater | or 990-EZ), Part II, line 13, | , 16a, or 16b, and that | |
| during the year, t | on described in section 501(c)(7), otal contributions of more than \$1, he prevention of cruelty to children | ,000 <i>exclusively</i> for religious, cha | ritable, scientific, literary, o | | |
| during the year, of If this box is check purpose Don't co | on described in section 501(c)(7), contributions exclusively for religio ked, enter here the total contribution between the parts unless the ble, etc., contributions totaling \$5,0 | us, charitable, etc., purposes, but ions that were received during the e General Rule applies to this org | t no such contributions tota e year for an <i>exclusively</i> re ganization because it rece | aled more than \$1,000 eligious, charitable, etc, elved <i>nonexclusively</i> | |
| 990-EZ, or 990-PF), but | n that isn't covered by the General it must answer "No" on Part IV, lir orm 990PF, Part I, line 2, to certify | ne 2, of its Form 990, or check the | e box on line H of its | | |
| For Paperwork Reduction A for Form 990, 990-EZ, or 990 | ct Notice, see the Instructions I-PF | Cat No 30613X | Schedule B (Form 990 | D, 990-EZ, or 990-PF) (2018) | |

Name of organization

THE WALSH FAMILY FOUNDATION

Employer identification number

20-6758711

Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person JAMES P WALSH 326 SAND HILL ROAD Payroll \$1,993 Noncash PETERBOROUGH, MA 034581617 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (b) (c) (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| Schedule B (Form 9 | 90, 990-EZ, or 990-PF) (2018) | | Page 3 |
|------------------------|--|--|--------------------------------|
| Name of organization | of organization LSH FAMILY FOUNDATION Employer identification nu | | ification number |
| THE WALSH PAMILT P | OUNDATION | 20-67 | 758711 |
| Part II | Noncash Property | | _ |
| (a) No. from Part I | (See instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| <u>=</u> | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| = | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See Instructions) | (d) Date received |
| | | | |
| | | Schedule B (Form 9 | 990, 990-EZ, or 990-PF) (2018) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)