

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 [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No 1545-0052

**2018**

Open to Public Inspection

For calendar year 2018 or tax year beginning

, and ending

|  |                                |   |  |  |
|--|--------------------------------|---|--|--|
| Name of foundation<br><b>Trust Under Will Of Rhoda A Hogan</b>   |                                |   | A Employer identification number<br><b>26-6110276</b>          |  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>597 Columbus Ave</b>   |                                | Room/suite  | B Telephone number (see instructions)<br><b>(603) 822-0239</b> |  |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>Rochester NH 03866-0067</b>   |                                |   |  |  |
| Foreign country name   | Foreign province/state/country | Foreign postal code   |  |  |
| <b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |                                |   |  |  |
| <b>H</b> Check type of organization: <input type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation   |                                |   |  |  |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <b>676,985</b>   |                                | <b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ |  |  |
| <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>  |                                |   |  |  |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) |   | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|---|------------------------------------|---------------------------|-------------------------|---|
| 1  | Contributions, gifts, grants, etc., received (attach schedule)                    |                                    |                           |                         |   |
| 2  | Check <input type="checkbox"/> if the foundation is not required to attach Sch. B |                                    |                           |                         |   |
| 3  | Interest on savings and temporary cash investments                                |                                    |                           |                         |   |
| 4  | Dividends and interest from securities  | 21,684                             | 21,684                    |                         |   |
| 5a   | Gross rents   |                                    |                           |                         |   |
| b  | Net rental income or (loss)   |                                    |                           |                         |   |
| 6a   | Net gain or (loss) from sale of assets not on line 10                             | 27,191                             |                           |                         |   |
| b  | Gross sales price for all assets on line 6a                                       | 27,191                             |                           |                         |   |
| 7  | Capital gain net income (from Part IV, line 2)                                    |                                    | 27,191                    |                         |   |
| 8  | Net short-term capital gain   |                                    |                           |                         |   |
| 9  | Income modifications  |                                    |                           |                         |   |
| 10a  | Gross sales less returns and allowances   |                                    |                           |                         |   |
| b  | Less: Cost of goods sold  |                                    |                           |                         |   |
| c  | Gross profit or (loss) (attach schedule)  |                                    |                           |                         |   |
| 11   | Other income (attach schedule)  |                                    |                           |                         |   |
| 12   | <b>Total.</b> Add lines 1 through 11  | 48,875                             | 48,875                    | 0                       |   |
| 13   | Compensation of officers, directors, trustees, etc.                               |                                    |                           |                         |   |
| 14   | Other employee salaries and wages   |                                    |                           |                         |   |
| 15   | Pension plans, employee benefits  |                                    |                           |                         |   |
| 16a  | Legal fees (attach schedule)  | 918                                | 918                       | 918                     | 918   |
| b  | Accounting fees (attach schedule)   | 850                                | 850                       | 850                     | 850   |
| c  | Other professional fees (attach schedule)   |                                    |                           |                         |   |
| 17   | Interest  |                                    |                           |                         |   |
| 18   | Taxes (attach schedule) (see instructions)  |                                    |                           |                         |   |
| 19   | Depreciation (attach schedule) and depletion                                      |                                    |                           |                         |   |
| 20   | Occupancy   |                                    |                           |                         |   |
| 21   | Travel, conferences, and meetings   |                                    |                           |                         |   |
| 22   | Printing and publications   |                                    |                           |                         |   |
| 23   | Other expenses (attach schedule)  | 470                                | 470                       | 470                     | 470   |
| 24   | <b>Total operating and administrative expenses.</b> Add lines 13 through 23       | 2,238                              | 2,238                     | 2,238                   | 2,238   |
| 25   | Contributions, gifts, grants paid   | 12,562                             |                           |                         | 12,562  |
| 26   | <b>Total expenses and disbursements.</b> Add lines 24 and 25                      | 14,800                             | 2,238                     | 2,238                   | 14,800  |
| 27   | Subtract line 26 from line 12   |                                    |                           |                         |   |
| a  | <b>Excess of revenue over expenses and disbursements</b>                          | 34,075                             |                           |                         |   |
| b  | <b>Net investment income</b> (if negative, enter -0-)                             |                                    | 46,637                    |                         |   |
| c  | <b>Adjusted net income</b> (if negative, enter -0-)                               |                                    |                           | 0                       |   |

For Paperwork Reduction Act Notice, see instructions.

HTA

Form **990-PF** (2018)

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| <b>Part II Balance Sheets</b>  |  | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) |                |                       |
|--|--|--|----------------|-----------------------|
|  |  | Beginning of year  | End of year    |                       |
|  |  | (a) Book Value   | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing   |  |                |                       |
|  | <b>2</b> Savings and temporary cash investments  |  |                |                       |
|  | <b>3</b> Accounts receivable ▶   |  |                |                       |
|  | Less allowance for doubtful accounts ▶   |  |                |                       |
|  | <b>4</b> Pledges receivable ▶  |  |                |                       |
|  | Less allowance for doubtful accounts ▶   |  |                |                       |
|  | <b>5</b> Grants receivable   |  |                |                       |
|  | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) |  |                |                       |
|  | <b>7</b> Other notes and loans receivable (attach schedule) ▶  |  |                |                       |
|  | Less allowance for doubtful accounts ▶   |  |                |                       |
|  | <b>8</b> Inventories for sale or use   |  |                |                       |
|  | <b>9</b> Prepaid expenses and deferred charges   |  |                |                       |
|  | <b>10a</b> Investments—U S and state government obligations (attach schedule)  |  |                |                       |
|  | <b>b</b> Investments—corporate stock (attach schedule)   |  |                |                       |
|  | <b>c</b> Investments—corporate bonds (attach schedule)   |  |                |                       |
|  | <b>11</b> Investments—land, buildings, and equipment basis ▶   |  |                |                       |
| Less accumulated depreciation (attach schedule) ▶  |  |  |                |                       |
| <b>12</b> Investments—mortgage loans   |  |  |                |                       |
| <b>13</b> Investments—other (attach schedule)  | 580,294  | 613,947  | 676,985        |                       |
| <b>14</b> Land, buildings, and equipment basis ▶   |  |  |                |                       |
| Less accumulated depreciation (attach schedule) ▶  |  |  |                |                       |
| <b>15</b> Other assets (describe ▶ )   |  |  |                |                       |
| <b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) | 580,294  | 613,947  | 676,985        |                       |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses  |  |                |                       |
|  | <b>18</b> Grants payable   |  |                |                       |
|  | <b>19</b> Deferred revenue   |  |                |                       |
|  | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons   |  |                |                       |
|  | <b>21</b> Mortgages and other notes payable (attach schedule)  |  |                |                       |
|  | <b>22</b> Other liabilities (describe ▶ )  |  |                |                       |
|  | <b>23</b> <b>Total liabilities</b> (add lines 17 through 22)   | 0  | 0              |                       |
| <b>Net Assets or Fund Balances</b>   | <b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/>   |  |                |                       |
|  | <b>24</b> Unrestricted   |  |                |                       |
|  | <b>25</b> Temporarily restricted   |  |                |                       |
|  | <b>26</b> Permanently restricted   |  |                |                       |
|  | <b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/>                                 |  |                |                       |
|  | <b>27</b> Capital stock, trust principal, or current funds   |  |                |                       |
|  | <b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund  |  |                |                       |
|  | <b>29</b> Retained earnings, accumulated income, endowment, or other funds   | 580,294  | 613,947        |                       |
|  | <b>30</b> <b>Total net assets or fund balances</b> (see instructions)  | 580,294  | 613,947        |                       |
| <b>31</b> <b>Total liabilities and net assets/fund balances</b> (see instructions)                           | 580,294  | 613,947  |                |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |          |         |
|---|----------|---------|
| <b>1</b> 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) | <b>1</b> | 580,294 |
| <b>2</b> Enter amount from Part I, line 27a   | <b>2</b> | 34,075  |
| <b>3</b> Other increases not included in line 2 (itemize) ▶   | <b>3</b> |         |
| <b>4</b> Add lines 1, 2, and 3  | <b>4</b> | 614,369 |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ See Attached Statement  | <b>5</b> | 422     |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  | <b>6</b> | 613,947 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.) |  | (b) How acquired<br>P—Purchase<br>D—Donation    | (c) Date acquired<br>(mo., day, yr.)           | (d) Date sold<br>(mo., day, yr.)  |
|---|--|---|--|---|
| <b>1a</b>   |  |   |  |   |
| <b>b</b>  |  |   |  |   |
| <b>c</b>  |  |   |  |   |
| <b>d</b>  |  |   |  |   |
| <b>e</b>  | Capital Gains Distributions  |   |  |   |
| (e) Gross sales price   | (f) Depreciation allowed<br>(or allowable)   | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>((e) plus (f) minus (g)) |   |
| <b>a</b>  |  |   |  |   |
| <b>b</b>  |  |   |  |   |
| <b>c</b>  |  |   |  |   |
| <b>d</b>  |  |   |  |   |
| <b>e</b>  |  |   |  | 27,191  |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69   |  |   |  | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
| (i) FMV as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69   | (k) Excess of col. (i)<br>over col. (j), if any |  |   |
| <b>a</b>  |  |   |  |   |
| <b>b</b>  |  |   |  |   |
| <b>c</b>  |  |   |  |   |
| <b>d</b>  |  |   |  |   |
| <b>e</b>  |  |   |  | 27,191  |
| <b>2</b>  | Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 }  | <b>2</b>  | 27,191   |   |
| <b>3</b>  | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in<br>Part I, line 8 } | <b>3</b>  | 0  |   |

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

| (a)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions  | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|--|---|--|---|
| 2017   | 19,341  | 0  | 0.000000  |
| 2016   | 20,710  | 0  | 0.000000  |
| 2015   | 18,791  | 0  | 0.000000  |
| 2014   | 17,792  | 0  | 0.000000  |
| 2013   | 18,430  | 0  | 0.000000  |
| <b>2</b>   | Total of line 1, column (d)   | <b>2</b>                                     | 0.000000  |
| <b>3</b>   | Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years                                      | <b>3</b>                                     | 0.000000  |
| <b>4</b>   | Enter the net value of noncharitable-use assets for 2018 from Part X, line 5  | <b>4</b>                                     |   |
| <b>5</b>   | Multiply line 4 by line 3   | <b>5</b>                                     |   |
| <b>6</b>   | Enter 1% of net investment income (1% of Part I, line 27b)  | <b>6</b>                                     | 466   |
| <b>7</b>   | Add lines 5 and 6   | <b>7</b>                                     | 466   |
| <b>8</b>   | Enter qualifying distributions from Part XII, line 4<br>If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions | <b>8</b>                                     | 14,800  |

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

- 1a** Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
Date of ruling or determination letter \_\_\_\_\_ (attach copy of letter if necessary—see instructions)
- b** Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b
- c** All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b)
- 2** Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)
- 3** Add lines 1 and 2
- 4** Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)
- 5** **Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-
- 6** Credits/Payments
- a** 2018 estimated tax payments and 2017 overpayment credited to 2018 **6a** 254
- b** Exempt foreign organizations—tax withheld at source **6b**
- c** Tax paid with application for extension of time to file (Form 8868) **6c**
- d** Backup withholding erroneously withheld **6d**
- 7** Total credits and payments. Add lines 6a through 6d **7** 254
- 8** Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached **8**
- 9** **Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** **9** 212
- 10** **Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** **10** 0
- 11** Enter the amount of line 10 to be **Credited to 2019 estimated tax** **Refunded** **11** 0

**Part VII-A Statements Regarding Activities**

- 1a** During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?
- b** Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition.  
If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities
- c** Did the foundation file **Form 1120-POL** for this year?
- d** Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  
(1) On the foundation **\$** \_\_\_\_\_ (2) On foundation managers **\$** \_\_\_\_\_
- e** Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers **\$** \_\_\_\_\_
- 2** Has the foundation engaged in any activities that have not previously been reported to the IRS?  
If "Yes," attach a detailed description of the activities
- 3** Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes
- 4a** Did the foundation have unrelated business gross income of \$1,000 or more during the year?
- b** If "Yes," has it filed a tax return on **Form 990-T** for this year?
- 5** Was there a liquidation, termination, dissolution, or substantial contraction during the year?  
If "Yes," attach the statement required by *General Instruction T*
- 6** Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either  
• By language in the governing instrument, or  
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?
- 7** Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV
- 8a** Enter the states to which the foundation reports or with which it is registered. See instructions **NH**
- b** If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation
- 9** Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV
- 10** Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>1c</b> |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     | X  |
| <b>4a</b> |     | X  |
| <b>4b</b> | N/A |    |
| <b>5</b>  |     |    |
| <b>6</b>  |     |    |
| <b>7</b>  | X   |    |
| <b>8b</b> |     |    |
| <b>9</b>  |     | X  |
| <b>10</b> |     | X  |

**Part VII-A Statements Regarding Activities (continued)**

|  | Yes | No |
|--|-----|----|
| <b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions  |     | X  |
| <b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions   |     | X  |
| <b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address ► N/A   | X   |    |
| <b>14</b> The books are in care of ► Attorney Daniel Harkinson, Trustee Telephone no ► 603-822-0239<br>Located at ► 597 Columbus Ave Rochester NH ZIP+4 ► 03866-0067   |     |    |
| <b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year ► 15   |     | X  |
| <b>16</b> At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ► |     | X  |

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

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

|   | Yes | No  |
|---|-----|-----|
| <b>1a</b> During the year, did the foundation (either directly or indirectly)<br>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days ) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |     |     |
| <b>b</b> If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>  | 1b  | N/A |
| <b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?  | 1c  | X   |
| <b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))  |     |     |
| <b>a</b> At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes," list the years ► 20 17 , 20 16 , 20 15 , 20 _____   |     |     |
| <b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions )   | 2b  |     |
| <b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here<br>► 20 _____ , 20 _____ , 20 _____ , 20 _____   |     |     |
| <b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |     |     |
| <b>b</b> If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018 )  | 3b  | N/A |
| <b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a  | X   |
| <b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?  | 4b  | X   |

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

|           |   |   |           |     |
|-----------|---|---|-----------|-----|
| <b>5a</b> | During the year, did the foundation pay or incur any amount to  |   | Yes       | No  |
| (1)       | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |
| (2)       | Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |
| (3)       | Provide a grant to an individual for travel, study, or other similar purposes?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |
| (4)       | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |
| (5)       | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions |   | <b>5b</b> | N/A |
|           | Organizations relying on a current notice regarding disaster assistance, check here   | <input type="checkbox"/>  |           |     |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |           |     |
|           | If "Yes," attach the statement required by Regulations section 53.4945–5(d)   |   |           |     |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |   | <b>6b</b> |     |
|           | If "Yes" to 6b, file Form 8870  |   |           |     |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |           |     |
| <b>b</b>  | If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?   |   | <b>7b</b> |     |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |     |

**Part VIII.** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

| (a) Name and address   | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|--|---|---|---|---------------------------------------|
| Daniel Harkinson, Esq<br>597 Columbus Ave Rochester, NH 03866-0067 | Trustee<br>1 00   | 0   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |
|  |   |   |   |                                       |

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

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

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



**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)****3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of others receiving over \$50,000 for professional services

**Part IX-A Summary of Direct Charitable Activities**

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 Contribution of money to four charitable organizations for the support of care, feeding and medical needs of cats and the promotion of preventing cruelty to cats. Amount of total distributions were \$12562  |          |
| 2  |          |
| 3  |          |
| 4  |          |

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

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|--|--------|
| 1  |        |
| 2  |        |
| All other program-related investments. See instructions.   |        |
| 3  |        |
| <b>Total.</b> Add lines 1 through 3  | 0      |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |   |           |   |
|----------|---|-----------|---|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes  |           |   |
| <b>a</b> | Average monthly fair market value of securities   | <b>1a</b> | 0 |
| <b>b</b> | Average of monthly cash balances  | <b>1b</b> | 0 |
| <b>c</b> | Fair market value of all other assets (see instructions)  | <b>1c</b> |   |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c)   | <b>1d</b> | 0 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)   | <b>1e</b> |   |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets  | <b>2</b>  |   |
| <b>3</b> | Subtract line 2 from line 1d  | <b>3</b>  |   |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)     | <b>4</b>  |   |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 | <b>5</b>  | 0 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5  | <b>6</b>  | 0 |

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

|           |   |           |      |
|-----------|---|-----------|------|
| <b>1</b>  | Minimum investment return from Part X, line 6   | <b>1</b>  |      |
| <b>2a</b> | Tax on investment income for 2018 from Part VI, line 5  | <b>2a</b> | 466  |
| <b>b</b>  | Income tax for 2018 (This does not include the tax from Part VI)  | <b>2b</b> |      |
| <b>c</b>  | Add lines 2a and 2b   | <b>2c</b> | 466  |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1                                     | <b>3</b>  | -466 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions   | <b>4</b>  |      |
| <b>5</b>  | Add lines 3 and 4   | <b>5</b>  | -466 |
| <b>6</b>  | Deduction from distributable amount (see instructions)  | <b>6</b>  |      |
| <b>7</b>  | <b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | <b>7</b>  | -466 |

**Part XII Qualifying Distributions** (see instructions)

|          |   |           |        |
|----------|---|-----------|--------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes   |           |        |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26   | <b>1a</b> | 14,800 |
| <b>b</b> | Program-related investments—total from Part IX-B  | <b>1b</b> |        |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes   | <b>2</b>  |        |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the   |           |        |
| <b>a</b> | Suitability test (prior IRS approval required)  | <b>3a</b> |        |
| <b>b</b> | Cash distribution test (attach the required schedule)   | <b>3b</b> |        |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                   | <b>4</b>  | 14,800 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions | <b>5</b>  | 466    |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4   | <b>6</b>  | 14,334 |

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

|   | (a)<br>Corpus | (b)<br>Years prior to 2017 | (c)<br>2017 | (d)<br>2018 |
|---|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2018 from Part XI, line 7   |               |                            |             | -466        |
| <b>2</b> Undistributed income, if any, as of the end of 2018  |               |                            |             |             |
| <b>a</b> Enter amount for 2017 only   |               |                            | 0           |             |
| <b>b</b> Total for prior years 20 <u>14</u> , 20 <u>15</u> , 20 <u>16</u>   |               | 39,735                     |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2018  |               |                            |             |             |
| <b>a</b> From 2013  |               |                            |             |             |
| <b>b</b> From 2014  |               |                            |             |             |
| <b>c</b> From 2014  |               |                            |             | 18,791      |
| <b>d</b> From 2016  |               |                            |             | 20,944      |
| <b>e</b> From 2017  |               |                            |             | 19,595      |
| <b>f</b> <b>Total</b> of lines 3a through e   | 59,330        |                            |             |             |
| <b>4</b> Qualifying distributions for 2018 from Part XII, line 4 <b>►</b> \$ <u>14,800</u>  |               |                            |             |             |
| <b>a</b> Applied to 2017, but not more than line 2a   |               |                            |             |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions)  |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions)  |               |                            |             |             |
| <b>d</b> Applied to 2018 distributable amount   |               |                            |             |             |
| <b>e</b> Remaining amount distributed out of corpus   | 14,800        |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )  |               |                            |             |             |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>  |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 74,130        |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b  |               | 39,735                     |             |             |
| <b>c</b> 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 |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions  |               | 39,735                     |             |             |
| <b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions  |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019  |               |                            |             | 0           |
| <b>7</b> 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)         |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)  |               |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a   | 74,130        |                            |             |             |
| <b>10</b> Analysis of line 9  |               |                            |             |             |
| <b>a</b> Excess from 2014   |               |                            |             |             |
| <b>b</b> Excess from 2014   |               |                            |             | 18,791      |
| <b>c</b> Excess from 2016   |               |                            |             | 20,944      |
| <b>d</b> Excess from 2017   |               |                            |             | 19,595      |
| <b>e</b> Excess from 2018   |               |                            |             | 14,800      |

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

N/A

- 1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling
- b** Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(j)(3) or ☐ 4942(j)(5)

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

| Recipient<br>Name and address (home or business)   | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|--------|
| <b>a</b> <i>Paid during the year</i><br>Alley Cats Allies<br>7920 Norfolk Ave, Ste 600<br>Bethesda, MD 20814-2525<br>Cocheco Valley Humane Society<br>262 County Farm Road<br>Dover, NH 03820<br>NH SPCA<br>PO Box 196<br>Stratham, NH 03855<br>Northeast Animal Shelter<br>347 Highland Avenue<br>Salem, MA 01970 | Beneficiary  | PC                                   | To help the cause                   | 3,141  |
|  | Beneficiary  | PC                                   | To help the cause                   | 3,140  |
|  | Beneficiary  | PC                                   | To help the cause                   | 3,141  |
|  | Beneficiary  | PC                                   | To help the cause                   | 3,140  |
| <b>Total</b>   |  |                                      | ▶ <b>3a</b>                         | 12,562 |
| <b>b</b> <i>Approved for future payment</i>  |  |                                      |                                     |        |
| <b>Total</b>   |  |                                      | ▶ <b>3b</b>                         | 0      |





Form **4720**Department of the Treasury  
Internal Revenue Service**Return of Certain Excise Taxes Under Chapters  
41 and 42 of the Internal Revenue Code**

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

▶ Go to [www.irs.gov/Form4720](http://www.irs.gov/Form4720) for instructions and the latest information.

OMB No 1545-0052

**2018**

|   |   |
|---|---|
| For calendar year 2018 or other tax year beginning , 2018, and ending , 20  |   |
| Name of organization or entity<br><b>Trust Under Will Of Rhoda A Hogan</b>  | Employer identification number<br><b>26-6110276</b>   |
| Number, street, and room or suite no (or P O box if mail is not delivered to street address)<br><b>597 Columbus Ave</b> | Check box for type of annual return<br><input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ<br><input checked="" type="checkbox"/> Form 990-PF <input type="checkbox"/> Other<br><input type="checkbox"/> Form 5227 |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>Rochester, NH 03866-0067</b>             |   |

- A** Is the organization a foreign private foundation within the meaning of section 4948(b)?
- B** Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable)
- If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ \$ \_\_\_\_\_ If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions)

| Yes | No |
|-----|----|
|     |    |
|     |    |

**Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

|    |  |    |          |
|----|--|----|----------|
| 1  | Tax on undistributed income—Schedule B, line 4   | 1  |          |
| 2  | Tax on excess business holdings—Schedule C, line 7   | 2  |          |
| 3  | Tax on investments that jeopardize charitable purpose—Schedule D, Part I, column (e)       | 3  |          |
| 4  | Tax on taxable expenditures—Schedule E, Part I, column (g)                                 | 4  |          |
| 5  | Tax on political expenditures—Schedule F, Part I, column (e)                               | 5  |          |
| 6  | Tax on excess lobbying expenditures—Schedule G, line 4                                     | 6  |          |
| 7  | Tax on disqualifying lobbying expenditures—Schedule H, Part I, column (e)                  | 7  |          |
| 8  | Tax on premiums paid on personal benefit contracts   | 8  |          |
| 9  | Tax on being a party to prohibited tax shelter transactions—Schedule J, Part I, column (h) | 9  |          |
| 10 | Tax on taxable distributions—Schedule K, Part I, column (f)                                | 10 |          |
| 11 | Tax on a charitable remainder trust's unrelated business taxable income Attach statement   | 11 |          |
| 12 | Tax on failure to meet the requirements of section 501(r)(3)—Schedule M, Part II, line 2   | 12 |          |
| 13 | Tax on excess executive compensation—Schedule N  | 13 |          |
| 14 | Tax on net investment income of private colleges and universities—Schedule O               | 14 |          |
| 15 | <b>Total</b> (add lines 1–14)  | 15 | <b>0</b> |

**Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons** (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

| (a) Name and address of person subject to tax City or town, state or province, country, ZIP or foreign postal code |  | (b) Taxpayer identification number |  |
|--|--|------------------------------------|--|
| a  |  |                                    |  |
| b  |  |                                    |  |
| c  |  |                                    |  |

| (c) Tax on self-dealing—Schedule A, Part II, col (d), and Part III, col (d) | (d) Tax on investments that jeopardize charitable purpose—Schedule D, Part II, col (d) | (e) Tax on taxable expenditures—Schedule E, Part II, col (d) | (f) Tax on political expenditures—Schedule F, Part II, col (d) |
|---|--|--|--|
| a   |  |  |  |
| b   |  |  |  |
| c   |  |  |  |
| <b>Total</b>  | <b>0</b>   | <b>0</b>   | <b>0</b>   |

| (g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col (d) | (h) Tax on excess benefit transactions—Schedule I, Part II, col (d), and Part III, col (d) | (i) Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, col (d) | (j) Tax on taxable distributions—Schedule K, Part II, col (d) |
|---|--|--|---|
| a   |  |  |   |
| b   |  |  |   |
| c   |  |  |   |
| <b>Total</b>  | <b>0</b>   | <b>0</b>   | <b>0</b>  |

| (k) Tax on prohibited benefits—Sch L, Part II, col (d), and Part III, col (d) | (l) Total—Add cols (c) through (k) |
|---|------------------------------------|
| a   | <b>0</b>                           |
| b   | <b>0</b>                           |
| c   | <b>0</b>                           |
| <b>Total</b>  | <b>0</b>                           |

**Part II-B Summary of Taxes (See Tax Payments in the instructions)**

|          |   |          |   |
|----------|---|----------|---|
| <b>1</b> | Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (I) | <b>1</b> |   |
| <b>2</b> | <b>Total tax.</b> Add Part I, line 15, and Part II-B, line 1  | <b>2</b> | 0 |
| <b>3</b> | Total payments including amount paid with Form 8868 (see instructions)  | <b>3</b> |   |
| <b>4</b> | <b>Tax due.</b> If line 2 is larger than line 3, enter amount owed (see instructions)   | <b>4</b> | 0 |
| <b>5</b> | <b>Overpayment.</b> If line 2 is smaller than line 3, enter the difference. This is your refund   | <b>5</b> | 0 |

**SCHEDULE A—Initial Taxes on Self-Dealing (Section 4941)****Part I Acts of Self-Dealing and Tax Computation**

| (a) Act number | (b) Date of act | (c) Description of act | (d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act | (e) Amount involved in act | (f) Initial tax on self-dealer (10% of col (e)) | (g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col (e)) |
|----------------|-----------------|------------------------|--|----------------------------|---|--|
| 1              |                 |                        |  |                            | 0   | 0  |
| 2              |                 |                        |  |                            | 0   | 0  |
| 3              |                 |                        |  |                            | 0   | 0  |
| 4              |                 |                        |  |                            | 0   | 0  |
| 5              |                 |                        |  |                            | 0   | 0  |

**Part II Summary of Tax Liability of Self-Dealers and Proration of Payments**

| (a) Names of self-dealers liable for tax | (b) Act no. from Part I, col (a) | (c) Tax from Part I, col (f), or prorated amount | (d) Self-dealer's total tax liability (add amounts in col (c)) (see instructions) |
|--|----------------------------------|--|---|
|  |                                  |  | 0   |
|  |                                  |  | 0   |
|  |                                  |  | 0   |
|  |                                  |  | 0   |
|  |                                  |  | 0   |

**Part III Summary of Tax Liability of Foundation Managers and Proration of Payments**

| (a) Names of foundation managers liable for tax | (b) Act no. from Part I, col (a) | (c) Tax from Part I, col (g), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|---|----------------------------------|--|---|
|   |                                  |  | 0   |
|   |                                  |  | 0   |
|   |                                  |  | 0   |

**SCHEDULE B—Initial Tax on Undistributed Income (Section 4942)**

|          |   |          |   |
|----------|---|----------|---|
| <b>1</b> | Undistributed income for years before 2017 (from Form 990-PF for 2018, Part XIII, line 6d)  | <b>1</b> |   |
| <b>2</b> | Undistributed income for 2017 (from Form 990-PF for 2018, Part XIII, line 6e)   | <b>2</b> |   |
| <b>3</b> | Total undistributed income at end of current tax year beginning in 2018 and subject to tax under section 4942 (add lines 1 and 2) | <b>3</b> | 0 |
| <b>4</b> | <b>Tax</b> —Enter 30% of line 3 here and on Part I, line 1  | <b>4</b> | 0 |

**SCHEDULE C—Initial Tax on Excess Business Holdings (Section 4943)****Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

|   |  | (a)<br>Voting stock<br>(profits interest or<br>beneficial interest) | (b)<br>Value | (c)<br>Nonvoting stock<br>(capital interest) |
|---|--|---|--------------|--|
| 1 | Foundation holdings in business enterprise   | 1   | %            | %  |
| 2 | Permitted holdings in business enterprise  | 2   | %            | %  |
| 3 | Value of excess holdings in business enterprise  | 3   |              |  |
| 4 | Value of excess holdings disposed of within 90 days, or, other value of excess holdings not subject to section 4943 tax (attach statement) | 4   |              |  |
| 5 | Taxable excess holdings in business enterprise—line 3 minus line 4   | 5   | 0            | 0  |
| 6 | Tax— Enter 10% of line 5   | 6   | 0            | 0  |
| 7 | Total tax— Add amounts on line 6, columns (a), (b), and (c), enter total here and on Part I, line 2  | 7   | 0            |  |

**SCHEDULE D—Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)****Part I Investments and Tax Computation**

| (a) Investment number                              | (b) Date of investment | (c) Description of investment | (d) Amount of investment | (e) Initial tax on foundation (10% of col (d)) | (f) Initial tax on foundation managers (if applicable)— (lesser of \$10,000 or 10% of col (d)) |
|--|------------------------|-------------------------------|--------------------------|--|--|
| 1  |                        |                               |                          | 0  | 0  |
| 2  |                        |                               |                          | 0  | 0  |
| 3  |                        |                               |                          | 0  | 0  |
| 4  |                        |                               |                          | 0  | 0  |
| 5  |                        |                               |                          | 0  | 0  |
| Total— Column (e) Enter here and on Part I, line 3 |                        |                               |                          | 0  |  |

Total— Column (f) Enter total (or prorated amount) here and in Part II, column (c), below

0

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

| (a) Names of foundation managers liable for tax | (b) Investment no from Part I, col (a) | (c) Tax from Part I, col (f), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|---|--|--|---|
|   |  |  | 0   |
|   |  |  | 0   |
|   |  |  | 0   |



**SCHEDULE E—Initial Taxes on Taxable Expenditures (Section 4945)****Part I Expenditures and Computation of Tax**

| (a) Item number  | (b) Amount | (c) Date paid or incurred | (d) Name and address of recipient                      | (e) Description of expenditure and purposes for which made   |
|--|------------|---------------------------|--|--|
| 1  |            |                           |  |  |
| 2  |            |                           |  |  |
| 3  |            |                           |  |  |
| 4  |            |                           |  |  |
| 5  |            |                           |  |  |
| (f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure |            |                           | (g) Initial tax imposed on foundation (20% of col (b)) | (h) Initial tax imposed on foundation managers (if applicable)—(lesser of \$10,000 or 5% of col (b)) |
|  |            |                           | 0  | 0  |
|  |            |                           | 0  | 0  |
|  |            |                           | 0  | 0  |
|  |            |                           | 0  | 0  |
|  |            |                           | 0  | 0  |
|  |            |                           | 0  | 0  |
| <b>Total—</b> Column (g) Enter here and on Part I, line 4  |            |                           | 0  |  |
| <b>Total—</b> Column (h) Enter total (or prorated amount) here and in Part II, column (c), below         |            |                           |  | 0  |

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

| (a) Names of foundation managers liable for tax | (b) Item no from Part I, col (a) | (c) Tax from Part I, col (h), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|---|----------------------------------|--|---|
|   |                                  |  | 0   |
|   |                                  |  | 0   |
|   |                                  |  | 0   |

**SCHEDULE F—Initial Taxes on Political Expenditures (Section 4955)****Part I Expenditures and Computation of Tax**

| (a) Item number  | (b) Amount | (c) Date paid or incurred | (d) Description of political expenditure | (e) Initial tax imposed on organization or foundation (10% of col (b)) | (f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col (b)) |
|--|------------|---------------------------|--|--|---|
| 1  |            |                           |  | 0  | 0   |
| 2  |            |                           |  | 0  | 0   |
| 3  |            |                           |  | 0  | 0   |
| 4  |            |                           |  | 0  | 0   |
| 5  |            |                           |  | 0  | 0   |
| <b>Total—</b> Column (e) Enter here and on Part I, line 5  |            |                           |  | 0  |   |
| <b>Total—</b> Column (f) Enter total (or prorated amount) here and in Part II, column (c), below |            |                           |  |  | 0   |

**Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments**

| (a) Names of organization managers or foundation managers liable for tax | (b) Item no from Part I, col (a) | (c) Tax from Part I, col (f), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|--|----------------------------------|--|---|
|  |                                  |  | 0   |
|  |                                  |  | 0   |
|  |                                  |  | 0   |

**SCHEDULE G—Tax on Excess Lobbying Expenditures (Section 4911)**

|   |  |   |   |
|---|--|---|---|
| 1 | Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h) (See the instructions before making an entry) | 1 |   |
| 2 | Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i) (See the instructions before making an entry)       | 2 |   |
| 3 | Excess lobbying expenditures—enter the larger of line 1 or line 2  | 3 | 0 |
| 4 | Tax—Enter 25% of line 3 here and on Part I, line 6   | 4 | 0 |

**SCHEDULE H—Taxes on Disqualifying Lobbying Expenditures (Section 4912)****Part I Expenditures and Computation of Tax**

| (a) Item number  | (b) Amount | (c) Date paid or incurred | (d) Description of lobbying expenditures | (e) Tax imposed on organization (5% of col (b)) | (f) Tax imposed on organization managers (if applicable)—(5% of col (b)) |
|--|------------|---------------------------|--|---|--|
| 1  |            |                           |  | 0   | 0  |
| 2  |            |                           |  | 0   | 0  |
| 3  |            |                           |  | 0   | 0  |
| 4  |            |                           |  | 0   | 0  |
| 5  |            |                           |  | 0   | 0  |
| <b>Total</b> — Column (e) Enter here and on Part I, line 7 |            |                           |  | 0   |  |

**Total**— Column (f) Enter total (or prorated amount) here and in Part II, column (c), below

0

**Part II Summary of Tax Liability of Organization Managers and Proration of Payments**

| (a) Names of organization managers liable for tax | (b) Item no. from Part I, col (a) | (c) Tax from Part I, col (f), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|---|-----------------------------------|--|---|
|   |                                   |  | 0   |
|   |                                   |  | 0   |
|   |                                   |  | 0   |

**SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958)****Part I Excess Benefit Transactions and Tax Computation**

| (a) Transaction number | (b) Date of transaction | (c) Description of transaction | (d) Amount of excess benefit | (e) Initial tax on disqualified persons (25% of col (d)) | (f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col (d)) |
|------------------------|-------------------------|--------------------------------|------------------------------|--|---|
| 1                      |                         |                                |                              | 0  | 0   |
| 2                      |                         |                                |                              | 0  | 0   |
| 3                      |                         |                                |                              | 0  | 0   |
| 4                      |                         |                                |                              | 0  | 0   |
| 5                      |                         |                                |                              | 0  | 0   |

**SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958) Continued****Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments**

| (a) Names of disqualified persons liable for tax | (b) Trans no from Part I, col (a) | (c) Tax from Part I, col (e), or prorated amount | (d) Disqualified person's total tax liability (add amounts in col (c)) (see instructions) |
|--|-----------------------------------|--|---|
|  |                                   |  | 0   |
|  |                                   |  | 0   |
|  |                                   |  | 0   |
|  |                                   |  | 0   |

**Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments**

| (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax | (b) Trans no from Part I, col (a) | (c) Tax from Part I, col (f), or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|---|-----------------------------------|--|---|
|   |                                   |  | 0   |
|   |                                   |  | 0   |
|   |                                   |  | 0   |
|   |                                   |  | 0   |

**SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)****Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity**  
(see instructions)

| (a) Transaction number  | (b) Transaction date | (c) Type of transaction<br>1—Listed<br>2—Subsequently listed<br>3—Confidential<br>4—Contractual protection | (d) Description of transaction                              |
|---|----------------------|--|---|
| 1   |                      |  |   |
| 2   |                      |  |   |
| 3   |                      |  |   |
| 4   |                      |  |   |
| 5   |                      |  |   |
| (e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No |                      | (f) Net income attributable to the PTST  | (g) 75% of proceeds attributable to the PTST                |
|   |                      |  | (h) Tax imposed on the tax-exempt entity (see instructions) |
|   |                      |  | 0   |
|   |                      |  | 0   |
|   |                      |  | 0   |
|   |                      |  | 0   |
|   |                      |  | 0   |
|   |                      |  | 0   |
| <b>Total—</b> Column (h) Enter here and on Part I, line 9   |                      |  | 0   |

**Part II Tax Imposed on Entity Managers (Section 4965) Continued**

| (a) Name of entity manager | (b) Transaction number from Part I, col (a) | (c) Tax—enter \$20,000 for each transaction listed in col (b) for each manager in col (a) | (d) Manager's total tax liability (add amounts in col (c)) |
|----------------------------|---|---|--|
|                            |   |   | 0  |
|                            |   |   | 0  |
|                            |   |   | 0  |
|                            |   |   | 0  |
|                            |   |   | 0  |

**SCHEDULE K—Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor  
Advised Funds (Section 4966) See the instructions**

**Part I Taxable Distributions and Tax Computation**

| (a)<br>Item number  | (b) Name of sponsoring organization and<br>donor advised fund |  | (c) Description of distribution                        |  |
|---|---|--|--|--|
| 1   |   |  |  |  |
| 2   |   |  |  |  |
| 3   |   |  |  |  |
| 4   |   |  |  |  |
| (d) Date of distribution  | (e) Amount of distribution                                    |  | (f) Tax imposed on<br>organization (20% of<br>col (e)) | (g) Tax on fund managers<br>(lesser of 5% of col (e) or<br>\$10,000) |
|   |   |  | 0  | 0  |
|   |   |  | 0  | 0  |
|   |   |  | 0  | 0  |
|   |   |  | 0  | 0  |
| Total— Column (f) Enter here and on Part I, line 10                                       |   |  | 0  |  |
| Total— Column (g) Enter total (or prorated amount) here and in Part II, column (c), below |   |  |  | 0  |

**Part II Summary of Tax Liability of Fund Managers and Proration of Payments**

| (a) Name of fund managers liable for tax | (b) Item no. from Part I, col (a) | (c) Tax from Part I, col (g) or prorated amount | (d) Manager's total tax liability (add amounts in col (c)) (see instructions) |
|--|-----------------------------------|---|---|
|  |                                   |   | 0   |
|  |                                   |   | 0   |
|  |                                   |   | 0   |
|  |                                   |   | 0   |

**SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).**

See the instructions

**Part I Prohibited Benefits and Tax Computation**

| (a) Item number                  | (b) Date of prohibited benefit | (c) Description of benefit   |  |
|----------------------------------|--------------------------------|--|--|
| 1                                |                                |  |  |
| 2                                |                                |  |  |
| 3                                |                                |  |  |
| 4                                |                                |  |  |
| 5                                |                                |  |  |
| (d) Amount of prohibited benefit |                                | (e) Tax on donors, donor advisors, or related persons (125% of col (d)) (see instructions) | (f) Tax on fund managers (if applicable) (lesser of 10% of col (d) or \$10,000) (see instructions) |
|                                  |                                | 0  | 0  |
|                                  |                                | 0  | 0  |
|                                  |                                | 0  | 0  |
|                                  |                                | 0  | 0  |
|                                  |                                | 0  | 0  |

**Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments**

| (a) Names of donors, donor advisors, or related persons liable for tax | (b) Item no from Part I, col (a) | (c) Tax from Part I, col (e) or prorated amount | (d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col (c)) (see instructions) |
|--|----------------------------------|---|---|
|  |                                  |   | 0   |
|  |                                  |   | 0   |
|  |                                  |   | 0   |
|  |                                  |   | 0   |

**Part III Summary of Tax Liability of Fund Managers and Proration of Payments**

| (a) Names of fund managers liable for tax | (b) Item no from Part I, col (a) | (c) Tax from Part I, col (f) or prorated amount | (d) Fund manager's total tax liability (add amounts in col (c)) (see instructions) |
|---|----------------------------------|---|--|
|   |                                  |   | 0  |
|   |                                  |   | 0  |
|   |                                  |   | 0  |
|   |                                  |   | 0  |

**Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs****Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)**Part I Failures to Meet Section 501(r)(3)**

| (a) Item number | (b) Name of hospital facility | (c) Description of the failure | (d) Tax year hospital facility last conducted a CHNA | (e) Tax year hospital facility last adopted an implementation strategy |
|-----------------|-------------------------------|--------------------------------|--|--|
| 1               |                               |                                |  |  |
| 2               |                               |                                |  |  |
| 3               |                               |                                |  |  |
| 4               |                               |                                |  |  |
| 5               |                               |                                |  |  |

**Part II Computation of Tax**

|   |   |   |   |
|---|---|---|---|
| 1 | Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) | 1 |   |
| 2 | Tax-Enter \$50,000 multiplied by line 1 here and on Part I, line 12   | 2 | 0 |

**SCHEDULE N—Tax on Excess Executive Compensation** (Section 4960) (See instructions)

| (a) Item number  | (b) Name of covered employee              | (c) Excess remuneration | (d) Excess parachute payment | (e) Total Add column (c) and (d) |
|--|---|-------------------------|------------------------------|----------------------------------|
| 1  |   |                         |                              |                                  |
| 2  |   |                         |                              |                                  |
| 3  |   |                         |                              |                                  |
| 4  |   |                         |                              |                                  |
| 5  |   |                         |                              |                                  |
| 6  | Attachment, if necessary See instructions |                         |                              |                                  |
| Total (add column (e) items 1–6)                               |   |                         |                              | 0                                |
| Tax. Enter 21% of the amount above here and on Part I, line 13 |   |                         |                              | 0                                |

**SCHEDULE O—Excise Tax on Net Investment Income of Private Colleges and Universities**  
(Section 4968)

|   | (a) Name  | (b) EIN | (c) Gross investment income (See instructions) | (d) Capital gain net income | (e) Administrative expenses allocable to income included in cols (c) and (d) | (f) Net investment income (See instructions) |
|---|---|---------|--|-----------------------------|--|--|
| 1 | Filing Organization   |         |  |                             |  |  |
| 2 | Related Organization  |         |  |                             |  |  |
| 3 | Related Organization  |         |  |                             |  |  |
| 4 | Related Organization  |         |  |                             |  |  |
| 5 | Total from attachment, if necessary   |         |  |                             |  |  |
| 6 | <b>Total</b>  |         | 0  | 0                           | 0  | 0  |
| 7 | <b>Excise Tax on Net Investment Income</b> Enter 1 4% of the amount in 6(f) here and on Part I, line 14 |         |  |                             |  | 0  |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign  
Here**

|   |       |      |
|---|-------|------|
| Signature of officer or trustee   | Title | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person |       | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person |       | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person |       | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person |       | Date |

May the IRS discuss this return with the preparer shown below? (see instructions)

☐ Yes

☐ No

**Paid  
Preparer  
Use Only**

|   |                         |                   |   |                   |
|---|-------------------------|-------------------|---|-------------------|
| Print/Type preparer's name<br>Charles B Thompson    | Preparer's signature    | Date<br>3/12/2019 | Check <input type="checkbox"/> if self-employed | PTIN<br>P01266625 |
| Firm's name ▶ C Boyen Thompson, PC                  | Firm's EIN ▶ 02-0496042 |                   |   |                   |
| Firm's address ▶ 195 N Main St, Rochester, NH 03867 | Phone no (603) 332-7423 |                   |   |                   |

**Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory**

|   |             | Amount                     |                                 | Totals               |                                      |                    |               |             |   |                     |                  |  |              |             |                  |   |
|---|-------------|----------------------------|---------------------------------|----------------------|--------------------------------------|--------------------|---------------|-------------|---|---------------------|------------------|--|--------------|-------------|------------------|---|
|   |             | Long Term CG Distributions | Short Term CG Distributions     | Capital Gains/Losses |                                      | Other sales        |               | Gross Sales | Cost or Other Basis, Expenses, Depreciation and Adjustments | Net Gain or Loss    |                  |  |              |             |                  |   |
|   |             |                            |                                 |                      |                                      |                    |               |             |   |                     |                  |  |              |             |                  |   |
|   |             |                            |                                 |                      |                                      |                    |               | 27,191      | 0   | 27,191              | 0                |  |              |             |                  |   |
|   |             |                            | 0                               |                      |                                      |                    |               | 0           | 0   | 0                   | 0                |  |              |             |                  |   |
| 1 | Description | CUSIP #                    | Check "X" to include in Part IV | Purchaser            | Check "X" if Purchaser is a Business | Acquisition Method | Date Acquired | Date Sold   | Gross Sales Price   | Cost or Other Basis | Valuation Method | Expense of Sale and Cost of Improvements | Depreciation | Adjustments | Net Gain or Loss |   |
|   |             |                            |                                 |                      |                                      |                    |               |             |   |                     |                  |  |              |             |                  | 0 |



**Part I, Line 16a (990-PF) - Legal Fees**

|             |                                     | 918                            | 918                   | 918                 | 918   |
|-------------|-------------------------------------|--------------------------------|-----------------------|---------------------|---|
| Description |                                     | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes (Cash Basis Only) |
| 1           | Daniel J Harkinson Law Office, PLLC | 918                            | 918                   | 918                 | 918   |

**Part I, Line 16b (990-PF) - Accounting Fees**

|             |                      | 850                            | 850                   | 850                 | 850   |
|-------------|----------------------|--------------------------------|-----------------------|---------------------|---|
| Description |                      | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes (Cash Basis Only) |
| 1           | C Boyen Thompson, PC | 850                            | 850                   | 850                 | 850   |

**Part I, Line 16c (990-PF) - Other Professional Fees**

|             |            | 0                              | 0                     | 0                   | 0   |
|-------------|------------|--------------------------------|-----------------------|---------------------|---|
| Description |            | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes (Cash Basis Only) |
| 1           | Accounting | 0                              |                       |                     | 0   |

**Part I, Line 23 (990-PF) - Other Expenses**

|             |                   | 470                            | 470                   | 470                 | 470                                   |
|-------------|-------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| Description |                   | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| 1           | Probate Court fee | 160                            | 160                   | 160                 | 160                                   |
| 2           | Bond Premium      | 310                            | 310                   | 310                 | 310                                   |

Part II, Line 13 (990-PF) - Investments - Other

|   |                                   | 580,294      | 613,947     | 676,985     |
|---|-----------------------------------|--------------|-------------|-------------|
|   |                                   | Book Value   | Book Value  | FMV         |
|   |                                   | Beg. of Year | End of Year | End of Year |
| 1 | Asset Description                 |              |             |             |
|   | Vanguard Prime Money Market       | 4,381        | 4,381       | 4,381       |
| 2 | Vanguard Wellesley Income Fund    | 575,069      | 602,260     | 665,298     |
| 3 | Daniel Harkinson, Esq.-Trust Fund | 844          | 7,306       | 7,306       |

Part III (990-PF) - Changes in Net Assets or Fund Balances

Line 5 - Decreases not included in Part III, Line 2

|   |                         |   |     |
|---|-------------------------|---|-----|
| 1 | Federal tax estimates   | 1 | 188 |
| 2 | 2017 Federal income tax | 2 | 234 |
| 3 | Total                   | 3 | 422 |

**Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income**

| Amount                       |                             |                    |               |           |                   |                      |             |  |              |                      |                               |                                   |   |
|------------------------------|-----------------------------|--------------------|---------------|-----------|-------------------|----------------------|-------------|--|--------------|----------------------|-------------------------------|-----------------------------------|---|
| Long Term CG Distributions   | Short Term CG Distributions | 27,191             | 0             |           |                   |                      |             |  |              |                      |                               |                                   |   |
| Description of Property Sold | CUSIP #                     | Acquisition Method | Date Acquired | Date Sold | Gross Sales Price | Depreciation Allowed | Adjustments | Cost or Other Basis Plus Expense of Sale | Gain or Loss | F M V as of 12/31/89 | Adjusted Basis as of 12/31/89 | Excess of FMV Over Adjusted Basis | Gains Minus Excess FMV Over Adj Basis or Losses |
|                              |                             |                    |               |           |                   |                      |             |  |              |                      |                               |                                   |   |

**Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers**

|   | Name                  | Check "X" if Business | Street           | City      | State | Zip Code   | Foreign Country | Title   | Avg Hrs Per Week | Compensation | Benefits | Expense Account |
|---|-----------------------|-----------------------|------------------|-----------|-------|------------|-----------------|---------|------------------|--------------|----------|-----------------|
|   |                       |                       |                  |           |       |            |                 |         |                  |              |          |                 |
| 1 | Daniel Harkinson, Esq |                       | 537 Columbus Ave | Rochester | NH    | 03866-0067 |                 | Trustee | 1.00             | 0            |          |                 |