orm	990-PF

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. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990PF for instructions and the latest information JUN 2019 For calendar year 2018 or tax year beginning JUL 1, 2018 and ending 30 Name of foundation A Employer identification number 194 ROY M. MALOOL FAMILY FOUNDATION C/O ROYMAL, INC. 02-0498236 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number PO BOX 658 603-863-2410 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here NEWPORT, NH 03773-0658 Initial return Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: Cash If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 265,714. (Part I, column (d) must be on cash basis.) ▶\$ 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)) (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and expenses per books (c) Adjusted net (b) Net investment income ıncome 117,547 Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 5,003 5,003 STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) Б. Э. Т. « Сорыми и Мараниция возмовици I у ba Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a b 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 995 STATEMENT 771. STATEMENT -4,776-4,776. c Gross profit or (los 117,774. 5,003. -4.7760. 0. 0 0 . 13 Compensation of officers, digeden-14 Other employee salaries and 15 Pension plans, employee 16a Legal fees STMT 4 2,000 1,000. 0. 1,000. b Accounting fees c Other professional fees 17 Interest 557 0. 0. 557.STMT 5 18 Taxes 19 Depreciation and depletion 327. 0. 0. 327. 20 Occupancy Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 6,831. 0. 0. 6,831. 24 Total operating and administrative 9,715. 1,000 0 8,715. expenses Add lines 13 through 23 182,668 182,668. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 1,000. 0. 191,383. 192,383 Add lines 24 and 25 27 Subtract line 26 from line 12 -74,609. and the Miller of the d Excess of revenue over expenses and disbursoments 4,003. b Net investment income (if negative, enter -0-) 0. C Adjusted net income (if negative, enter -0-)

823501 12-10-8 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-PF (2018)

Part II Balance Sheets Anatosis existence as executed to decouple (a) Early 1999 (a) Early 1999 (b) Early 1999 (c) Early 1999	For	m 99	6-PF (2018) C/O ROYMAL, INC.		02-	0498236 Page 2
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31 Total habilities and net assets/fund balances 340,323. 265,714. Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1	et/	ł		340,323.	265,714.	
Part III Analysis of Changes in Net Assets or Fund Balances 1 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Oo. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 Add lines 30 Calcal inet assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	Z					
1 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Oc. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 1 340, 323. 2 -74,609. 3 0. 4 265,714.		31	Total habilities and net assets/fund balances	340,323.	265,714.	
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2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► 3 0.4 4 Add lines 1, 2, and 3 4 265, 714. 5 Decreases not included in line 2 (itemize) ► 5 0.5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 265, 714.				30		340 323
3 Other increases not included in line 2 (itemize) ► 3 0. 4 Add lines 1, 2, and 3 4 265, 714. 5 Decreases not included in line 2 (itemize) ► 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 265, 714.		•				_71 KNO
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 265,714.	_					
5 Decreases not included in line 2 (itemize) ► 5 0. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 265, 714.						
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 265, 714.					<u> </u>	
	-			duma (h) lina 20		
	<u>6</u>	rota	net assets or tuno balances at end of year (line 4 minus line 5) - Part II, co	numii (0), iine 30	<u>[b </u>]	

Form 99%-PF (2018) C / C Part IV Capital Gains	ROYM	IAL, INC.	atmont	Incomo				0:	2-0498	3236_	Page 3
) of property sold (for exam			(b)	How acquir - Purchase	red	c) Date a	cquired	(d) Dat	te sold
		or common stock, 200 shs.		<u> </u>	<u> </u>	- Purchase - Donation		(mo., da	ıy, yr.)		ay, yr.)
<u>1a</u>						_					
b NC	<u>NE</u>				↓_		$-\!\!\!\!+$				
<u>C</u>					├	_		_			
<u>d</u>					├						
<u>e</u>	(4)	Depreciation allowed	/a) Co.	st or other basis			i	(b) Ga	ın or (loss)		
(e) Gross sales price		(or allowable)		expense of sale					(f) minus (
_ab	 				\dashv						
G	 					-					
d											
e											
Complete only for assets show	ng gain in d	column (h) and owned by the	he foundation	on 12/31/69.			(I)	Gains (Co	ol. (h) gain i	minus	
(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col (j), if any		_	col. (k), but n Losses (ot less than from col. (h	-0-) or	
_a											
<u> </u>											
_d	ļ										
_ e	<u> </u>				-						
2 Capital gain net income or (net c	anıtal Ince)	If gain, also enter If (loss), enter -0-	in Part I, line	7	1	2					
, ,		•			ノ <u>†</u>						
3 Net short-term capital gain or (lo if gain, also enter in Part I, line 8			1 (6):		٦١						
If (loss), enter -0- in Part I, line 8	}				引	3					
Part V Qualification U	Inder Se	ection 4940(e) for l	Reduced	Tax on Net	nve	stment	Incor	ne			
(For optional use by domestic privat	e foundatio	ns subject to the section 49	940(a) tax on	net investment inc	come)					
If section 4940(d)(2) applies, leave t	hic part bla	nk									
ii Section 4340(0)(2) applies, leave t	ilis part bia	IIN.									
Was the foundation liable for the sec				•	od?					Yes	X No
If "Yes," the foundation doesn't quali					triac						
1 Enter the appropriate amount in (a)	each colon		structions bei	ore making any er				Т		(d)	
Base period years Calendar year (or tax year beginn	ומוים)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) nchar		assets	Ι,	Distribi col. (b) divi	(d) ution ratio	(c))
2017	"'y "').		1,467.			412,	686.	+	coi. (b) divi		48583
2016			383.			382,		 			33794
2015			3,411.			206,		1			61859
2014	-		4,852.			104,		<u> </u>			21676
2013			3,834.			122,					96500
		 -		-							
2 Total of line 1, column (d)								2	<u></u> _	4.16	<u> 52412</u>
3 Average distribution ratio for the	5-year bas	e period - divide the total o	n line 2 by 5.0), or by the numbe	er of y	ears		1			
the foundation has been in existe	nce if less t	than 5 years						3		.83	<u>32482</u>
										0.00	
4 Enter the net value of noncharital	ole-use ass	ets for 2018 from Part X, Ii	ne 5					4		272	<u>,933.</u>
										227	212
5 Multiply line 4 by line 3								5		221	<u>, 212.</u>
C	/40/ -45	Sort I line 07h)									40.
6 Enter 1% of net investment incor	10 (1% 01 F	rait i, iiile 270)						6			
7 Add lines 5 and 6								7		227	,252.
ned into 5 and 0							-				
8 Enter qualifying distributions from	n Part XII	line 4						8		191	,383.
If line 8 is equal to or greater that			1h and comp	lete that nart using	n a 1º	6 tax rate		ــــــــــــــــــــــــــــــــــــــ			
See the Part VI instructions.				mat part dami							
823521 12-11-18		<u> </u>							Fo	rm 990-	PF (2018)

Exempt operating foundations described in section 4940(d)(2), check here	and enter "N/A" on line 1.	7 1			
		ns\			
Date of ruling or determination letter (attach copy of Domestic foundations that meet the section 4940(e) requirements in Part V, che		""	1 -	•	80.
	eck liere and enter 1%	ſŀ		·	
of Part I, line 27b	and a section 40/ of Dort I line 10 only	/b			
All other domestic foundations enter 2% of line 27b. Exempt foreign organization		(u). J			0.
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	ons only; others, enter -U-)	}	2		80.
Add lines 1 and 2		}	3		0.
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundat		-	4		80.
Tax based on investment income. Subtract line 4 from line 3. If zero or less, er	nter -O-	-	5		80.
Credits/Payments	1 - 1		ŀ		
2018 estimated tax payments and 2017 overpayment credited to 2018	<u>6a</u>	0.			
Exempt foreign organizations - tax withheld at source	6b	0.			
Tax paid with application for extension of time to file (Form 8868)	6c	0.			:
Backup withholding erroneously withheld	6d	0.			<u> </u>
Total credits and payments. Add lines 6a through 6d		Ļ	7		0.
Enter any penalty for underpayment of estimated tax. Check here if Form	2220 is attached	<u>ļ</u>	8		0.
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶ [9		80.
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount	overpaid	▶	10		
Enter the amount of line 10 to be Credited to 2019 estimated tax rt VII-A Statements Regarding Activities		Refunded >	11		
During the tax year, did the foundation attempt to influence any national, state, or	or local legislation or did it particip	ate or intervene i	 n	\top	Yes No
	or total registation of the it particip	ate of intervener	.•	1a	Х
any political campaign? Did it spend more than \$100 during the year (either directly or indirectly) for political campaign?	dition numbers? See the instruction	one for the definit	ion	1b	X
If the engineer in Nearly and a see the standard and decomposition of the constitution	and conice of any materials public	had ar			
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	and copies of any materials publis	hed or			
distributed by the foundation in connection with the activities.	and copies of any materials publis	hed or			
distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year?		hed or		1c	<u> </u>
distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed (1) On the foundation. \$	d during the year on managers. ► \$	0.		1c	X
distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) impose (1) On the foundation. \blacktriangleright \$ 0 \cdot (2) On foundation Enter the reimbursement (if any) paid by the foundation during the year for political managers. \blacktriangleright \$ 0 \cdot 0	d during the year on managers. ► \$ tical expenditure tax imposed on fo	0.		1c	
distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) impose: (1) On the foundation. \$ 0.	d during the year on managers. ► \$ tical expenditure tax imposed on fo	0.		1c	X
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Form	1990-PF (2018) C/O ROYMAL, INC. 02-0498	<u> 236</u>		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
$\overline{}$			Yes	No
11	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	11		Х
12	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	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► ROY M. MALOOL Telephone no. ► 603-86	3-2	410	
,,	Located at ▶ PO BOX 658, NEWPORT, NH ZIP+4 ▶03			58
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			一
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10		
Γ P a	foreign country ► ort VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
		T	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	163	140
1 a	During the year, did the foundation (either directly or indirectly). (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
		-		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(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)?	i I		
	(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.)			
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 N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			1
C	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
2	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))			
а	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? Yes X No			
	If "Yes," list the years - ,			l
b	Are there any years listed in 2a for which the foundation is not 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.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<u></u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
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			1
	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.) N/A	3b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
U	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
)_DE	(2018)

Form 990-PF (2018) C/O ROYMAL, INC.			02-04982	36	Pa	age 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired _{(contin}	ued)			
5a During the year, did the foundation pay or incur any amount to:				Y	'es	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?		es X No			1
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire					- 1
any voter registration drive?			es X No	.		
(3) Provide a grant to an individual for travel, study, or other similar purposes')		es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization		·				
4945(d)(4)(A)? See instructions	1 003011000 111 30011011		es X No			٠]
	or advectional purposes, or f		55 [21] 140		- 1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or r		es X No		- 1	
the prevention of cruelty to children or animals?			es 🕰 No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	NT / 3		-	
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	<u>5b</u>		- 6
Organizations relying on a current notice regarding disaster assistance, check h						- 1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		. —				
expenditure responsibility for the grant?	N	Γ/A	es L No			. •
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					.	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on					J
a personal benefit contract?		Ye	es 🗶 No 📙	_	_	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		<u>X</u>
If "Yes" to 6b, file Form 8870.			1			- 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗓 No 📙		\perp	!
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or					1
excess parachute payment(s) during the year?			s X No			1
Part VIII Information About Officers, Directors, Truste	es, Foundation Mar	nagers, Highly				
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and th	eir compensation.					
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e)	Expending Expending	ise
(a) Name and address	to position	(If not paid, enter -0-)	employee benefit plans and deterred compensation	all	owanc	es
SEE STATEMENT 7		0.	0.			0.
		· ·				
	·- ·- ·					
]				
2 Compensation of five highest-paid employees (other than those incl	uded on line 1). If none, a	enter "NONE."				
	(b) Title, and average		(d) Contributions to		Expen	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	ačcó	ount, of owance	ther
NONE	nevoted to beginnin		compensation	all	UWAIIC	<u> </u>
NONE						
· · · · · · · · · · · · · · · · · · ·						
···						
]				
				-		
]				
	-					
		<u> </u>				
Total number of other employees pard over \$50,000			▶ 1			n

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "I	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		-
	-	
		-
	1	
T-A-I number of others recovering over PEO 000 for professional consists	<u> </u>	▶ 0
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 statistics	al information such as the	·
number of organizations and other beneficiaries served, conferences convened, research papers product	ed, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
	·	
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2018)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	<u> </u>
b	Average of monthly cash balances	1b	277,089.
С	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	277,089.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	277,089.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,156.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	272,933.
6	Minimum investment return. Enter 5% of line 5	6	13,647.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here and do not complete this part.)	d certain	-
1	Minimum investment return from Part X, line 6	1	13,647.
2 a	Tax on investment income for 2018 from Part VI, line 5		
	Income tax for 2018 (This does not include the tax from Part VI.)		
b	Add lines 2a and 2b	2c	80.
С 3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,567.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	13,567.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	13,567.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	- -	101 202
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a _	191,383.
b	Program-related investments - total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	191,383.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	191,383.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	ualifies fo	ir the section

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Part XIII Undistributed Income (see instructions)

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	(a) Corpus	(b) Years prior to 2017	(¢) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,	00.000	1 0 di 0 pi 0 i 0 di 0		
line 7				13,567.
2 Undistributed income, if any, as of the end of 2018				-
a Enter amount for 2017 only		N.	0.	
b Total for prior years				
,		0.		
3 Excess distributions carryover, if any, to 2018				
a From 2013 262,714.				
b From 2014 39,595.				!
c From 2015 23,090.				
d From 2016 70,267.				
e From 2017 370,905.				
f Total of lines 3a through e	766,571.			
4 Qualifying distributions for 2018 from				
Part XII, line 4 ► \$ 191,383.				-
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior		•		'
years (Election required - see instructions)	<u></u>	0.		
c Treated as distributions out of corpus	0.		1	
(Election required - see instructions)	<u> </u>			13,567.
d Applied to 2018 distributable amount	177,816.		<u>-</u>	13,307.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	944,387.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable		_		i
amount - see instructions		0.		
e Undistributed income for 2017 Subtract line			•	
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2019				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions) 8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	262,714.			
9 Excess distributions carryover to 2019				·
Subtract lines 7 and 8 from line 6a	681,673.			
10 Analysis of line 9				
a Excess from 2014 39,595.				
b Excess from 2015 23,090.				
c Excess from 2016 70, 267.				
d Excess from 2017 370,905.				
e Excess from 2018 177,816.			.,	
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Part XIV Private Operating Fo			I-A, question 9)	N/A	
7 a If the foundation has received a ruling or o					
foundation, and the ruling is effective for 2	•	•	▶ ∟		
b Check box to indicate whether the foundar		ng foundation described		4942(j)(3) or 4	1942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1,0015	
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					İ
each year listed			 		
b 85% of line 2a			 	 _/ -	
c Qualifying distributions from Part XII,					
line 4 for each year listed			ļ	4	
d Amounts included in line 2c not					
used directly for active conduct of				1	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					<u> </u>
alternative test relied upon:					
a "Assets" alternative test - enter			Ì	1	
(1) Value of all assets			-		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
hsted			<u> </u>		
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on	,				İ
securities loans (section				1	
512(a)(5)), or royalties)			 		
(2) Support from general public			-		
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					<u> </u>
(3) Largest amount of support from					
an exempt organization			-		
Part XV Supplementary Inform	nation (Comple	te this part only	if the foundation	l had \$5,000 or mo	re in assets
at any time during the			ii tiic iouiluution	παα φο,σσο σι πιο	ic iii assets
1 Information Regarding Foundation	_				
a List any managers of the foundation who l	•	than 2% of the total cont	ributions received by the	foundation before the clo-	se of any tax
year (but only if they have contributed mo					oo or any tax
ROY M. MALOOL					
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation	(or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation has a			(*, 5.)		
NONE					
2 Information Regarding Contribution	ı, Grant, Gıft, Loan,	Scholarship, etc., Pi	ograms:		
Check here 🕨 🗶 if the foundation onl	y makes contributions	to preselected charitable	organizations and does i		ests for funds If
the foundation makes gifts, grants, etc , to	individuals or organiza	ations under other condi	ions, complete items 2a,	b, c, and d	
a The name, address, and telephone number	r or email address of th	ne person to whom appli	cations should be addres	sed:	
b The form in which applications should be	submitted and informa	tion and materials they s	hould include		
c Any submission deadlines		-			
				-11	
d Any restrictions or limitations on awards,	such as by geographica	ai areas, charitable fields	KINDS OF INSTITUTIONS, OF	otner factors	

C/O ROYMAL, INC.

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3 Grants and Contributions Paid During th		Payment	+	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
IEW LONDON HOSPITAL	NONE	ЕХЕМРТ	TO SUPPORT THE ANNUAL	
273 COUNTY ROAD		ORGANIZATION	BENEFIT FUND	
NEW LONDON, NH 03257				116,66
NEWPORT HISTORICAL SOCIETY	NONE	EXEMPT	TO SUPPORT THE	
PO BOX 413		ORGANIZATION	BUILDING FUND	
NEWPORT, NH 03773				4,00
			:	
NEWPORT LIBRARY ARTS CENTER	NONE	EXEMPT	TO PROVIDE GENERAL	
РО ВОХ 127		ORGANIZATION	SUPPORT	
NEWPORT, NH 03773				62
NEWPORT POLICE DEPARTMENT	NONE	EXEMPT	TO SUPPORT COMMUNITY	
59 MAIN STREET		ORGANIZATION	SERVICES	
NEWPORT, NH 03773				2,10
NEWPORT OPERA HOUSE	NONE	EXEMPT	TO PROVIDE GENERAL	
20 MAIN STREET		ORGANIZATION	SUPPORT	
NEWPORT, NH 03773				1,77
Total SEE (CONTINUATION SHEE	T(S)	▶ 3a	182,66
b Approved for future payment				
NONE				
Total			▶ 3b	m 990-PF (20

C/O ROYMAL, INC.

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3 Grants and Contributions Paid During the	ear (Continuation)			
• Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTINUESON	
NEWPORT SENIOR CENTER	NONE	EXEMPT	TO SUPPORT BUILDING	
76 S MAIN STREET		ORGANIZATION	FUND	
NEWPORT, NH 03773				10,00
TOWN OF NEWPORT ECONOMIC DEVELOPMENT	NONE	EXEMPT	FOR HISTORICAL	
15 SUNAPEE STREET	NONE	DRGANIZATION	BUILDING REPAIR	
NEWPORT, NH 03773				21,45
				•
FOWN OF NEWPORT ECONOMIC DEVELOPMENT	NONE	EXEMPT	TO FUND ECONOMIC	
15 SUNAPEE STREET		ORGANIZATION	COORDINATOR FOR TOWN	
NEWPORT, NH 03773			DEVELOPMENT	15,00
VALLEY REGIONAL HOSPITAL	NONE	EXEMPT	TO SUPPORT THE ANNUAL	
20 MAIN STREET		ORGANIZATION	BENEFIT FUND	44 05
NEWPORT, NH 03773		-		11,05
				· · · · · · · · · · · · · · · · · · ·
Total from continuation sheets		<u></u>		57,50
rotal nom commutation sheets				

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nter gross amounts unless otherwise indicated.	Unrelated bu	isiness income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					-
b					
С	₹ I				
d	1 1				
е	i I				
1		<u>.</u>			
g Fees and contracts from government agencies				<u> </u>	
Membership dues and assessments					
Interest on savings and temporary cash			ا ا		
investments			14	5,003.	
Dividends and interest from securities			\vdash		
Net rental income or (loss) from real estate			\sqcup		
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property	<u> </u>		\vdash		
Other investment income			\vdash		
Gain or (loss) from sales of assets other					
than inventory					
Net income or (loss) from special events	453000	-4,776.			
Gross profit or (loss) from sales of inventory Other revenue	233000	4,7700	┼─┤		
a					
c					
·					
d					
de		·			
е		-4,776.		5,003.	
e Subtotal Add columns (b), (d), and (e)		-4,776.			22'
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		-4,776.			
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation	s)			13	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation	s)			13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22'
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ene No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ene No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify calculations. Tart XVI-B Relationship of Activities The No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify calculations. Tart XVI-B Relationship of Activities The No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ene No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ene No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	s) es to the Accomp	lishment of Exe	empt	13 _ Purposes	22

ROY M. MALOOL FAMILY FOUNDATION C/O ROYMAL, INC.

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Part XVII		egarding Transfers to a	nd Transactions ar	nd Relationshi	ps With Noncharit	able	
	Exempt Organ				504/->	1 5	Yes No
	•	rectly engage in any of the following		on described in seco	טוו סט ו(כ)	1 F	103 110
•		aizations) or in section 527, relating ation to a noncharitable exempt org				1	
(1) Cash		ation to a noncliantable exempt of	gamzanon or.			1a(1)	<u>x</u>
(2) Other						1a(2)	<u> </u>
b Other tran						14(2)	
	s of assets to a noncharital	hie everant organization				1b(1)	<u>x</u>
		ncharitable exempt organization				1b(2)	X
	al of facilities, equipment,					1b(3)	X
` '	bursement arrangements					1b(4)	Х
	s or loan guarantees					1b(5)	X
	-	mbership or fundraising solicitation	ons			1b(6)	X
		uling lists, other assets, or paid em				1c	Х
d If the ans	wer to any of the above is	"Yes," complete the following sche	edule. Column (b) should alv	ways show the fair n	narket value of the goods, of	ther asset	is,
		oundation. If the foundation receive					
column (d	d) the value of the goods,	other assets, or services received.					
a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description	of transfers, transactions, and sh	aring arran	gements
		N/A					
	<u> </u>						
							
							
							
				-			
	•				· · · · · · · · · · · · · · · · · · ·		
				·			
							
2a Is the fou	ndation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organi	zations described			
	-	n 501(c)(3)) or in section 527?	, or more tax exempt or game			Yes	X No
	omplete the following sch						
<u>U 11 100, 01</u>	(a) Name of org		(b) Type of organization		c) Description of relationsh	ıp	
	N/A	· ·					
					-		
		that I have examined this return, including aplete. Declaration of preparer (other than			knowledge May	the IRS dis	
Sign 🔪	bo. h. L.	prote Decisiation of proparat (office than	11/7/16		show	n with the p	
Here	1504/n. max	001	161119	TRUSTE	E X	Yes	No
Sigr	nature of officer or trustee		Date	Title			
	Print/Type preparer's na	ame Preparer's s	ignature	Date	Check if PTIN		
المنط			(0)	11,05,11	self- employed	25.55	
Paid Proporor	PHILIP A.			11/07/19		3569	
Preparer	Firm's name ► GAL	LAGHER, FLYNN &	COMPANY, LLI	٢	Firm's EIN ► 03-02	25//	4
Use Only	F	COMMUNITARY DE TO	D GUTTED ACA				
		COMMUNITY DRIV				2 12	2.1
	<u>so</u>	UTH BURLINGTON,	VT U54U3		Phone no 802-86		
					Fo:	LW 220-	-PF (2018)

Schedule B

(Form 990, 990-EZ, Qr 990-PF) Department of the Treasury Internal Revenue Service Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Employer identification number Name of the organization ROY M. MALOOL FAMILY FOUNDATION C/O ROYMAL, INC. 02-0498236 Organization type (check one) Section: Filers of: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Name of organization

ROY M. MALOOL FAMILY FOUNDATION

C/O ROYMAL, INC.

02-0498236

Employer identification number

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	ROY M. MALOOL C/O ROYMAL, INC., PO BOX 658 NEWPORT, NH 03773	\$ <u>117,547.</u>	Person X Payroli			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Occash If or noncash contributions (
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			

Name of organization

ROY M. MALOOL FAMILY FOUNDATION

C/O ROYMAL, INC.

Employer identification number

02-0498236

PartIII N	oncash Property (see instructions) Use duplicate copies of P	art ii ii auditioriai space is needed	r - ···
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		 _{\$}	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Employer identification number Name of organization ROY M. MALOOL FAMILY FOUNDATION 02-0498236 C/O ROYMAL, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVI	NGS AND TEMPORARY	CASH INVESTMENTS	STATEMENT 1	
SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
BAR HARBOR BANK	5,003.	5,003.	5,003.	
TOTAL TO PART I, LINE 3	5,003.	5,003.	5,003.	

FORM 990-PF	INCOME AND COST OF GOODS SO INCLUDED ON PART I, LINE 1		PATEMENT 2
NCOME			
2. RETURNS AND ALLOWA		7,995	
3. LINE 1 LESS LINE 2		_	7,995
	(LINE 15) 3 LESS LINE 4)	12,771	-4,776
6. OTHER INCOME			
7. GROSS INCOME (ADD	LINES 5 AND 6)	-	-4,776
9. MERCHANDISE PURCHA 0. COST OF LABOR 1. MATERIALS AND SUPP	LIES	4,910 6,707	
2. OTHER COSTS		1,154 —	12,771
 INVENTORY AT END O COST OF GOODS SOLD 	F YEAR		` 12,771

FQRM 990-PF COST	OF GOODS SO	LD - OTHER COS	STS	STATEMENT 3
DESCRIPTION				AMOUNT
ADVERTISING				1,154.
TOTAL OTHER COSTS			_	1,154.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
ACCOUNTING FEES	2,000.	1,000.	0	1,000.
TO FORM 990-PF, PG 1, LN 16B	2,000.	1,000.	0	1,000.
FORM 990-PF	TAX	ES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SALES TAX	557.	0.	0	. 557.
TO FORM 990-PF, PG 1, LN 18	557.	0.	0	. 557.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FARMSTAND FEES & LICENSES	298.		0 .	
FARMSTAND UTILITIES	2,600.		0.	_,
FARMSTAND INSURANCE	1,385.		0 .	
FARMSTAND REPAIRS	1,748.		0.	•
FARMSTAND OTHER EXPENSES	689.		0.	
MISC.			0.	
TO FORM 990-PF, PG 1, LN 23	6,831.	0.	0 .	6,831. ====================================

	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT		
ROY M. MALOOL C/O ROYMAL, INC., 475 SUNAPEE ST. P.O. BOX 658 NEWPORT, NH 03773	TRUSTEE 1.00	0.	0.	0.		
LAURA STOCKER PO BOX 2 SUNAPEE, NH 03782	TRUSTEE 1.00	0.	0.	0.		
LARRY HUOT PO BOX 267 NEWPORT, NH 03773	TRUSTEE 1.00	0.	0.	0.		
SUSANNAH M. MALOOL 6901 SE OAKS PARKWAY, SLIP 8 PORTLAND, OR 97202	TRUSTEE 1.00	0.	0.	0.		
GEORGE DORR PO BOX 88 GUILD, NH 03754	TRUSTEE 1.00	0.	0.	0.		
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.		