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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491127021189

2018

## OMB No 1545-0052

**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 year beginning 01-01-20	18 , aı	nd ending 12-31-	2018	
		indation ALTONSTALL CHARITABLE FOUNDATION		A Employer id	entification numbe	r
	DLE1-3	ALTONSTALL CHARTTABLE FOUNDATION		22-3208197		
		I street (or P O box number if mail is not delivered to street address) OL ST 5TH FLOOR	Room/suite	<b>B</b> Telephone nu	mber (see instructioi	ns)
				(617) 523-1635	5	
		i, state or province, country, and ZIP or foreign postal code A 021083204		<b>C</b> If exemption	application is pendin	g, check here
G Cł	neck al	I that apply $\Box$ Initial return $\Box$ Initial return of a	former public charity	<b>D 1.</b> Foreign or	ganızatıons, check he	ere . $\square$
		☐ Final return ☐ Amended return			ganizations meeting	
		Address change Name change			k here and attach co	· -
_		pe of organization $\mathbf{\nabla}$ Section 501(c)(3) exempt private 1			undation status was t n 507(b)(1)(A), chec	
		n 4947(a)(1) nonexempt charitable trust U Other taxable				
of	year (f	xet value of all assets at end from Part II, col (c),  ▶\$ 5,003,784  J Accounting method  □ Other (specify) (Part I, column (d) must	L Cash L Accru		ation is in a 60-montl n 507(b)(1)(B), chec	
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	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions) )	I DOOKS			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	330,420			
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach				
	_	Sch B	1 401	1 401		
	3	Interest on savings and temporary cash investments  Dividends and interest from securities	1,481 101,239			
	5a	Gross rents	101,233	33,400		
	b	Net rental income or (loss)				
ie E	6a	Net gain or (loss) from sale of assets not on line 10	43,904			
Revenue	ь	Gross sales price for all assets on line 6a 429,124				
Re.	7	Capital gain net income (from Part IV, line 2)		43,904		
	8	Net short-term capital gain			0	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	C	Gross profit or (loss) (attach schedule)				
	11		477.044	144 705		
	12	Total. Add lines 1 through 11	477,044	144,785		
	13 14	Compensation of officers, directors, trustees, etc  Other employee salaries and wages		0	0	0
S	15	Pension plans, employee benefits		0	0	ı
15e	16a	Legal fees (attach schedule)				0
<u>B</u>	ь	Accounting fees (attach schedule)	2,300	2,300	0	0
and Administrative Expenses	c	Other professional fees (attach schedule)	35,935	35,935		0
tive	17	Interest				0
stra	18	Taxes (attach schedule) (see instructions)	2,110	497		0
<u>=</u>	19	Depreciation (attach schedule) and depletion	0	0		
Ē	20	Occupancy				
ďΑ	21	Travel, conferences, and meetings		0	0	
	22	Printing and publications		0	0	
iud	23	Other expenses (attach schedule)				
Operating	24	Total operating and administrative expenses.		22	_	_
ğ	25	Add lines 13 through 23	40,345		0	220,000
_	25		220,000			220,000
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	260,345	38,732	0	220,000
	27	Subtract line 26 from line 12				
	a	Excess of revenue over expenses and disbursements	216,699			
	ь	Net investment income (If negative, enter -0-)	· · · · · · · · · · · · · · · · · · ·	106,053		
	С	Adjusted net income (If negative, enter -0-)			0	
For	Paper	work Reduction Act Notice, see instructions.		Cat No 11289	· For	m <b>990-PF</b> (2018)

702,789

680,623

3,164,668

3,164,668

3,164,668

3.164.668

701,993

576,890

3,381,367

3,381,367

3,381,367 3,381,367

1 2

3

4

5

3,164,668

3,381,367

3,381,367

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216,699

0

692,146

531,220

5,003,784

Accounts payable and accrued expenses . . . . . . . . . . . .

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

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

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 ▶

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

Total net assets or fund balances (see instructions) . . . . .

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 end of year (line 4 minus line 5)—Part II, column (b), line 30

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

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

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -\_

Grants payable

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

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

Other increases not included in line 2 (itemize) -

	7
2	8
Assets	9
As	10a
	ь
	c

11

12

13

14

15

16

17 18

19

20 21

22

23

24

25

26

28

29 Net 30

31

Part III

2 3

Liabilities

Balances

Fund

ō

Assets 27

	e the kınd(s) of property sold (e g , rehouse, 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					
d					
e					
	(f)		(g)	(	h)
(e) Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain o	r (loss) ) minus (g)
a See Additional Data Tabl	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) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		( <b>k)</b> s of col (ı) l (յ), ıf any	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a See Additional Data Table					
b					
С					
d					
e					
·	or (net capital loss) Spain or (loss) as defined in sections in the section in the secti	ons) If (loss), enter -0	Part I, line 7	3	43,904
Part V Qualification l	Jnder Section 4940(e) for Re	duced Tay on Not	Tayoctmont Tr	come	
(For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incor	ne )	
	eave this part blank e section 4942 tax on the distributa ot qualify under section 4940(e) Do	, ,		۲۰ <u>۲</u> ۲۱	es 🔽 No
	nount in each column for each year,			2S	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitat	ole-use assets	( <b>d)</b> Distribution rat (col (b) divided by c	
2017	220,000		4,507,135	, , , , , , , , , , , , , , , , , , , ,	0 048811
2016	216,631		3,999,745		0 054161
2015	193,567		3,660,387		0 052882
2014	196,299		3,667,721		0 053521
2013	82,883		3,181,731		0 02605
2 Total of line 1, column (	d)		2		0 235425
number of years the four	for the 5-year base period—divide indation has been in existence if less nicharitable-use assets for 2018 fron	than 5 years			<u>0 047085</u> 4,947,222
		•	5		232,940
	ent income (1% of Part I, line 27b)		6		1,061
			7		234,001
	ons from Part XII, line 4 ,		8		220,000
	eater than line 7, check the box in Pa			ng a 1% tax rate Se	

Form	990-PF (2018)									F	age <b>6</b>
Pai	rt VII-B Sta	tements Regard	ling	Activities for Which	Form 4720 May Be	Required (contin	ued)				
5a	During the year	did the foundation	pay o	r incur any amount to						Yes	No
	(1) Carry on pro	opaganda, or otherv	vise a	ttempt to influence legisl	ation (section 4945(e))?	П •	es 🗸	No			
	(2) Influence th	ne outcome of any s	pecific	public election (see sect	tion 4955), or to carry	<u> </u>		140			
	on, directly	or indirectly, any vo	ter re	gistration drive?		· · □ v	es 🗸	No			
	(3) Provide a gi	rant to an individual	for t	avel, study, or other sım	ılar purposes?		es 🔽	No			
		-		her than a charitable, etc							
				tions		· · · □ •	es 🗸	No			
				eligious, charitable, scien							
_				ention of cruelty to childi		Y∙	es 🗸	No			
Ь				iny of the transactions fa			1				
	=			nt notice regarding disas			· · _	_	5b		
	-			regarding disaster assist							
С		•		does the foundation claim	•		_				
		•		sponsibility for the grant		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es 📙	No			
_				y Regulations section 53							
6a				ive any funds, directly or			_				
L						Y	es 🗹	No	6		N.
b			, pay	premiums, directly or inc	iirectiy, on a personal be	nent contract?			6b		No
7a	If "Yes" to 6b, fi		c tha	foundation a party to a p	robibited tay chalter train	acaction?					
		= :		oceeds or have any net in		т∙	es 🗹	No	7b		
8				960 tax on payment(s) o			•		<b>–</b>		
Ū		•		ar <sup>9</sup>							
							es 🗸		<u> </u>		
Pa		Contractors	JIIIC	ers, Directors, Trust	lees, roundation Ma	inagers, nigniy i	alu El	прю	yees,	•	
1	List all officers	directors truste	os fr	oundation managers ar	nd their compensation	See instructions					
	List all officers	, un ectors, truste		<b>b)</b> Title, and average	(c) Compensation (If		ns to	Τ,,	_		
	(a) Name ar	nd address	`	hours per week	not paid, enter	employee benefit pl	ans and			ise acc Ilowani	
	DET			devoted to position	-0-)	deferred compens	sation	<u> </u>			
	BETH SALTONSTALL PER ROAD APT J-106		1	TEES	0						
	BOROUGH, ME 040										
N STE	WART SALTONSTAL	L	TRUS	TEE	0						
	CEAN FOREST DR	0	1								
	IGUSTINE, FL 32086 ARD A HASLER	0	TRUS	TCC	0			+			
	PALONIA CT		1	·ICC	·						
	SOTA, FL 34239										
_2	Compensation	of five highest-pa	id en	ployees (other than t	hose included on line 1			ne, e	nter "	NONE	
(-)	Name and address	ss of each employee	naid	(b) Title, and average		(d) Contribution employee bene		(0)	Evnon	se acco	t
(a)		an \$50,000	paiu	hours per week	(c) Compensation	plans and defe				lowanc	
				devoted to position		compensatio	n				
NON	E										
Iota	number of other	r employees paid ov	er \$5	0,000	<del> </del>		•		00	0-PF (	0
								ror	ヺヺ゚	U-FF (	ZUIØ)

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Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly F	Paid Employees,
3 Five highest-paid independent contractors for professional s	services (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	1	
Total number of others receiving over \$50,000 for professional services.		0
Part IX-A Summary of Direct Charitable Activities	de velevent statistical information and as the minimum	
List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers	s produced, etc	Expenses
1		
2		<del> </del>
3		
4		
Part IX-B Summary of Program-Related Investments ( Describe the two largest program-related investments made by the foundation du	•	Amount
1 NONE	uring the tax year on lines I and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<b>•</b>
		Form <b>990-PF</b> (2018)

1a

1b

2

3a 3b

4

5

220,000

220,000

220.000

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Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

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

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

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

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

Page 9

245,240

220,000

21,815

3,425

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3	3	•	п	Т	П		
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_					

**b** Total for prior years

d From 2016. . . .

a From 2013. . . . . **b** From 2014. . . . c From 2015. .

e From 2017. . . . .

-PF (20	018)		
Ш	Undistributed Income (see instruc	tions)	
			(a)

Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 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 5 Excess distributions carryover applied to 2018

same amount must be shown in column (a) )

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

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 —see instructions . . . . . . . . . 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 . . . . .

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

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. .

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). . . . . . . . . .

PF (20	018)	
• • •	Undistributed Income (see instructions)	

<b>i Income</b> (see instruc	ctions)
	(a)

3 433

18.382

Corpus

21.815

21.815

(b)

Years prior to 2017

<b>(d)</b> 2018

(c)

2017



nter gros	s amounts unless otherwise indicated	Unrelated bu	Isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
-	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
g Fees	and contracts from government agencies					
2 Membe	ership dues and assessments					
3 Interes	t on savings and temporary cash nents			14	1,481	
	nds and interest from securities			14	101,239	
	ntal income or (loss) from real estate					
	-financed property					
	lebt-financed property					
	ntal income or (loss) from personal property nvestment income.					
	r (loss) from sales of assets other than					
invento	• •			18	43,904	
	ome or (loss) from special events			10	45,504	
	profit or (loss) from sales of inventory					
<b>1</b> Other	revenue a					
С						
d						
d e						
d e .2 Subtot	al Add columns (b), (d), and (e).				146,624	
d e 2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	146,624	
d e 2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations )			· · · · · · · · · · · · · · · · · · ·	
d e 2 Subtot 3 Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 3 Total. (See w Part XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	
d e 2 Subtot 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	lations ) ie Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	146,624

, —	/
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Information Re		ransters To a	and Transacti	ons and I	Relatio	nships With Nonci	naritable		
		ganization directly or in than section 501(c)(3)	directly enga						501	Yes	No
a Trai	nsfers	from the reporting foun	dation to a n	ioncharitable ex	empt organizatio	n of					
									1a(1)		No
(2)	Othe	rassets							1a(2)		No
<b>b</b> Oth	er trar	sactions									
		of assets to a nonchar	•	-					1b(1)		No
		nases of assets from a r							. 1b(2)		No
	(3) Rental of facilities, equipment, or other assets								. 1b(3)		No
		bursement arrangemen							1b(4)		No
		s or loan guarantees. mance of services or m							1b(5)		No
٠,		mance or services or m f facilities, equipment, n	•	-					1b(6)		No No
	-	wer to any of the above		•							NO
of t	ne god	ds, other assets, or ser	vices given b	y the reporting	foundation If the	e foundatioi	n receive	d less than fair market	value		
ın a	ny tra	nsaction or sharing arra	ngement, sh	ow ın column (c	d) the value of th	ie goods, ot	ther asse	ts, or services received			
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Desc	cription of	transfers, transactions, an	d sharıng arra	ngemen	ts
	+										
	_										
	+										
	+										
3- T- N			+l <b>66</b> -l + -		4.5	- <b>-</b>					
		ndation directly or indire in section 501(c) (othei	•		•				<b>✓</b> No		
		omplete the following s		1 301(0)(3)) 01	in section 327.			ш ies	LEI NO		
<b>D</b> 11	es, c	(a) Name of organization		(1	<b>b)</b> Type of organiza	tion	l	(c) Description of	relationship		
									•		
							-				
		er penalties of perjury,									
		ny knowledge and belief In preparer has any kno		orrect, and com	plete Declaration	n of prepare	er (other	than taxpayer) is base	d on all infoi	rmatior	n of
Sign	******		wieuge					i i	May the IRS di	scuss th	nis
Here	<b> </b>	*****			2019-04-22	*	****	Į.	eturn with the prepa		
	<b>                                     </b>	C			D-+-	— <b>/</b> -	a.i		oelow	iei silov	VIII
		Signature of officer or t	rustee		Date		ītle	<u>.</u>	see instr )?	✓ Yes I	□No
		Print/Type preparer's name		Preparer's Sign	nature	Date		PTI	 N		
								Check if self-			
Daid		WAYNE R KURPIEL	•			2019-	-04-22	employed ▶ ☐			
Paid Prep	arer										
Use (		I I II I I I I I I I I I I I I I I I I	CH & FORBE	S LLC				Fırr	n's EIN ▶		
			SCHOOL ST	REET							
		ВС	STON, MA	021083204				Pho	ne no (617	) 523-1	1635

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) Date acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date sold P—Purchase (mo, day, yr) (mo, day, yr) D-Donation BANK OF AMERICA CORPORATION 2018-08-31 1 50000 CVS HEALTH CORPORATION NOTE DTD 12/05/2013 2 25% 12/05/2018-2013-12-24 2018-12-05 201 2000 GENERAL ELEC CO 2013-06-03 2018-04-26 150 ISHARES IBOXX \$ INVST GRADE CRP BOND (MK 2012-10-11 2018-06-12 100 ISHARES IBOXX \$ INVST GRADE CRP BOND (MK 2012-10-11 2018-09-24 150 ISHARES SHORT-TERM CORPORATE BOND ETF 2012-10-11 2018-06-12 400 ISHARES SHORT-TERM CORPORATE BOND ETF 2012-10-11 2018-09-24 50000 KENNAMETAL INC SR NT DTD 11/07/2012 2 65 2013-06-03 2018-07-09 175 MIDDLEBY CORP 2017-10-04 2018-04-26 325 MIDDLEBY CORP 2016-10-06 2018-04-26 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) (h) (e) plus (f) minus (g) (f) (q) plus expense of sale 83 83 50,000 50,000 45,811 -17,25128,560 17,140 18,376 -1,23611,429 12,251 -822 15,839 15,523 -316 20,686 21,119 -433 50,000 50,070 -70 22,275 22,560 -285 41,368 39.182 2,186 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 83 -17,251-1,236 -822 -316 -433 -70 -285 2,186

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, (d) (b) (c) (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 200 PRAXAIR INC 2008-11-14 2018-09-21 100 PRAXAIR INC 2013-06-03 2018-09-21 200 PRAXAIR INC 2018-10-30 2008-11-14 100 SCHLUMBERGER LTD 2013-06-03 2018-12-19 600 SCHLUMBERGER LTD 2004-04-13 2018-12-19 500 STERICYCLE INC 2004-09-01 2018-04-26 200 VANGUARD INTERMEDIATE-TERM BOND ETF (MKT 2012-10-11 2018-06-12 200 VANGUARD INTERMEDIATE-TERM BOND ETF (MKT 2012-10-11 2018-09-24 CAPITAL GAIN DIVIDENDS Ρ 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) (g) plus expense of sale (or allowable) (h) (e) plus (f) minus (g) (f) 33,161 12,542 20,619 5,072 16,581 11,509 32,903 12,542 20,361 3,823 7,306 -3,48322,938 18,653 4,285 30,422 11,818 18,604 18,023 -1,941 16,082 16,038 17,619 -1,581 112 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 20,619 5,072 20,361 -3,4834,285 18,604 -1,941 -1,581

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

Total .

a Paid during the year				
BIGELOW LABORATORY FOR OCEAN SIENCESPO BOX 475	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500

W BOOTHBAY HARBOR, ME 04575				
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
HANAHAUOLI SCHOOL 1922 MAKKI STREET	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500

257 PARK AVENUE SOUTH NEW YORK, NY 10010				•
HANAHAUOLI SCHOOL 1922 MAKKI STREET Honolulu, HI 98622	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500

NEW YORK, NY 10010				
HANAHAUOLI SCHOOL 1922 MAKKI STREET Honolulu, HI 98622	ONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500

Purpose of grant or Recipient 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 ISLAND INSTITUTEPO BOX 648 NONE PUBLIC UNRESTRICTED FOR GENERAL 5,000

PRESERVATION1785 MASS AVE NW WASHINGTON, DC 20036

Total . .

ROCKLAND, ME 04841				, ,
NATIONAL AUDUBON SOCIETY 700 BROADWAY NEW YORK, NY 10003	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
NATIONAL TRUST FOR HISTORIC	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

220,000

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, 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 NATURAL RESOURCES DEFENSE NONE PUBLIC UNRESTRICTED FOR GENERAL 2.500

COUNCIL 40 W 20TH ST NEW YORK, NY 10011				2,333
NATURE CONSERVANCY 14 MAINE ST SUITE 401	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500

NATURE CONSERVANCY 14 MAINE ST SUITE 401 BRUNSWICK, ME 04011	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500
OCEAN CONSERVANCY 1300 19TH STREET NW SUITE 800	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

Total			<b>&gt;</b> 3a	220,000
OCEAN CONSERVANCY 1300 19TH STREET NW SUITE 800 WASHINGTON, DC 20036	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
BRUNSWICK, ME 04011				

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				
PROJECT GRACEPO BOX 6846 Scarborough, ME 04070	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	12,500
· ·				

PUNAHOU SCHOOL 1601 PUNAHOU STREET Honolulu, HI 96822	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500

1601 PUNAHOU STREET Honolulu, HI 96822				ŕ
Camp Ketcha336 BLACK POINT ROAD	NONE	PUBLIC	SUMMER CAMP SCHOLARSHIP	12,500

Honolulu, HI 96822				
Camp Ketcha336 BLACK POINT ROAD Scarborough, ME 04074	NONE	PUBLIC	SUMMER CAMP SCHOLARSHIP	12,500

Total . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 SIERRA CLUB FOUNDATION NONE PUBLIC. UNRESTRICTED FOR GENERAL 2,500 85 SECOND STREET SUITE 750 SAN FRANCISCO, CA 94105

UNITED WAY OF GREATER PORTLAND PO BOX 15200	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
PORTLAND, ME 04112				
WORLD WILDLIFE FUND1250 24TH NW	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2.500

PORTLAND, ME 04112				
WORLD WILDLIFE FUND1250 24TH NW WASHINGTON, DC 20037	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500

Total .

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

Total .

a Paid during the year				
YALE UNIVERSITYPO BOX 2038 NEW HAVEN, CT 06521	NONE	PUBLIC	YALE ALUMNI FUND	2,500

NEW HAVEN, CT 06521				
FISHER HOUSE FOUNDATION 1401 ROCKVILLE PIKE SUITE 600 ROCKVILLE, MD 20852	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
NATURAL RESOURCES COUNCIL OF	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500

ROCKVILLE, MD 20852				
NATURAL RESOURCES COUNCIL OF MAINE 3 WADE STREET AUGUSTA, ME 04330	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
· · · · · · · · · · · · · · · · · · ·				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment 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 Camp Sunshine35 ACADI ROAD NONE PUBLIC UNRESTRICTED FOR GENERAL 3,000 CISCO, ME 05015

COASTAL MAINE BOTANICAL GARDENS PO BOX 234 BOOTHBAY, ME 04537	NONE	PUBLIC	ANNUAL FUND	1,500
DANA-FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284	NONE	PUBLIC	WEEI SUMMER TELETHON	7,500

Total . .

220,000

▶ 3a

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

any foundation manager

or substantial contributor

Name and address (home or business)

ROCKLAND, ME 04841

Total .

	or substantial continuator			
a Paid during the year				
PORTLAND MUSEUM OF ART SEVEN CONGRESS SQUARE PORTLAND, ME 04101	NONE	PUBLIC	UNRESTRICTED	7,500
SCARBOROUGH LAND TRUST PO BOX 1237 SCARBOROUGH ME 04070	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500

recipient

SCARBOROUGH LAND TRUST PO BOX 1237 SCARBOROUGH, ME 04070	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,
FARNSWORTH ART MUSEUM 16 MUSEUM STREET	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,

SCARBOROUGH LAND TRUST PO BOX 1237 SCARBOROUGH, ME 04070	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500
FARNSWORTH ART MUSEUM	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000

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

or cubetantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
HELP HOSPITALIZED VETERANS 98 BOX 98088 WASHINGTON, DC 20090	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
RONALD MCDONALD HOUSE	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500

recipient

WASHINGTON, DC 20090				
RONALD MCDONALD HOUSE ONE KROCK DRIVE OAK BROOKE, IL 60523	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500
HABITAT FOR HUMANITY 659 WARREN AVENUE	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500

HABITAT FOR HUMANITY NONE			
659 WARREN AVENUE PORTLAND, ME 04103	PUBLIC	UNRESTRICTED FOR GENERAL	7,500

OAK BROOKE, IL 60523				
HABITAT FOR HUMANITY 659 WARREN AVENUE PORTLAND, ME 04103	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	7,500
Total			▶ 3a	220,000

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 THE ALGONQUIN CHANPERSHIP FUND NONE PUBLIC UNRESTRICTED FOR GENERAL 3,000 THE ROCHESTER AREA COMMUNITY

FDN 500 EAST AVENUE ROCHESTER, NY 14625				
COLORADO BEAGLE RESCUE PO BOX 2704 LITTLETON CO. 801612704	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	

Total .

ROCHESTER, NT 14023				
COLORADO BEAGLE RESCUE PO BOX 2704 LITTLETON, CO 801612704	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
BRAIN AND BEHAVIOR RESEARCH FOUNDATION 90 PARK AVENUE 16TH FLOOR	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000

LITTLETON, CO 001012704				
BRAIN AND BEHAVIOR RESEARCH FOUNDATION 90 PARK AVENUE 16TH FLOOR NEW YORK, NY 10016	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000

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 NATIONAL WILDLIFE FEDERATION NONE PUBLIC UNRESTRICTED FOR GENERAL 2,500 PO BOX 1583 MERRIFIELD, VA 221161583

Child & Family Agency of Southeastern Connecticut255 HEMPSTEAD STREET New London, CT 06320	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	4,000
Good Shepherd Food BankPO BOX 1870	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

220,000

New London, CT 06320				
Good Shepherd Food BankPO BOX 1870 Auburn, ME 04211	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,00

Total . . . .

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				
Maine Medical Center 22 BRAMHALL STREET Portland, ME 04102	NONE	PUBLIC	FOR MAINE TRACKS	7,500

5 000

220,000

Portland, ME 04102				
Riding To The Top14 LILAC DRIVE Windham, ME 04062	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	

Total . .

Windham, ME 04062	NONE	FOBLIC	ONKESTRICTED FOR GENERAL	3,000
Pine Tree SocietyPO BOX 518	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

Willulatii, ME 04002				
Pine Tree SocietyPO BOX 518 Bath, ME 04530	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

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				
Preble Street38 PREBLE STREET Portland, ME 04101	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

MAINE AUDUBON SOCIETY NONE PUBLIC UNRECTRICTED FOR GENERAL 2,50	Portland, ME 04101				•
20 GILSLAND FARM ROAD		NONE	PUBLIC	UNRECTRICTED FOR GENERAL	2,500

MAINE AUDUBON SOCIETY 20 GILSLAND FARM ROAD FALMOUTH, ME 04105	NONE	PUBLIC	UNRECTRICTED FOR GENERAL	2,500
SCHOODIC INSTITUTEPO BOX 277	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500

FALMOUTH, ME 04105				
SCHOODIC INSTITUTEPO BOX 277 WINTER HARBOR, ME 04693	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500

SCHOODIC INSTITUTEPO BOX 277 WINTER HARBOR, ME 04693	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500
Total			▶ 3a	220,000

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 THE ROOT CELLAR NONE PUBLIC UNRESTRICTED FOR GENERAL 5,000 94 WASHINGTON AVE

PORTLAND, ME 04101				
SOUTHEAST GEORGIA COMMUNITY FOUNDATION 1626 FREDERICA ROAD ST SIMONS ISLAND, GA 31522	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,000

1626 FREDERICA ROAD ST SIMONS ISLAND, GA 31522				
NORTH FLORIDA LAND TRUST 2038 GILMORE STREET JACKSONVILLE, FL 32204	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000

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 status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
FOLDS OF HONOR 5800 N PATRIOT DRIVE OWASSO, OK 74055	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,000
DOLDHIN CONCEDVATION CENTER	NONE	DUBLIC	LINDESTRICTED FOR CENERAL	2 000

OWASSO, OK 74055				
DOLPHIN CONSERVATION CENTER 9600 NORTH SHORE BLVD ST AUGUSTINE, FL 32080	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,000
BETTY GRIFFIN HOUSE 1375 ARAPAHO AVENUE	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000

9600 NORTH SHORE BLVD ST AUGUSTINE, FL 32080	HONE	T OBEIC	OTTRES TOR SEREIVE	2,000
BETTY GRIFFIN HOUSE 1375 ARAPAHO AVENUE ST AUGUSTINE, FL 32080	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NEW LONDON HOMELESS HOSPILITY	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000

CENTER PO BOX 1651 NEW LONDON, CT 06320	NONE	FODLIC	ONNESTRICTED FOR GENERAL	3,000
LAUREL CIVIC ASSOCIATION	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

NEW LONDON, CT 06320				
LAUREL CIVIC ASSOCIATION PO BOX 511 LAUREL, FL 34272	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000

LAUREL CIVIC ASSOCIATION PO BOX 511 LAUREL, FL 34272	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	5,000
TIME IS NOWPO BOX 1	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500

LAUREL, FL 34272				
TIME IS NOWPO BOX 1 LAKE GENEVA, WI 53147	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,500

TIME IS NOWPO BOX 1 LAKE GENEVA, WI 53147	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	2,50
Total			▶ 3a	220,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Purpose of grant or Recipient 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 LITERACY COUNCIL OF HIGHLANDS NONE PUBLIC. UNRESTRICTED FOR GENERAL 1,000 348 SOUTH 5TH STREET

HIGHLAND, NC 28741				
FRIENDS OF SCARBOROUGH MARSH PO BOX 7049 SCARBOROUGH, ME 04070	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,000
OLD LYME LAND TRUSTPO BOX 163	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,500

220,000

▶ 3a

PO BOX 7049 SCARBOROUGH, ME 04070				,
OLD LYME LAND TRUSTPO BOX 163	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	1,50

Total . .

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 CONNECTICUT AUDUBON SOCIETY NONE PUBLIC UNRESTRICTED FOR GENERAL 1.500 314 UNQUOWA ROAD FAIRFIELD, CT 06824

The state of the s				
NATIONAL MILITARY FAMILY ASSOCIATION 3601 EISENHOWER AVE SUITE 425 ALEXANDRIA, VA 22304	NONE	PUBLIC	UNRESTRICTED FOR GENERAL	3,000
FRIENDS OF ACADIA 43 COTTAGE STREET	NONE	PUBLIC	YOUTH CONSERVATION CORPS	2,500

Total	220,000			
FRIENDS OF ACADIA 43 COTTAGE STREET BAR HARBOR, ME 04609	NONE	PUBLIC	YOUTH CONSERVATION CORPS	2,500
ALEXANDRIA, VA 22304				

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)

Traine and dadress (nome or pasiness)	or substantial contributor			
a Paid during the year				
CHILDREN'S MUSEUM & THEATER OF MAINE 142 FREE STREET	NONE	PUBLIC	FOR 10 FAMILY SCHOLARSHIP	1,500

PORTLAND, ME 04101 Total . . 220,000

efile GRAPHIC print - DO NOT F	ROCESS	As Filed D	ata -			DL	N: 93491127021189
TY 2018 Accounting Fees Schedule							
	Name:	STBLEY-9	SALTO	NSTALL CHAR	ITABLE FOU	NDATI	ON
	Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION  EIN: 22-3208197						
	ETIM:	22-3206	19/				
Category	Ame	ount	Net	Investment Income	Adjusted Income		Disbursements for Charitable Purposes
TAX PREPARATION FEE		2,300		2,300			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491127021189 TY 2018 Explanation of Non-Filing with Attorney General Statement Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION **EIN:** 22-3208197 Statement: PRESENTLY EXEMPT FROM FLORIDA REPORTING

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491127021189
•		-

## **TY 2018 Investments Corporate Bonds Schedule**

Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION

<b>EIN:</b> 22-3208197					
Investments Corporate Bonds Schedule					
Name of Bond	End of Year Book Value	End of Year Fair Market Value			
50000 MEDCO HEALTH SOLUTIONS	50,357	50,539			
50000 JPMORGAN CHASE & CO	49,908	49,502			
50000 GOLDMAN SACHS GROUP INC	50,238	49,684			
50000 CVS HEALTH CORP					
50000 KENNAMETAL INC SR NT					
50000 EBAY INC SR GLBL NT	49,522	49,302			
50000 BECTON DICKINSON & CO	49,965	49,313			
50000 FISERV INC SR GLBL NT	49,564	49,628			
50000 WALGREEN CO SR NT	50,410	48,775			
50000 EOG RESOURCES INC	50,092	49,516			
50000 WELLS FARGO & CO NEW	50,209	49,178			
50000 MCDONALDS CORP SR NT	50,606	48,990			
50000 SYSCO CORP NOTE	50,174	48,216			
50000 DU PONT EI DE NEMOURS &	50,655	48,888			
50000 UNITED PARCEL SERVICE SR	50,231	50,410			
50000 TORONTO DOMINION BANK DT	50,062	50,205			

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

Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION

**EIN:** 22-3208197

**Investments Corporation Stock Schedule** 

Name of Stock	End of Year Book Value	End of Year Fair Market Value
1400 SHS AFLAC INC	24,765	63,785
1000 SHS AUTOMATIC DATA PROCES	36,464	131,120
1200 SHS CARMAX INC	10,570	75,276
600 SHS CHEVRON CORP NEW	42,442	65,274
800 SHS DANHER CORP	15,655	82,496
1072 SHS IRON MOUNTAIN INC PA	14,975	34,744
800 SHS JOHNSON & JOHNSON	50,217	103,240
1500 SHS MICROSOFT CORP	40,030	152,355
350 SHS O'REILLY AUTOMATIVE I	5,757	120,516
800 SHS PEPSICO INC	36,779	88,384
500 SHS STERICYCLE INC		
600 SHS STRYKER CORP	31,755	94,050
700 SHS UNITED TECHNOLOGIES	11,112	74,536
1400 SHS WELLS FARGO & CO NEW	29,061	64,512
1400 SHS CHURCH & DW IGHT CO	47,276	92,064
700 SHS ECHOLAB INC	30,814	103,145
500 SHS PROCTOR & GAMBLE CO	31,695	45,960
1000 SHS CVS HEALTH CORP	39,070	65,520
500 SHS PRAXAIR INC		
800 SHS QUALCOMM INC	35,392	45,528
700 SHS HOME DEPOT INC	14,203	120,274
600 SHS MCDONALDS CORP	46,416	106,542
1000 SHS VISA INC CLASS A	18,767	131,940
1200 SHS TORONTO DOMINION BANK	43,565	59,664
700 SHS APPLE INC	54,153	110,418
2000 SHS GENERAL ELERTRIC CO.		
1000 SHS MERCK & CO INC	44,727	76,410
600 SHS CHECKPOINT SOFTWARE	39,838	61,590
400 SHS ANSYS	29,497	57,176
800 SHS JP MORGAN CHASE & CO	51,727	78,096

**Investments Corporation Stock Schedule** 

Name of Stock	End of Year Book Value	End of Year Fair Market Value
175 SHS METTLER TOLEDO INTL	35,739	98,976
1000 SHS RESMED INC	46,617	113,870
50 SHS ALPHABET INC CAP STK CL	13,305	51,780
50 SHS ALPHABET INC CAP STK CL	13,307	52,248
900 SHS FISERV INC	38,058	66,141
125 SHS ALLERGAN PLC SHS	37,287	16,708
300 SHS FACEBOOK INC	38,660	39,327
1200 SHS FORTIVE CORP	54,434	81,192
500 SHS MIDDLEBY CORP		
25 SHS PRICELINE GRP		
340 SHS ROPER TECHNOLOGIES	71,602	90,617
400 SHS CHUBB LIMITED	51,688	51,672
25 BOOKING HLDGS INC	37,377	43,060
600 SHS STANLEY BLACK & DECKER	89,320	71,844
700 SHS SCHLUMBERGER LTD		

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TY 2018 Investments - Other	Schedule	

Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION

**EIN:** 22-3208197

00157		
Listed at Cost or FMV	Book Value	End of Year Fair Market Value
AT COST	104,420	112,820
AT COST	93,964	97,548
AT COST	80,219	77,220
AT COST	113,139	68,800
AT COST	91,300	81,880
AT COST	93,848	92,952
	AT COST  AT COST  AT COST  AT COST  AT COST  AT COST	AT COST 104,420  AT COST 93,964  AT COST 80,219  AT COST 113,139  AT COST 91,300

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491127021189	
TY 2018 Other Professional Fees Schedule					
Name: SIBLEY-SALTONSTALL CHARITABLE FOUNDATION EIN: 22-3208197					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

35,935

35,935

INVESTMENT MANAGEMENT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-]	DL	N: 93491127021189	
TY 2018 Taxes Schedule					
				!	
Name:	SIBLEY-SAL	TONSTALL CHARIT	ABLE FOUNDATIO	NC	
EIN:	22-3208197				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
FOREIGN TAXES	366	366		0	
FEDERAL TAX PAYMENT - PRIOR YE	363	0		0	
FEDERAL ESTIMATED TAX	1,250	0		0	
FOREIGN TAXES ON QUALIFIED FOR	131	131		0	

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -				DLN: 93491127021189
Schedule B		Schedu	le of Contributo	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Form 990, 990-EZ, or 990- ov/Form990 for the latest in			2018
Name of the organizat		(ON			Employer id	entification number
					22-3208197	
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) o	rganızatıon			
	☐ 4947(a)( <sup>2</sup>	1) nonexempt char	itable trust <b>not</b> treated as	a private foundat	ion	
	☐ 527 politi	cal organization				
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private for	undation			
	4947(a)(1	1) nonexempt char	itable trust treated as a p	rivate foundation		
	☐ 501(c)(3)	taxable private for	undation			
			PF that received, during the omplete Parts I and II Se			
Special Rules						
under sections received from a	509(a)(1) and 170(b)	(1)(A)(vı), that che urıng the year, tota	g Form 990 or 990-EZ tha cked Schedule A (Form 9 al contributions of the gre plete Parts I and II	990 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that
during the year.	total contributions of	f more than \$1,000	or (10) filing Form 990 o exclusively for religious, animals Complete Parts	charitable, scienti		
during the year If this box is che purpose Don't	, contributions <i>exclus</i> ecked, enter here the complete any of the p	<i>ively</i> for religious, total contributions parts unless the <b>Ge</b>	or (10) filing Form 990 o charitable, etc , purposes that were received durin eneral Rule applies to the or more during the year.	, but no such cont g the year for an e s organization bed	ributions total exclusively rel cause it receiv	led more than \$1,000 igious, charitable, etc, red nonexclusively
990-EZ, or 990-PF), bu	it it <b>must</b> answer "No	on Part IV, line 2	le and/or the Special Rul , of its Form 990, or chec t it doesn't meet the filing	k the box on line h	of its	
For Paperwork Reduction for Form 990, 990-EZ, or 9		ructions	Cat No 30613X	Schedul	е В (Form 990,	990-EZ, or 990-PF) (2018)

Contributors (see asstauctions) Use displicate copies of Part if additional Space is needed   Contribution   Contribution	Name of organization SIBLEY-SALTONSTALL CHARITABLE FOUNDATION  Employer identification number 22-3208197			number
No. Name, address, and ZIP + 4  SALTONSTALL CLUT  45 SCHOOL STREET STH FLOOR  BOSTON, MA 02108  (a) No. Name, address, and ZIP + 4  Noncash  (Compote Part II for noncash contributions)  (b) No. Name, address, and ZIP + 4  (Compote Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  (compote Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  (compote Part II for noncash contributions)	Part I	Contributors (See instructions) Use duplicate copies of Part I if a	dditional space is needed	
As SCHOOL STREET 5TH FLOOR   S. 330,420   Noncash   Complete Part II for nonceash contributions   Complete Part II for nonceash   Complete Part II for nonceash   Complete Part II for nonceash   Complete P			(c) Total contributions	(d) Type of contribution
S 330.420   Noncash   Complete Part II for noncash contributions   S 300.420   Noncash   Complete Part II for noncash contributions   S   Noncash   Complete Part II for noncash   Compl	<u>1</u>	SALTONSTALL CLUT		<b>▼</b>
(a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (c) Total contributions    Person		45 SCHOOL STREET 5TH FLOOR	\$ 330,420	
(a) No. Name, address, and ZIP + 4  No. Name, address, and ZIP + 4    Complete Part II for noncash contributions   Complete Part II for noncash contribution		BOSTON, MA 02108		
Payroll   Noncash   Noncash			(c) Total contributions	(d)
S   Noncash     (Complete Part II for noncash contributions)   (1)   (2)   (3)   (4)   (5)   (6)   (6)   (7)   (7)   (7)   (1)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (				Person
(a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (contributions)  (complete Part II for noncash contributions  Person Payroll Complete Part II for noncash contributions  (complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  (c) Total contributions  Person Payroll Noncash  (complete Part II for noncash contributions)  (complete Part II for noncash contributions)  (d) Type of contributions  (a) No. Name, address, and ZIP + 4  (c) Total contributions  Payroll Noncash  (complete Part II for noncash contributions)	-			Payroll
(a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (c) Total contributions  Person Payroll Noncash  (da) No. Name, address, and ZIP + 4  (c) (d) Type of contributions  (da) No. Name, address, and ZIP + 4  (c) (d) Type of contributions  Person Payroll Noncash  (c) (d) Type of contributions  (c) (d) Type of contributions  (c) Total contributions  (c) Total contributions  (c) Type of contribution  (c) Type of contribution  (da) No. Name, address, and ZIP + 4  (c) Total contributions  (da) No. Name, address, and ZIP + 4  (c) Total contributions  (c) Type of contribution  (c) Type of contributions  (c) Type of contribution  (c) Type of contributions			\$	Noncash
No. Name, address, and ZIP + 4    Total contributions   Person   Payroll   Noncash   Complete Part II for noncash contributions				contributions)
Payroll			(c) Total contributions	(d) Type of contribution
(a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (c) Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions  (Complete Part II for noncash contributions)				Person
(a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (c) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions)  (c) Type of contribution  (c) Type of contribution  Noncash (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  (c) Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions)  (c) Type of contribution  (c) Type of contribution  Person Payroll Noncash  (c) Type of contribution  (c) Type of contributions  (c) Type of contributions  (c) Type of contributions  (c) Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions)  (c) Type of contribution	-			Payroll
(a) No. Name, address, and ZIP + 4    Complete Part II for noncash contributions   Complete Part II for noncash			\$	Noncash
No. Name, address, and ZIP + 4    No.   Name, address, and ZIP + 4   Total contributions   Person   Payroll   Noncash				
Payroll Noncash (Complete Part II for noncash contributions)  (a) Name, address, and ZIP + 4  Noncash  Person Payroll Noncash (Complete Part II for noncash contribution)  Person Payroll  S Noncash (Complete Part II for noncash contributions)  (Complete Part II for noncash contributions)  (Complete Part II for noncash contributions)  (A) Noncash Person Payroll  S Noncash (Complete Part II for noncash contributions)  (Complete Part II for noncash contributions)  (Complete Part II for noncash contributions)			(c) Total contributions	
S   Noncash				Person
(a) (b) (c) (d) Type of contributions  No. Name, address, and ZIP + 4  (Complete Part II for noncash contributions)  Person Payroll Noncash  (Complete Part II for noncash contributions)  (Complete Part II for noncash contributions)  (Complete Part II for noncash contributions)  (Description of the part II for noncash contributions)  (Complete Part II for noncash contributions)  (Complete Part II for noncash contributions)  (Complete Part II for noncash contributions)	-			Payroll
(a) No. Name, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  Total contributions  Person Payroll Noncash  (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  Person Occupate Part II for noncash contributions  (Complete Part II for noncash contributions)  Person Payroll Payroll Payroll Complete Part II for noncash contributions  (Complete Part II for noncash contributions)			\$	Noncash
No. Name, address, and ZIP + 4  Total contributions  Person Payroll  Noncash  (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  Payroll  Total contributions  Person Type of contributions  Person Payroll  Person Payroll  Noncash  (Complete Part II for noncash contributions)  Person Payroll  (Complete Part II for noncash contributions)				
Payroll    Complete Part    for noncash contributions			(c) Total contributions	Type of contribution
\$ Noncash (Complete Part II for noncash contributions)  (a) (b) (c) (d) Total contributions  Type of contribution  Person Payroll Noncash  (Complete Part II for noncash contributions)				
(Complete Part II for noncash contributions)  (a) (b) (c) (d)  Total contributions  Person Payroll Noncash  (Complete Part II for noncash contributions)	-			
(a) (b) (c) (d) Total contributions  Person Payroll Noncash  (Complete Part II for noncash contributions)				
No. Name, address, and ZIP + 4  Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions)				contributions)
Payroll  Noncash  (Complete Part II for noncash contributions)			(c) Total contributions	Type of contribution
\$ Noncash (Complete Part II for noncash contributions)				
(Complete Part II for noncash contributions )	•			Payroll
contributions )			\$	Noncash
				contributions)

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