Form **990-PF**



EXTENDED TO JULY 15, 2020 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 for instructions and the latest information.

Dep		social security numbers on			2010
	rnal Revenue Service Service So to www in calendar year 2018 or tax year beginning SEP	rs.gov/Form990PF for insti 1, 2018	, and ending	AUG 31, 2019	Open to Public Inspection
	ame of foundation	1, 2010	,	A Employer identification	
	FINGERS FOUNDATION			83-1639637	
	mber and street (or PO box number if mail is not delivered to street	address)	Room/suite	B Telephone number	. 6.1
_	L NEW HAMPSHIRE AVE, #125 ty or town, state or province, country, and ZIP or foreign pr	ostal anda		603-766-19	- 137 I
	PORTSMOUTH, NH 03801	ostal code		C If exemption application is p	ending, check here
G	Check all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return		2 Foreign organizations me	natura the 85% test
	Address change	Name change		2 Foreign organizations me check here and attach co	imputation
H	Check type of organization: X Section 501(c)(3) ex		\mathcal{A}	E If private foundation sta	_ 1 2
<u> </u>	Section 4947(a)(1) nonexempt charitable trust air market value of all assets at end of year J Accounting	Other taxable private founda		under section 507(b)(1)	` ''
	·	her (specify)	Accrual	F If the foundation is in a	
•	\$ 24,607,503. (Part I, colum		s.)	under section 507(b)(1)	(b), check here
	art I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
_	necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1 Contributions, gifts, grants, etc., received 2 Check I If the foundation is not required to attach Sch. R	25,000,000.		N/A	
r_	a Interest on savings and temporary	13,244.	13,244.		STATEMENT 1
X	cash investments Dividends and interest from securities	391,268.	391,268.		STATEMENT 2
71	5a Gross rents	032/2001			,
J	b Net rental income or (loss)				1
ø	6a Net gain or (loss) from sale of assets not on line 10	215,110.			
nue	b Gross sales price for all 3,813,915.		•	DI	CEIVED
Revenue	7 Capital gain net income (from Part IV, line 2)		215,110.		OLIVED !
3 -	8 Net Short-term capital gain			(m)	
>	9 Income modifications Gross sales less returns			S MA	K 1 3 2020 Q
	10a Gross sales less returns and allowances			-	
n	b Less Cost of goods sold c Gross profit or (loss)			OG	DEN. UT
7	11 Other income		· · · · · · · · · · · · · · · · · · ·		
	12 Total. Add lines 1 through 11	25,619,622.	619,622.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages	. =0			
ý	15 Pension plans, employee benefits				
nses	16a Legal fees				
x	b Accounting fees c Other professional fees STMT 3	37,747.	37,747.		0.
ē E	17 Interest	37,747.	31,141.		
aţ.	18 Taxes STMT 4	13,142.	642.		0.
ııstı	19 Depreciation and depletion				1
喜	20 Occupancy				
Ä	21 Travel, conferences, and meetings				
anc	22 Printing and publications				
Operating and Administrative Expens	23 Other expenses STMT 5	66.	0.		66.
erat	24 Total operating and administrative expenses Add lines 13 through 23	50,955.	38,389.		66.
o	25 Contributions, gifts, grants paid	1,297,970.			1,297,970.
	26 Total expenses and disbursements	2,25,,570.		<u> </u>	1,251,5101
	Add lines 24 and 25	1,348,925.	38,389.		1,298,036.
	27 Subtract line 26 from line 12				<u> </u>
	Excess of revenue over expenses and disbursements	24,270,697.			
	b Net investment income (if negative, enter -0-)		581,233.		
	c Adjusted net income (if negative, enter -0-)			N/A	

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions

Ξ	_	Attached schedules and amounts in the description	Beginning of year	End o	fyear
LF	art	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	(4) - 5511 1815	7,463,265.	<u> </u>
	2	Savings and temporary cash investments		7,103,203.	7,100,2001
	3	Accounts receivable			<u> </u>
	."				
	١,	Less: allowance for doubtful accounts			
	4	Pledges receivable			- ,
	-	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	l _	disqualified persons			
	7	Other notes and loans receivable	-		
		Less, allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges		-	
`	l .	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 6	0.	3,024,229.	3,244,578.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			<u></u>
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 7	0.	13,783,203.	13,899,660.
	14	Land, buildings, and equipment; basis ▶	· ·	ver on or a section of	
		Less accumulated depreciation			
	15	Other assets (describe)	<u>-</u> .		
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	0.	24,270,697.	24,607,503.
	17	Accounts payable and accrued expenses]
	18	Grants payable			<u>'</u>
es	19	Deferred revenue			·
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here	1		
s		and complete lines 24 through 26, and lines 30 and 31			
ances		Unrestricted			
		Temporarily restricted			
ä	26	Permanently restricted			
Fund Ba		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.		0	
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
SSe	l •	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
Net Assets or		Retained earnings, accumulated income, endowment, or other funds	0.	24,270,697.	
ž	307	Hotal net assets or fund balances	0.	24,270,697.	
	113	otal liabilities and net assets/fund balances	,	24 270 607	
_	31/	oral liabilities and net assets/fund balances	0.	24,270,697.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
-	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	<u> </u>	· 1	
		t agree with end-of-year figure reported on prior year's return)	,,	1	n
	•	amount from Part I, line 27a		2	24,270,697.
		increases not included in line 2 (itemize)		3	0
		ines 1, 2, and 3	<u> </u>	4	24,270,697.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	24,270,697.
_	,	=			Form 990-PF (2018)

Part IV Capital Gains	and Lo	sses for Tax on In	vestmen	t 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)				` P	How ac - Purc - Dona	quired hase ation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo., day, yr)	
1a			-						
b SEE ATTACHED	STA'	TEMENT			ļ				
C									
					-				
е					Ц,	1			
(e) Gross sales price	(t)	Depreciation allowed (or allowable)		expense of sale				(h) Gain or (loss ((e) plus (f) minus	
<u>a</u>							<u> </u>		
<u>b</u>									
d d									
e 3,813,915.				3,598,80	5.				215,110.
Complete only for assets showing	ig gain in	column (h) and owned by t	he foundation					I) Gains (Col. (h) gain	
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) E	xcess of col. (1) r col. (j), if any			cò	l. (k), but not less tha Losses (from col. (n -0-) or
a	-		_			-			
b									
С									
d									
е						-			215,110.
2 Capital gain net income or (net ca	oital loss	If gain, also enter If (loss), enter -0-	in Part I, line	7	}	2			215,110.
3 Net short-term capital gain or (los		•		. ,	7			-	•
If gain, also enter in Part I, line 8,			u (0 <i>)</i> .		}	,		N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder S	ection 4940(e) for	Reduced	d Tax on Net	Inv	estm	ent Ind		
(For optional use by domestic private		<u>` : </u>		·					N/A
(1 of optional use by domestic private	Touridati	ons subject to the section 4	340(a) tax 01	ii iict iiivestiiiciit iii	COIN	,,			11/ 11
If section 4940(d)(2) applies, leave the	ns part bl	ank							
Was the foundation liable for the sect If "Yes," the foundation doesn't qualif				-	od?				Yes No
1 Enter the appropriate amount in e					ntries			 	
(a) Base period years Calendar year (or tax year beginnii	ום וח)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) nchai		use assets	Distrit (col. (b) div	(d) oution ratio olded by col. (c))
2017	,						-	<u> </u>	
2016					_				
2015							_		
2014									
2013									
2 Total of line 1, column (d)								2	
3 Average distribution ratio for the 5	5-year bas	se period - divide the total o	n line 2 by 5.	.0, or by the numbe	er of y	years			-
the foundation has been in exister	•	•	·		•			3	
4 Enter the net value of noncharitab	le-use ass	sets for 2018 from Part X, I	ne 5					4	
5 Multiply line 4 by line 3								5	
6 Enter 1% of net investment incom	ıe (1% of	Part I, line 27b)						6	
7 Add lines 5 and 6								7	
8 Enter qualifying distributions from	ı Part XII.	line 4						8	
If line 8 is equal to or greater than See the Part VI instructions			1b, and comp	plete that part using	g a 1º	% tax r	ate.	L - L	
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Part VI Excise Tax Based on Investment Inc	come (Section 4940(a), 4940(b), 4940(e), or 4			ns)
1a Exempt operating foundations described in section 4940(d)(2),	check here and enter "N/A" on line 1			
	(attach copy of letter if necessary-see instructions)			•
b Domestic foundations that meet the section 4940(e) requiremen	ts in Part V, check here and enter 1%	1 1	11,6	25.
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt for	eign organizations, enter 4% of Part I, line 12, col. (b).			1
2 Tax under section 511 (domestic section 4947(a)(1) trusts and	axable foundations only; others, enter -0-)	2 _		0.
3 Add lines 1 and 2	·	3	11,6	25.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and	taxable foundations only, others, enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If	zero or less, enter -0-	5	11,6	25.
6 Credits/Payments;				
a 2018 estimated tax payments and 2017 overpayment credited to	6a 12,500.			•
b Exempt foreign organizations - tax withheld at source	6b 0.			•
c Tax paid with application for extension of time to file (Form 8868				ļ
d Backup withholding erroneously withheld	6d O.			نے ۔
7 Total credits and payments Add lines 6a through 6d		7	19,5	
8 Enter any penalty for underpayment of estimated tax. Check her	e I if Form 2220 is attached	8		99.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter an	nount owed 🕨	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, en	ter the amount overpaid	10	7,7	776.
11 Enter the amount of line 10 to be: Credited to 2019 estimated to	x ► 7,776. Refunded ►	11		0.
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any r	national, state, or local legislation or did it participate or intervene	ın	Yes	No
any political campaign?			1a	X
b Did it spend more than \$100 during the year (either directly or in	directly) for political purposes? See the instructions for the defini	tion	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of	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?			10	X
d Enter the amount (if any) of tax on political expenditures (section	ı 4955) imposed during the year.			<u> </u>
(1) On the foundation ► \$ 0. (2	2) On foundation managers. ► \$ 0.			
e Enter the reimbursement (if any) paid by the foundation during the	ne year for political expenditure tax imposed on foundation			li
managers ► \$ 0.			·	
2 Has the foundation engaged in any activities that have not previo	usly been reported to the IRS?		2	X
If "Yes," attach a detailed description of the activities.				,
3 Has the foundation made any changes, not previously reported to	o the IRS, in its governing instrument, articles of incorporation, or	ŕ		
bylaws, or other similar instruments? If "Yes," attach a conforme	d copy of the changes		3	X
4a Did the foundation have unrelated business gross income of \$1,	000 or more during the year?		4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial c	ontraction during the year?		5	X
If "Yes," attach the statement required by General Instruction 7	,			
6 Are the requirements of section 508(e) (relating to sections 494	through 4945) satisfied either			
 By language in the governing instrument, or 				
 By state legislation that effectively amends the governing instri 	ument so that no mandatory directions that conflict with the state	law	_	
remain in the governing instrument?			6 X	
7 Did the foundation have at least \$5,000 in assets at any time duri	ng the year? If "Yes," complete Part II, col (c), and Part XV		7 X	
8a Enter the states to which the foundation reports or with which it	s registered. See instructions.			
NH				
b If the answer is "Yes" to line 7, has the foundation furnished a co	by of Form 990-PF to the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," atta	ich explanation		8b X	/
9 Is the foundation claiming status as a private operating foundation	in within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ıdar		<i> </i>
year 2018 or the tax year beginning in 2018? See the instruction			9	<u> </u>
10 Did any persons become substantial contributors during the tax	year? If "Yes," attach a schedule listing their names and addresses S	7MT 8	10 X	
		For	rm 990-PF	(2018)

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Part VII-A Stat	ements Regarding Activities (continued)			
		_	Υe	s No
	the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		.	,,
	? If "Yes," attach schedule. See instructions	├ ─	1	<u> </u>
	make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory pri	_	_	,,
•	ement. See instructions		2	<u> </u>
	comply with the public inspection requirements for its annual returns and exemption application?	Ľ	3 X	<u> </u>
Website address		(0) 7((100	1
	are of ► EMERALD GROUP, LLC Telephone no. ►			<u> </u>
		ZIP+4 ▶ <u>038</u>) T	
, ,,	nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	45 1	BT / 7	▶∟
	unt of tax-exempt interest received or accrued during the year	15	N/A	
	calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Υe	s No
•	financial account in a foreign country?	<u> </u>	16	_ <u>_^</u>
	s for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
foreign country				
	ements Regarding Activities for Which Form 4720 May Be Required		127-	- 1 11-
	if any item is checked in the "Yes" column, unless an exception applies.	_	Υe	s No
= -	d the foundation (either directly or indirectly);	X No		
		IAJ NO		
• • •	r from, lend money to, or otherwise extend credit to (or accept it from)	X No		
a disqualified (
		X No		
		X No		
• •	ncome or assets to a disqualified person (or make any of either available	(TET		
		X No		
	noney or property to a government official? (Exception. Check "No"			
	on agreed to make a grant to or to employ the official for a period after	(TZ)		
		X No ,		
	es" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		_ -	
	-3 or in a current notice regarding disaster assistance? See instructions	N/A	b	_
•	ng on a current notice regarding disaster assistance, check here	▶□□		
	engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		_	
•	of the tax year beginning in 2018?	L ¹	C	X
	distribute income (section 4942) (does not apply for years the foundation was a private operating foundation [942(j)(3) or 4942(j)(5))			
	17.7			
	ar 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	X No		
before 2018?		ZZ NO		
If "Yes," list the yea	listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
• •		,		
	to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	N/A 2		
statement - see ins	,	N/A	b	_
	section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
<u> </u>	hold more than a 2% direct or indirect interest in any business enterprise at any time			
		X No		
during the year?		A NO		
· ·	excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after		- 1	
	he lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis	oose	- 1	
= :	d by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	N7 / 2	.	
	rmine if the foundation had excess business holdings in 2018)	<u> </u>	b	+
	invest during the year any amount in a manner that would jeopardize its charitable purposes?		a	X
	make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose t			3.7
had not been remo	ved from jeopardy before the first day of the tax year beginning in 2018?		b	X F (2018

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Total. Add lines 1 through 3

All other program-related investments. See instructions.

F	art X Minimum Investment Return (All domestic foundations in	must :	complete this	part Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitab	le. etc	. purposes:		i T	
а		•	,, ,		1a	12,114,996.
b	Average of monthly cash balances				1b	10,664,873.
C	Fair market value of all other assets				1c	
d	Total (add lines 1a, b, and c)				1d	22,779,869.
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	22,779,869.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount	t, see i	nstructions)		4	341,698.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and o	n Part	V, line 4		5	22,438,171.
6	Minimum investment return. Enter 5% of line 5				6	1,121,909.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations, check here ▶ ☐ and do not complete this part		5) private opera	ating foundations an	d certain	
1	Minimum investment return from Part X, line 6				1	1,121,909.
2a		2a	1	11,625.		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2018. (This does not include the tax from Part VI)	2b				
C	Add lines 2a and 2b				2c	11,625.
3	Distributable amount before adjustments. Subtract line 2c from line 1				3	11,625. 1,110,284.
4	Recoveries of amounts treated as qualifying distributions				4	0.
5	Add lines 3 and 4				5	1,110,284.
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	t XIII, I	ine 1		7	1,110,284.
P	art XII Qualifying Distributions (see instructions)					
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pur	poses				1 200 026
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26				1a	1,298,036.
	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 charital	ble, et	c, purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the					
	Suitability test (prior IRS approval required)				3a	
	Cash distribution test (attach the required schedule)				3b	1 200 026
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, a				4	1,298,036.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inve	estmer	Ţ		_	^
•	income Enter 1% of Part I, line 27b				5	0. 1,298,036.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		-1		6	<u> </u>
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years v 4940(e) reduction of tax in those years	vnen c	aiculating whet	ner the foundation q	jualities for	the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,	COIPUS	Tours prior to 20 ii		
line 7				1,110,284.
2 Undistributed income, if any, as of the end of 2018				1,110,2011
a Enter amount for 2017 only			0.	
b Total for prior years		· - ·		
g rotal for prior yours		0.		
3 Excess distributions carryover, if any, to 2018				
a From 2013				
b From 2014				
c From 2015				
				
d From 2016				
e From 2017	0			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from				
Part XII, line 4 ► \$ 1,298,036.			0	
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				1,110,284.
e Remaining amount distributed out of corpus	187,752.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	187,752.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b	İ	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		•		
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	0.			
not applied on line 5 or line 7	0.1			
9 Excess distributions carryover to 2019	107 750			
Subtract lines 7 and 8 from line 6a	187,752.			-
0 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018 187,752.				

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	GERS FOUNDA				639637 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective fo	or 2018, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operati	ng foundation described	I in section	4942(j)(3) or	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for	• ·				
each year listed	\				
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of		1			
exempt activities	}			1.	
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 alternative test relied upon:					
a "Assets" alternative test - enter:					
(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					
listed c "Support" alternative test - enter:				+	
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on				\	
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			-		
an exempt organization					`
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during t	he year-see instr	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			tributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2))			
NONE					
b List any managers of the foundation wh			(or an equally large port	ion of the ownership of a j	partnership or
other entity) of which the foundation has	s a 10% or greater interes	st.			
NONE					
2 Information Regarding Contributi					
Check here ► X if the foundation o					uests for funds If
the foundation makes gifts, grants, etc ,					
a The name, address, and telephone num	ber or email address of th	ie person to whom appli	cations should be addres	ssed	
b The form in which applications should b	e submitted and informat	tion and materials they s	hould include		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	il areas, charitable fields	, kınds of ınstitutions, or	other factors	
			<u>-</u>		

3 Grants and Contributions Paid During the		ayment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor			=,=
a raio during the year				
NASHUA CHILDRENS HOME	NONE		CHARITABLE	
125 AMHERST ST			1	
NASHUA, NH 03064				100,00
RAINN	NONE		CHARITABLE	
1220 L ST NW				
WASHINGTON, DC 20005				15,00
GIRLS INC.	NONE		CHARITABLE	
120 WALL STREET, 18TH FLOOR				
NEW YORK, NY 10005				50,00
MARGUERITE'S PLACE	NONE		CHARITABLE	
87 PALM ST				
NASHUA, NH 03060				10,00
JIMMY FUND	NONE		CHARITABLE	
10 BROOKLINE PLACE WEST, 6TH FLOOR				
BROOKLINE, MA 02445				50,00
	NTINUATION SHEET	r(S)	▶ 3a	1,297,97
b Approved for future payment				
NONE				
NONE				
		·		
Total	_1		▶ 3b	

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded	d by section 512, 513, or 514	(e)
Enter gross amounts offices office wise mulcated.		(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	(a) Business code	Amount	sion	Amount	function income
a	Code		1 -		
· ————————————————————————————————————	-		+ +		· ·
· 	- 		+		=
C	-		+		
d		 	+		
e			+		
· · · · · · · · · · · · · · · · · · ·	-		+		
g Fees and contracts from government agencies			+		
2 Membership dues and assessments	-		+		
3 Interest on savings and temporary cash			1 4	12 244	
investments			14	13,244. 391,268.	
4 Dividends and interest from securities			14	391,268.	
5 Net rental income or (loss) from real estate:			↓		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			↓ _↓		
8 Gain or (loss) from sales of assets other					
than inventory			18	215,110.	
9 Net income or (loss) from special events			\perp		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			↓ ↓		
b					
c					
d					
е					
12 Subtotal. Add columns (b), (d), and (e)		0.	·	619,622.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	619,622.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	nolishment of E	xempt l	Purposes	
· · · · · · · · · · · · · · · · · · ·		-			
Line No Explain below how each activity for which inc			A contributi	ed importantly to the accomp	lishment of
the foundation's exempt purposes (other than	n by providing fund	s for such purposes).			
				•	
			·		
					<u> </u>
					
					·
				 	· ·
			•		
	· · · · · ·		-		
823621 12-11-18					Form 990-PF (2018)

Х

rom	1 990-FF (2010) TEN FINGERS FOUNDATION 05-	1022021	F 6	iye is
Pź	Information Regarding Transfers to and Transactions and Relationships With Non Exempt Organizations	charitable	;	
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)		Yes	No
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of.			
	(1) Cash	1a(1)		X

	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	1	
a	Transfers from the reporting foundation to a noncharitable exempt organization of.		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	Х
b	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	Х

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a)Line no	(b) Amount involved			exempt organization	(d) Description	n of transfers, transaction	ons, and sharing arrangements
(a) Line no	(B)/Alliount involved	(0) Ivanic	N/A		(d) Description		ons, and sharing arangements
	·		N/A			_	
-							
							.
			.1.4.14				
ın sectio	undation directly or indirect in 501(c) (other than section	n 501(c)(3)) or in	•	of more tax-exempt orga	iizations described		Yes X No
b ii "Yes,"	complete the following sche (a) Name of org		;	(h) Tung of organization	Ī	(c) Description of re	dationship
	N/A	amzation		(b) Type of organization	 -	(c) Description or re	sationship
	N/A						
-/-							
-	\overline{I}						
Sign Here				g accompanying schedules are taxpayer) is based on all info		r has any knowledge	May the IHS discuss this return with the preparer shown below? See instr
	Print/Type p eparer's na	me	Preparer's si	gnature	Date	Check if	PTIN
			120	22	1	self- employed	
Paid	DAVID DESM			DESMARAIS	3/5/2020		P00435727
Preparer		N, LITWI	N, RENZ	A & CO., LT	D.	Firm's EIN ► 0	5-0409384
Use Only							
	Firm's address ▶ 99		•	SUITE 520			
	BO	STON, MA	02110			Phone no 61	7-236-8098

Fait IV Capital Gaills and Lo	isses for rax on investment income					
	d describe the kind(s) of property solorick warehouse, or common stock, 20			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo, day, yr.)
	29 - DETAIL AVAI		ST	P		08/31/19
	57 - DETAIL AVAI			P P		08/31/19
c ALEX BROWN #FO	78 - DETAIL AVAI	LABLE UPON REQUE		P	-	08/31/19
d ALEX BROWN #D7		LABLE UPON REQUE		P		08/31/19
e MARK-TO-MARKET		ENDED CICK REQUE		P		08/31/19
MARK-TO-MARKET				P		08/31/19
q MARK-TO-MARKET				P		08/31/19
h CAPITAL GAINS		····				00,02,25
1	21,1221,22	· - · · · · · · · · · · · · · · · · · ·				
1						
k				-		
m						
n				<u>.</u> .	<u> </u>	
0						
	(f) Depreciation allowed	(g) Cost or other basis		(h	Gain or (loss)	·
(e) Gross sales price	(or allowable)	plus expense of sale		(e) p	lus (f) minus (g)	
a 1,053,532.		1,095,125.				-41,593.
b 609,717.		639,830.				-30,113.
c 1,293,602.		1,294,519.	 			-917.
d 569,016.		569,331.		·		-315.
e 100,028.		302,3321				100,028.
9,982.		· · · · ·				9,982.
g 80,539.						80,539.
h 97,499.			 			97,499.
1 377 4330						<u> </u>
<u>'</u>						
k				·		
T T						
m						
n						
0				· · ·		
	ig gain in column (h) and owned by t	he foundation on 12/31/69		(I) Los	ses (from col (h))	
	(j) Adjusted basis	(k) Excess of col (i)		Gains (excess o	of col. (h) gain over	r col (k),
(ı) F.M V. as of 12/31/69	as of 12/31/69	over col (j), if any		but n	ot less than "-0-")	
a			_			-41,593.
b						-30,113.
С						-917.
d						-315.
е						100,028.
f						9,982.
g						80,539.
h						97,499.
ı						
J						
k						
1_						
m						
n						
0						
	. If goin also seter	in Part Llina 7				
2 Capital gain net income or (net cap	pital loss) { If gain, also enter If (loss), enter "-0-	"in Part I, line 7	2			215,110.
3 Net short-term capital gain or (los		, I				
If gain, also enter in Part I, line 8, i	column (c)	` '				
If (loss), enter "-0-" in Part I, line 8	<u> </u>	J	3		N/A	

TEN FINGERS FOUNDATION

Supplementary Information 3. Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor SHRINERS NONE CHARITABLE BOSTON 51 BLOSSOM ST. BOSTON, MA 02114 25,000. ARTHRITIS FOUNDATION NONE CHARTTABLE 2348 POST RD # 104 WARWICK, RI 02886 20,000. CA FIRE FOUNDATION NONE CHARITABLE 1780 CREEKSIDE OAKS DR SACRAMENTO, CA 95833 50,000. CRADLES TO CRAYONS NONE CHARITABLE 155 N BEACON ST BRIGHTON, MA 02135 10,000. AMERICAN LUNG ASSOCIATION NONE CHARITABLE 55 W. WACKER DRIVE, SUITE 1150 CHICAGO, IL 60601 20,000. OPERATION SMILE NONE CHARITABLE 3641 FACULTY BLVD VIRGINIA BEACH, VA 23453 10,000. CAMP ALLEN NONE CHARITABLE 56 CAMP ALLEN RD BEDFORD, NH 03110 10,000. WILDWOOD SCHOOL NONE CHARITABLE 12201 WASHINGTON PLACE LOS ANGELES, CA 90066 10,000. SAFE PASSAGE NONE CHARITABLE 76 CARLON DR NORTHAMPTON, MA 01060 5,000. ST. JUDE'S NONE CHARITABLE 262 DANNY THOMAS PL MEMPHIS, TN 38105 25,000. 1,072,970. Total from continuation sheets

TEN FINGERS FOUNDATION

Part XV Supplementary Information 3, Grants and Contributions Paid During the				T
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
WARTER FOR WRONGER				
HABITAT FOR HUMANITY	NONE		CHARITABLE	
322 WEST LAMAR STREET AMERICUS GA 31709				50,000.
MERICOS, ON STITOS				30,000.
MS SOCIETY	NONE		CHARITABLE	
101A 1ST AVE	NONE		CHARTIABLE	
WALTHAM, MA 02451				10,000.
HUMANE SOCIETY US	NONE		CHARITABLE	
1255 23RD STREET, NW, SUITE450				
WASHINGTON, DC 20037				10,000.
WEBSTER HOUSE	NONE		CHARITABLE	
227 SOUTH MAIN STREET				
WEST HARTFORD, CT 06107				10,000.
HARBOR HOMES	NONE		CHARITABLE	
45 HIGH STREET				
NASHUA, NH 03060				10,000.
RETIRED POLICE CANINE FOUNDATION	NONE		CHARITABLE	
PO BOX 92 YAPHANK, NY 11980				10,000.
Inches, HI 11300				10,000.
WOUNDED WARRIORS PROJECT 4899 BELFORT ROAD, SUITE 300	NONE		CHARITABLE	
JACKSONVILLE, FL 32256				15,000.
END HUNGER - 68 HOURS	NONE		CHARITABLE	
PO BOX 676				
SOMERSWORTH, NH 03878				50,000.
MAKE A WISH FOUNDATION	NONE		CHARITABLE	
1702 E. HIGHLAND AVE				
PHOENIX, AZ 85016				50,000.
GREG HILL FOUNDATION	NONE		CHARITABLE	
800 WEST CUMMINGS PARK, STE 3700 WOBURN, MA 01801				5,000.
Total from continuation sheets	<u>, , , , , , , , , , , , , , , , , , , </u>	· -	<u> </u>	3,000.

Supplementary Information 3. Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor PLANNED PARENTHOOD NONE CHARITABLE P.O. BOX 97166 WASHINGTON, DC 20090 25,000. INNOCENCE PROJECT NONE CHARITABLE 40 WORTH STREET, SUITE 701 NEW YORK, NY 10013 10,000. SPECIAL OLYMPICS OF NH NONE CHARITABLE 650 ELM ST #200 MANCHESTER, NH 03101 10,000. THE TREVOR PROJECT NONE CHARITABLE PO BOX 69232 10,000. WEST HOLLYWOOD, CA 90069 AMERICAN FOUNDATION FOR BLIND NONE CHARITABLE 1401 S. CLARK ST., STE. 730 ARLINGTON, VA 22202 10,000. CA COMMUNITY FOUNDATION NONE CHARITABLE 221 S FIGUEROA ST SUITE 400 LOS ANGELES, CA 90012 25,000. COLON CANCER COALITION NONE CHARITABLE 5666 LINCOLN DR #270 EDINA, MN 55436 10,000. V-DAY NONE CHARITABLE 4104 24TH STREET #4515 SAN FRANCISCO, CA 94114 10,000. NONE CHARTTABLE SNORT RESCUE PO BOX 6104 HOBOKEN, NJ 07030 5,000. NATIONAL WOMEN'S LAW CENTER NONE CHARITABLE 11 DUPONT CIRCLE NW, SUITE 800 WASHINGTON, DC 20036 15,000. Total from continuation sheets

Part XV **Supplementary Information** 3. Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor 50 LEGS NONE CHARITABLE 100 SOUTH BELCHER CLEARWATER , FL 33758 10,000. RONALD MCDONALD FOUNDATION NONE CHARITABLE 45 GAY ST PROVIDENCE, RI 02905 10,000. ALZHEIMERS FOUNDATION NONE CHARITABLE 322 8TH AVE NEW YORK, NY 10001 10,000. 22 KILL NONE CHARITABLE 13625 NEUTRON ROAD DALLAS, TX 75244 10,000. NATIONAL FOUNDATION FOR TRANSPLANTS NONE CHARITABLE 5350 POPLAR AVE SUITE 850 MEMPHIS, TN 38119 25,000. BIG BROTHER BIG SISTER NONE CHARITABLE 5 MEAR ROAD 10,000. 5 MEAR ROAD, MA 02343 VERMA FOUNDATION NONE CHARITABLE 303 CAM ARBOLAGO LAKEWAY, TX 78734 10,000. AMERICAN FOUNDATION FOR SUICIDE NONE CHARITABLE PREVENTION 199 WATER ST., 11TH FLOOR NEW YORK, NY 10038 10,000. A LONG WALK HOME NONE CHARITABLE 1658 N MILWAUKEE AVE #104 CHICAGO, IL 60647 20,000. SALVATION ARMY NONE CHARITABLE 615 SLATERS LANE ALEXANDRIA, VA 22314 25,000. Total from continuation sheets

Supplementary Information 3. Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient CHARITABLE MUSICIANS ON CALL NONE 110 W 40TH ST #702 NEW YORK, NY 10018 10,000. CAF - SUPERHERO FOUNDATION NONE CHARITABLE 225 REINEKERS LANE, SUITE 375 ALEXANDRIA, VA 22314 10,000. CAMP SOUTHERN GROUND NONE CHARITABLE 101 GARDNER PARK 20,000. PEACHTREE CITY, GA 30269 NONE CHARITABLE ONE MISSION 69 MILK STREET, SUITE 300 WESTBOROUGH, MA 01581 10,000. SESAME WORKSHOP NONE CHARITABLE P.O BOX 21609 NEW YORK, NY 10087 10,000. DREAM FOR SENIORS NONE CHARITABLE 2893 OAK POINT TERRACE THE VILLAGES, FL 32163 10,000. LOWELL GENERAL TEAM WALK FOR CANCER NONE CHARITABLE CARE 295 VARNUM AVE LOWELL, MA 01854 10,000. HUMANE SOCIETY SUMTER COUNTY NONE CHARITABLE 994 CO RD 529A LAKE PANASOFFKEE, FL 33538 5,000. NONE INTERNATIONAL RESCUE COMMITTEE CHARITABLE P.O. BOX 6068 10,000. ALBERT LEA, MN 56007 CYSTIC FIBROSIS FOUNDATION NONE CHARITABLE 4550 MONTGOMERY AVE., STE 1100 N 25,000. BETHESDA, MD 20814 Total from continuation sheets

Part XV Supplementary Information 3. Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or contribution show any relationship to status of Amount any foundation manager or substantial contributor Name and address (home or business) recipient INTERNATIONAL MEDICAL RELIEF NONE CHARITABLE 1151 EAGLE DRIVE SUITE 457 LOVELAND, CO 80537 42,970. UNICEF NONE CHARITABLE 125 MAIDEN LANE NEW YORK, NY 10038 10,000. HISPANIC FOUNDATION NONE CHARITABLE 1922 THE ALAMEDA, SUITE 217 SAN JOSE, CA 95126 25,000. FIDELITY CHARITABLE GIFT FUND NONE CHARITABLE PO BOX 770001 CINCINNATI, OH 45277 200,000. Total from continuation sheets

Schedule B

(Form 990, 990-EZ, or 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

Name of the organization Employer identification number TEN FINGERS FOUNDATION 83-1639637 Organization type (check one) Filers of Section: Form 990 or 990-EZ ____ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 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** 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		

Employer identification number

TEN F	INGERS FOUNDATION	83	3-1639637
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	onal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TEN FINGERS 2018 PURPOSE TRUST ONE NEW HAMPSHIRE AVENUE, #125 PORTSMOUTH, NH 03801	\$\frac{25,000,000.}{-}	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person 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 Noncash (Complete Part II for 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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
823452 11.00		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

TEN FINGERS FOUNDATION

83-1639637

	Noncash Property (see instructions) Use duplicate copies of Pa	ırt II ıf addıtıonal space ıs needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u> </u>		 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Schedule	B (Form 990, 990-EZ, or 990 PF) (2018)		Page					
Name of c	organization		Employer identification number					
TEN F	INGERS FOUNDATION		83-1639637					
Part III		through (e) and the following line ent	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye					
(a) Na	Use duplicate copies of Part III if additional	space is needed						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(1) N			· · · · · · · · · · · · · · · · · · ·					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
 -								
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
								
								

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

lame(s)				Identifying Numb	er
TEN FINGERS	FOUNDATION			83-1639	637
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
01/15/19	2,906.	2,906.	31	.000164384	1
02/15/19	2,907.	5,813.	88	.000164384	8
05/14/19	-10,000.	-4,187.			
05/15/19	2,906.	-1,281.			
06/30/19	0.	-1,281.	46	.000136986	
08/15/19	2,906.	1,625.			
08/15/19	-2,500.	-875.			
12/31/19	0.	-875.	15	.000136612	
alty Due (Sum of Colum	υρ Γ \				9

^{*} Date of estimated tax payment, withholding credit date or installment due date

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FORM 990-PF INTERE	ST ON SAVIN	IGS AND TEN	MPORARY	CASH I	NVESTMENTS	STATEMENT	1
SOURCE		(<i>)</i> REVI PER I			(B) NVESTMENT NCOME	(C) ADJUSTE NET INCOI	
ALEX BROWN #9085 ALEX BROWN #D716 ALEX BROWN #F078 ALEX BROWN #F557 ALEX BROWN #K829 ALEX BROWN #W757 CITIZEND #0683			1,489. 114. 199. 398. 41. 124. 10,879.		1,489. 114. 199. 398. 41. 124. 10,879.		
TOTAL TO PART I, LI	NE 3	1	13,244.		13,244.		= =
FORM 990-PF	DIVIDENDS	S AND INTER	REST FR	OM SECUI	RITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	R	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO		
ALEX BROWN #9085 ALEX BROWN #D716 ALEX BROWN #F078 ALEX BROWN #F557 ALEX BROWN #K829 ALEX BROWN #W757	181,152. 5,464. 19,322. 261,298. 9,680. 11,851.	97,49	0. 0.	181,152 5,464 19,322 163,799 9,680 11,851	. 5,46 . 19,32 . 163,79 . 9,68	64. 22. 99. 80.	
TO PART I, LINE 4	488,767.	97,49	99.	391,268	391,26	68.	
FORM 990-PF	ro	HER PROFES	SSIONAL	FEES		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTEI NET INCOM		
INVESTMENT MANAGEME	NT FEES	37,747.		37,747.			0.
TO FORM 990-PF, PG	 1, LN 16C	37,747.	<u> </u>	37,747.	•		0.

FORM 990-PF	TAX	TC		STATEMENT 4
		.ES		SIAIEMENI 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM	
FOREIGN TAXES FEDERAL TAXES	642. 12,500.			0.
TO FORM 990-PF, PG 1, LN 18	13,142.	642.		0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
BANK FEES	66.	0.	,	66.
TO FORM 990-PF, PG 1, LN 23	66.	0.		66.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6
DESCRIPTION		ВС	OOK VALUE	FAIR MARKET VALUE
ALEX BROWN #K829 ALEX BROWN #W757 ALEX BROWN #F078 ALEX BROWN #D716			1,032,456. 437,253. 1,160,441. 394,079.	1,187,321. 446,452. 1,185,268. 425,537.
TOTAL TO FORM 990-PF, PART II	, LINE 10B		3,024,229.	3,244,578.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 7
DESCRIPTION		LUATION ETHOD BO	OOK VALUE	FAIR MARKET VALUE
ALEX BROWN #W757 ALEX BROWN #D716 ALEX BROWN #F557 ALEX BROWN #F557 PALOMA		COST COST COST COST COST	63,401. 42,137. 7,722,047. 2,030,069. 1,835,028.	72,244. 44,853. 7,781,361. 2,075,653. 1,835,028.

TEN FI	NGERS	FOUNDAT	ON				83-1639	637
P2 . THIRD PO	INT				COST COST	1,009,982. 1,080,539.	1,009,9	
TOTAL TO	FORM	990-PF,	PART	II, LINE 13		13,783,203.	13,899,6	60.
FORM 990	-PF		LIST	OF SUBSTANTI PART VII-A,		BUTORS	STATEMENT	8
NAME OF	CONTRI	BUTOR		ADD	RESS			

ONE NEW HAMPSHIRE AVE, #125

PORTMOUTH, NH 03801

TEN FINGERS 2018 PURPOSE TRUST