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1	
, .	170
<b>9</b> 202	

•	Fo	rm C	9 <b>90-PF</b>			turn of Private				1912	OMB No 1545-0047
,	, De	i, partm	A ent of the Treasury Revenue Service	▶ Do not e	nter so	4947(a)(1) Trust Treacial security numbers or approximately approximatel	this form a	s it may be ma	ade pu		en to Public Inspection
. (						gov/ Formssor Flor mstr		9. and endin		JII. <u>112</u>	, 20
1	_		foundation	or tax year begin	ning		, 20	19, and endi	<del>-</del>	Employer identifi	
7			_	יי יים דוכיי					'		6004033
-			ARD THORNTON	number if mail is not d	eliveredt	o street address)		Room/suite	В	Telephone numbe	
						o 5.1.00, 22a. 555,					
		ONE	CITITENC B	ANK WAY JC	R115			İ		60	3-634-7772
(J)	Ci			country, and ZIP or for		al code					3 034 111Z
_		•			• .				c	If exemption applicat	
2		TOH.	NSTON, RI 0:	2919				,		pending, check here	
			ck all that apply	Initial retur	n	Initial return	of a forme	r public chari	ty n	1 Foreign organizati	ons check here
			··· ··· ··· ··· ·· · · · · · · · · · ·	Final return	1	Amended re	turn	•	.   <b>-</b>	2. Foreign organizati	
63				Address ch	ange	Name chang	е	_		85% test, check he computation	
~	Н	Che	ck type of organiz	ation. X Section	on 501	(c)(3) exempt private f	oundation	A I		•	
ostmark	Γ	. s	ection 4947(a)(1) n	onexempt charitable	trust	Other taxable pr	ıvate found	lation()		If private foundation under section 507(b)	<b>►</b>
<b>⊹</b>	ī	Fair	market value o	f all assets at	J <u>Ac</u> co	unting method X C	ash 💹 A	ccrual	F	If the foundation is in	a 60-month termination
		end	of year (from Par	rt II, col. (c), line	_ O	ther (specify)			_	under section 507(b)	(1)(B), check here . >
$\mathcal{O}$	_	16)	<b>&gt;</b> \$	169,218.	(Part I,	column (d), must be on c	ash basis.)				
1		art l	total of amounts i	enue and Expense in columns (b), (c), are ily equal the amount structions).)	id (d)	(a) Revenue and expenses per books		nvestment ome	(c)	Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
h.		1	Contributions, gifts, gran	ts, etc , received (attach sch	edule) .						
<b>IJ</b> 、		2	Check ► X atta	ts, etc., received (attach sch e foundation is not requ ch Sch B	rea to						
/ <u>(</u>		3	Interest on savings an	id temporary cash inves	tments.						OFF. (F)
	-	4	Dividends and inte	rest from securities		4,737.		4,737.			STMT
		5a	Gross rents								<del></del>
		1	Net rental income or			1 562		-			
	evenue	6a b	Net gain or (loss) from Gross sales price for a assets on line 6a	n sale of assets not on I	ine 10 , 356	PECEIVE	7	1.563			
	Rev	7	Capital gain net inc	come (from Part IV, I	. 8			1,563.			
	<u>.</u>	8		ital gain		Φ]					
		9 10a	Income modification	ons	• • • {	JUL 2 4 202					
		•	and allowances	• • •			<u> </u>				
			Less Cost of goods so	<u> </u>		<u>OGDEN, L</u>	<del>                                     </del>				•
Ira			•	s) (attach schedule)							
SCANNED OCT		11 12		ch schedule) through 11		6,300		6,300.			
13	-	13	"	cers, directors, trustees,		3,639		1,819.			1,82
2	S			laries and wages				NONE		NONE	
<b>₹</b>	ase.	15		oloyee benefits				NONE		NONE	
24	g	16a		schedule)							
	ũ	b		ttach schedule)STM		725.		NONE		NONE	72
$\mathcal{C}$	ĕ.	c	-	fees (attach schedul							<u> </u>
	rat	17	•								
೨	ist	18		dule) (see instru <b>S</b> tTo		60	,	16.			
• •	Ë	14 15 16a b c 17 18 19 20 21 22 23 24		h schedule) and dep							
	þ	20	•								
	ΑÞ	21	Travel, conferences	, and meetings				NONE		NONE	<u>.</u>
	ā	22	Printing and public	ations				NONE		NONE	
	þ	23	Other expenses (at	tach schedule) STM	T.4.	160.					16
	atii	24	Total operating an	d administrative ex	penses.		]			.	_
	Jer		Add lines 13 throu	gh 23		4,584.		1,835.		NONE	
	ŏ	25	Contributions, gifts	, grants paid		6,700.					6,70

11,284.

-4,984

JSA For Paperwork Reduction Act Notice, see instructions.
9E1410 1 000 DKA3 19 9056 05/12/2020 08:45:34

Subtract line 26 from line 12

Total expenses and disbursements Add lines 24 and 25

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). .

1,835

4,465

NONE

6,700

Form 990	-PF (2019)	02-	6004033	Page <b>2</b>
Part II	Balance Sheets Attached schedules and amounts in the	Beginning of year	End of	year
•	description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	4,918.	4,483.	<u>4,483</u> .
3	Accounts receivable			
ŀ	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			
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)			
	Less allowance for doubtful accounts ▶ NONE			
8 🕏	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
<b>∛</b> 10a	Investments - U S and state government obligations (attach schedule)			
ь	Investments - corporate stock (attach schedule)			
С	Investments - corporate bonds (attach schedule)			
111	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans			
13	Investments - other (attach schedule) STMT .5	159,312.	154,764.	<u> 164,735</u> .
14				
	Less accumulated depreciation (attach schedule)			
15	Other assets (describe >)			
16	Total assets (to be completed by all filers - see the			
	instructions Also, see page 1, item I)	164,230.	159,247.	<u>169,218</u> .
17	Accounts payable and accrued expenses			•
18	Grants payable			
<b>9</b> 19	Deferred revenue			
<b>2</b> 0	Loans from officers, directors, trustees, and other disqualified persons.			
Liabilities 20 21 22	Mortgages and other notes payable (attach schedule)			
<b>二</b> 22	Other liabilities (describe			
İ				
23	Total liabilities (add lines 17 through 22)		NONE NONE	
S	Foundations that follow FASB ASC 958, check here			
lances	and complete lines 24, 25, 29, and 30.			
24	Net assets without donor restrictions			•
25	Net assets with donor restrictions · · · · · · · · · · · · · · · · · · ·			
밀	Foundations that do not follow FASB ASC 958, check here			
Fund Bal	and complete lines 26 through 30.	164 000	150 047	•
<b>5</b> 26	Capital stock, trust principal, or current funds	164,230.	<u> </u>	
\$ 27	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS 28	Retained earnings, accumulated income, endowment, or other funds	1.54 .020	150 047	
<b>Q</b> 29	Total net assets or fund balances (see instructions)	164,230.	159,247.	
Net Assets 25 29 30 30	Total liabilities and net assets/fund balances (see	1.64 000	150 045	
	instructions)	164,230.	<u> 159,247.</u>	
	Analysis of Changes in Net Assets or Fund Balan		unt namesth	
	al net assets or fund balances at beginning of year - Part II			164 220
	-of-year figure reported on prior year's return)			164,230. -4,984.
	er amount from Part I, line 27a			-4,984.
	er increases not included in line 2 (itemize) MUTUAL FUND T		3	150 247
	I lines 1, 2, and 3			159,247.
5 Dec	reases not included in line 2 (itemize)	on E) Port II andress (L)	line 29 6	159,247.
<b>6</b> Tot	al net assets or fund balances at end of year (line 4 minus lin	ie oj - rart II, column (D),	iiie 2 <u>9</u>   <b>6</b>	Form <b>990-PF</b> (2019)

Part IV Capital Gains	s and Losses for Tax on Inve	estment Income			Page 3
	scribe the kind(s) of property sold (for e		(b) How	(c) Date acquired	(d) Date sold
2-story b	rick warehouse, or common stock, 200	shs MLC Co.)	P - Purchase D - Donation	(mo , day, yr )	(mo , day, yr.)
1 a PUBLICLY TRADED	SECURITIES				
<u>b</u>		· <del></del>			
<u> </u>					<u> </u>
d					
<u>e</u>	<del></del>	T (10 )	<del> </del>	<u></u>	<del></del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a 55,356.		53,793.			<u>1,563.</u>
			<u> </u>		-
_ <del>c</del>			<del>                                     </del>		
				<u> </u>	
Complete only for assets of	l nowing gain in column (h) and owned b	by the foundation on 12/31/69	<u> </u>		<del>-</del>
Complete only for assets si	T	<del>-</del>		Gains (Col. (h) ga (k), but not less t	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		Losses (from col	(h))
<u>a</u>				<del></del>	1,563.
<u>c</u>			<u> </u>		<del></del>
<u>d</u>			<u> </u>		
e		aın, also enter in Part I, line 7	-	_ <del></del>	
If gain, also enter in F Part I, line 8	ain or (loss) as defined in sections Part I, line 8, column (c). See ins	structions. If (loss), enter -0- in $\}$	3		
		outable amount of any year in the b	ase perio	d?	Yes X No
	't qualify under section 4940(e). De				
1 Enter the appropriate ar		r; see the instructions before making	ng any en	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ration (col. (b) divided by	col (c))
2018	11,704.	166,639.			0.070236
2017	10,305.	176,090.			0.058521
2016	8,661.	181,373.		<del></del>	0.047752
2015	16,289.	190,997.			0.085284
2014		195,167.	<del> </del>		<u>0.049670</u>
2 Takal afilma 1 saluman i	L-1/		2		0 211462
	(d)		-		0.311463
	io for the 5-year base period - divid		3		0.062293
the number of years the	foundation has been in existence	miess man 5 years		<u> </u>	0.002273
Enter the net value of ne	oncharitable-use assets for 2019 fr	om Part X, line 5	4	_	165,052.
5 Multiply line 4 by line 3			5		10,282.
6 Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		45.
					<u> </u>
Add lines 5 and 6			7		10,327.
	tions from Part XII, line 4		8		

_	Page 4 instructions)							
<u>'</u>	nstru	iction	<u>s,                                     </u>					
_			89.					
_								
		<u>.</u>	لـــــا					
_	_		<u>IONE</u> 89.					
		N	ONE					
			89. !					
			40.					
			49.					
			49.					
_								
-		Yes	No	`				
	1a	Yes	No X	`				
	1a 1b	Yes						
	1b	Yes	<u>х</u> х					
		Yes	X					
	1b	Yes	<u>х</u> х					
	1b	Yes	X 	,				
	1b	Yes	<u>х</u> х					
	1b	Yes	X					
	1b	Yes	X	,				
	1b 1c 2 3 4a 4b	Yes	X					
	1b 1c 2 3 4a	Yes	X X X	,				

Form	990-PF (2019) 02-6004033	Page <b>4</b>
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instructions)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	89.
	here and enter 1% of Part I, line 27b	
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	
	Part I, line 12, col. (b)	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	<u>NONE</u>
3	Add lines 1 and 2	89.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	NONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	89.
6	Credits/Payments	ļ
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 40.	
b	Exempt foreign organizations - tax withheld at source	j
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE	
d	Backup withholding erroneously withheld	
7	Total credits and payments Add lines 6a through 6d	40.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	49.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ NONE Refunded ▶ 11	
Par	VII-A Statements Regarding Activities	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes No
	participate or intervene in any political campaign?	1a X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	
	instructions for the definition	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	
	published or distributed by the foundation in connection with the activities	
С	Did the foundation file Form 1120-POL for this year?	1c X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
	on foundation managers.   \$	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
	If "Yes," attach a detailed description of the activities.	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	<u> </u>
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed 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?	4b
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
	If "Yes," attach the statement required by General Instruction T	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	
	By language in the governing instrument, or	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	
	conflict with the state law remain in the governing instrument?	6 X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7 X
, <b>8</b> a	Enter the states to which the foundation reports or with which it is registered. See instructions.   NH	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	
_	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8b X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	
-	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"	
	complete Part XIV	9 X ()
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	
10	names and addresses	10 X
		000 PE (0000)

Form **990-PF** (2019)

Par	t VII-A Statements Regarding Activities (continued)			
•			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			ĺ
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			ĺ
	person had advisory privileges? If "Yes," attach statement. See instructions	_12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► CITIZENS NA Telephone no ► (603) 634-	<u>-777</u>	2	
	Located at ▶ 900 ELM STREET, MANCHESTER, NH ZIP+4 ▶ 03101			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	. 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			Ì
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			l Ì
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			1
	(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 } Yes X No			1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in		اـــا	اً ــــــــــــــــــــــــــــــــــــ
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			'
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			ا ــ ــا
	were not corrected before the first day of the tax year beginning in 2019?	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 2019, did the foundation have any undistributed income (Part XIII, lines			ĺ
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years 🕨,,,			
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			اا
	all years listed, answer "No" and attach statement - see instructions )	2b		ļ
c	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	olf "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			!
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019 )	3Ь	igsqcut	<u> </u>
4a	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 had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		~~	A DE	

Part	VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Rec	uired (continued)			
. 5a	During the year, did the foundation pay or incur any amo	unt to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No						
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,						
	directly or indirectly, any voter registration drive?						
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No						
	(4) Provide a grant to an organization other than a charitable, etc., organization described in						
	section 4945(d)(4)(A)? See instructions						
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational						
	purposes, or for the prevention of cruelty to children or animals? Yes X No						
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described in	<u></u>		
•	Regulations section 53 4945 or in a current notice regard				5b		
	Organizations relying on a current notice regarding disas	ter assistance, check	here	<b>▶</b> [			
С	If the answer is "Yes" to question 5a(4), does the			·			
-	because it maintained expenditure responsibility for the			1 1 1 1 1 .			- 1
	If "Yes," attach the statement required by Regulations ser	-					i
6a	Did the foundation, during the year, receive any fun		ectly, to pay premiu	ms			
	on a personal benefit contract?	•		Yes X No			]
b	Did the foundation, during the year, pay premiums, direct			act <sup>7</sup>	6b		X
	If "Yes" to 6b, file Form 8870.						Į
7a	At any time during the tax year, was the foundation a pai	rty to a prohibited tax	shelter transaction?.	Yes X No			
b	If "Yes," did the foundation receive any proceeds or have				7b		
8	Is the foundation subject to the section 4960 tax on payi	ment(s) of more than	\$1,000,000 in				<u> </u>
	remuneration or excess parachute payment(s) during the			. Yes X No			
Pari	VIII Information About Officers, Director	rs, Trustees, Fou	ndation Manage	rs, Highly Paid Emp	loyees,		
1	and Contractors  List all officers, directors, trustees, and foundation	n managers and th	neir compensation.	See instructions.			,
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evana	e accou	ınt,
	(a) Name and address	l hours nor wook l	(If not naid	amployee benefit plans			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all		s
	ENS, NA	devoted to position TRUSTEE		and deferred compensation			s
		devoted to position					-0-
	ENS, NA	devoted to position TRUSTEE	enter -0-)	and deferred compensation			
	ENS, NA	devoted to position TRUSTEE	enter -0-)	and deferred compensation			
	ENS, NA	devoted to position TRUSTEE	enter -0-)	and deferred compensation			
	ENS, NA	devoted to position TRUSTEE	enter -0-)	and deferred compensation			
	ENS, NA	devoted to position TRUSTEE	enter -0-)	and deferred compensation			
900 E	ENS, NA LM STREET, MANCHESTER, NH 03101	TRUSTEE 5	enter -0-) • 3,639.	and deferred compensation	other all	owance	-0-
900 E	ENS, NA  LM STREET, MANCHESTER, NH 03101  Compensation of five highest-paid employees	TRUSTEE 5	enter -0-) • 3,639.	and deferred compensation	other all	owance	-0-
900 E	ENS, NA LM STREET, MANCHESTER, NH 03101	TRUSTEE 5	enter -0-) . 3,639. e included on lin	e 1 - see instructio	other all	one,	-0-
900 E	ENS, NA  LM STREET, MANCHESTER, NH 03101  Compensation of five highest-paid employees	devoted to position TRUSTEE 5 (other than thos) (b) Title, and average hours per week	enter -0-) • 3,639.	e 1 - see instructio  (d) Contributions to employee benefit plans and deferred	other all	one, o	enter
900 E	ENS, NA  LM STREET, MANCHESTER, NH 03101  Compensation of five highest-paid employees "NONE."	devoted to position TRUSTEE 5 (other than thos	enter -0-) . 3,639. e included on lin	e 1 - see instructio	ns). If no	one, o	enter
2 (a)	ENS, NA  LM STREET, MANCHESTER, NH 03101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 5 (other than thos) (b) Title, and average hours per week	e included on lin	e 1 - see instructio  (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	one, o	-0- enter
2 (a)	ENS, NA  LM STREET, MANCHESTER, NH 03101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 5 (other than thos) (b) Title, and average hours per week	enter -0-) . 3,639. e included on lin	e 1 - see instructio  (d) Contributions to employee benefit plans and deferred	ns). If no	one, o	-0- enter
900 E	ENS, NA  LM STREET, MANCHESTER, NH 03101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 5 (other than thos) (b) Title, and average hours per week	e included on lin	e 1 - see instructio  (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	one, o	-0- enter
2 (a)	ENS, NA  LM STREET, MANCHESTER, NH 03101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 5 (other than thos) (b) Title, and average hours per week	e included on lin	e 1 - see instructio  (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	one, o	-0- enter
2 (a)	ENS, NA  LM STREET, MANCHESTER, NH 03101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 5 (other than thos) (b) Title, and average hours per week	e included on lin	e 1 - see instructio  (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	one, o	-0- enter
2 (a)	ENS, NA  LM STREET, MANCHESTER, NH 03101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 5 (other than thos) (b) Title, and average hours per week	e included on lin	e 1 - see instructio  (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	one, o	-0- enter
2 (a)	ENS, NA  LM STREET, MANCHESTER, NH 03101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 5 (other than thos) (b) Title, and average hours per week	e included on lin	e 1 - see instructio  (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	one, o	-0- enter
2 (a)	ENS, NA  LM STREET, MANCHESTER, NH 03101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 5 (other than thos) (b) Title, and average hours per week	e included on lin	e 1 - see instructio  (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	one, o	-0- enter
2 (a)	ENS, NA  LM STREET, MANCHESTER, NH 03101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 5 (other than thos) (b) Title, and average hours per week	e included on lin	e 1 - see instructio  (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	one, o	-0- enter
2 (a)	ENS, NA  LM STREET, MANCHESTER, NH 03101  Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position TRUSTEE 5  (other than thos  (b) Title, and average hours per week devoted to position	e included on lin	e 1 - see instructio  (d) Contributionsto employee benefit plans and deferred compensation	ns). If no	one, o	-0- enter

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3 Fiv	e highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
		NONTE
ONE		NONE
		<del></del>
otal nu	mber of others receiving over \$50,000 for professional services	NONE
Part IX-	<del></del>	140141
List the	foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of itions and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 NONE		
ζ		
3		
4		
Part IX-	Summary of Program-Related Investments (see instructions)	
	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
-		
A.U1		
3 NONE	r program-related investments. See instructions	
PINONE	•	
Fotal. Ac	ld lines 1 through 3	

Form **990-PF** (2019)

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а	Average monthly fair market value of securities	1a	162,676.
	Average of monthly cash balances	1b	4,889.
	Fair market value of all other assets (see instructions).	1c	NONE
	Total (add lines 1a, b, and c)	1d	167,565.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	1 2	NONE
3	Subtract line 2 from line 1d	3	167,565.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions),	4	2,513.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	165,052.
6	Minimum investment return. Enter 5% of line 5	6	8,253.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	8,253.
2 a	Tax on investment income for 2019 from Part VI, line 5 2a 89.		
	Income tax for 2019. (This does not include the tax from Part VI.) 2b		
	Add lines 2a and 2b	2c	89.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,164.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	8,164.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	_8,164.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	[	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	<sub>1a</sub>	9,405.
	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the.	<del>-                                   </del>	
а	Suitability test (prior IRS approval required)	3a	NONE
	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	9,405.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	- <del></del>	
	Enter 1% of Part I, line 27b. See instructions	5   N/	Ά
6	Adjusted qualifying distributions. Subtract line 5 from line 4		9,405.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4040(a) reduction of the unit these years		

Form **990-PF** (2019)

Page 9

Par	t XIII Undistributed Income (see instr	uctions)			
	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	line 7				8,164.
,	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only			NONE	· .
	Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2019				1
	From 2014 NONE				
	From 2015				
	From 2016 NONE				Ş
	From 2017	•			
	From 2018 3,444.				
	Total of lines 3a through e	5,496.			<u> </u>
	Qualifying distributions for 2019 from Part XII,				į
	tine 4 ▶ \$ 9,405.				Į.
a	Applied to 2018, but not more than line 2a			NONE	,
ь	Applied to undistributed income of prior years				
	(Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election				
Ŭ	required - see instructions)	NONE			i
d	Applied to 2019 distributable amount				8,164.
	Remaining amount distributed out of corpus	1,241.			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same				
	amount must be shown in column (a))	NONB NONB			<u>NONE</u>
6	Enter the net total of each column as indicated below:				
2	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	6,737.			
	Prior years' undistributed income Subtract				
В	line 4b from line 2b		NONE		
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		NONE_		
d	Subtract line 6c from line 6b. Taxable				
_	amount - see instructions		NONE		
е	Undistributed income for 2018. Subtract line				
	4a from line 2a. Taxable amount - see instructions			NONE	· · · · · · · · · · · · · · · · · · ·
f	Undistributed income for 2019. Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2020				NONE
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be	,,,,,,,			
	required - see instructions)	NONB			
8	Excess distributions carryover from 2014 not	,,,,,,,,		,	
	applied on line 5 or line 7 (see instructions)	NONB NONB			
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	6,737.			
	Analysis of line 9			•	
	Excess from 2015		,		
	Excess from 2016 NONE			.	
	Excess from 2017 1,558.				
	Excess from 2018 3,444.				
е	Excess from 2019 1,241.		I		

Pa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICAB
,1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private opera	ating	
	foundation, and the ruling	g is effective for 2019, en	ter the date of the ruling		▶	
ь	Check box to undicate	whether the foundation	is a private operating	foundation described in	section	4942(j)(3) or 4942(j)(5)
	Enter the lesser of the ad-	Tax year	l private specially	Prior 3 years		1 10 12 11 10 12 11 10 12 11 10 10 11
2.0	justed net income from Part		/L\ 2010		(4) 204	(e) Total
	I or the minimum investment	(0) 2013	(b) 2018	(c) 2017	(d) 201	<u> </u>
	return from Part X for each					
	year listed					
b	85% of line 2a					
·	Qualifying distributions from Part XII, line 4, for each year listed .					
А	Amounts included in line 2c not		<del></del>	<del> </del>		
u	used directly for active conduct					
	of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c			Ţ		
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets' alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section				Ì	
	4942(j)(3)(B)(i)					
b	'Endowment' alternative test-				$\setminus$	
	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
_	line 6 for each year listed					
U	"Support" alternative test - enter			Ì	`	<u> </u>
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					$\downarrow$
	payments on securities				1	<b>\</b> .
	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)(m)					
	<li>(3) Largest amount of sup- port from an exempt</li>	-				
	organization					
	(4) Gross investment income .					
Pai	t XV Supplemer	ntary Information (C	Complete this part	only if the founda	tion had \$5	5,000 or more in assets a
		uring the year - see	instructions.)	•		
1	Information Regarding	Foundation Manager	s:			
				e than 2% of the tota	l contribution	ns received by the foundation
	before the close of any	44 4 44 4				_,
	•	, , ,	•			
	NONE					
b				-		n equally large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	nas a 10% or greater	interest.	
	NONE					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p. etc Programs:		
		•		-		
						ations and does not accep
				ints, etc., to individua	is or organiza	ations under other conditions
	complete items 2a, b,					
а	The name, address, an	d telephone number o	r email address of the	person to whom appl	ications should	d be addressed <sup>.</sup>
	SEE STATEMENT	7				
b	The form in which app	lications should be sub	mitted and information	on and materials they s	hould include	
-	SEE ATTACHED ST					
	SEE MITACHED S.	TYTEMENT LOK PT	145 2			
_	Any nubanana a ala a 11					
С	Any submission deadli					
	SEE ATTACHED ST	LATEMENT FOR LI	NE 2			
_						
d		mitations on awards,	such as by geogra	aphical areas, charita	ble fields, kii	nds of institutions, or othe
	factors					
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2			
ICA						

Form 990-PF (2019)				Page <b>11</b>
Part XV Supplementary Information				
3 Grants and Contributions Paid Duri	ng the Year or App If recipient is an individual,			<del></del>
Recipient	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	· ·	
a Paid during the year			i i	
FRIENDS PROGRAM INC.				
202 N. STATE ST. CONCORD NE 03303	NONE	PC	UNRESTRICTED GIFT	2,500.
202 N. SIAIS SI. CONCORD NE 03303	NONE	1.0	UNABBIATOTED CITT	2,300
PENACOOK COMMUNITY CENTER ATTN DEB CUDDAHY				
76 COMMUNITY DR PO BOX 6008 PENACOOK NH 0330	NONE	PC	SUMMER CAMP SCHOLARSHIPS	2,500.
BOSCAWEN GST 51275 C.O TRACEY SCHWIEGER				
6 DUNBARTON RD. BOW NH 03304	NONE	PC	UNRESTRICTED GIFT	700.
•				
BOSCAWEN ELEMENTARY SCHOOL				
1 B.E.S.T. AVE BOSCAWEN NH 03303	NONE	N/A	UNRESTRICTED GIFT	500.
MOUNT OF POGGNATU				
TOWN OF BOSCAWEN	NONE	N/A	UNRESTRICTED GIFT	50Ò.
116 NORTH MAIN STREET BOSCAWEN NH 03303	NONE	, , , , , , , , , , , , , , , , , , ,	UNKBSIKICIBS GIFI	<b>300.</b>
	,			
				'
			-	
Total			▶ 3a	6,700.
<b>b</b> Approved for future payment				
\				
•				
	•			
		•		
Total			<b>▶</b> 3h	

Part XVI-	A Analysis of Income-Produ	ucing Acti	ivities			
	amounts unless otherwise indicated		ated business income	Excluded by	y section 512, 513, or 514	(e)
	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a	I SELVICE TEVELIDE			<del>                                     </del>		(See instructions )
			-			
				<del> </del>		
. —						
f						
g Fees	and contracts from government agencies					
2 Member	ship dues and assessments					
	n savings and temporary cash investments					
	ds and interest from securities			14	4,737.	
5 Net rent	al income or (loss) from real estate			ļ		
a Debt	-financed property		<u> </u>	ļ		
<b>b</b> Not o	debt-financed property					
6 Net renta	it income or (loss) from personal property			<del> </del>		
7 Other in	vestment income	<u> </u>		1.0	1 563	<u> </u>
8 Gain or (le	oss) from sales of assets other than inventory			18	1,563.	<del></del>
	me or (loss) from special events		<del></del>			<del></del>
	ofit or (loss) from sales of inventory	<del></del>				
	venue. a	<u> </u>			<u> </u>	
		<del></del>	<del></del>		<del></del>	
						<del></del>
e						·
	Add columns (b), (d), and (e)				6,300.	
	dd line 12, columns (b), (d), and (e)					,
	eet in line 13 instructions to verify calcu					
Part XVI-	Relationship of Activities	to the A	ccomplishment of Ex	cempt Pur	poses	
Line No.	Explain below how each activity	v for which	n income is reported in	n column (e	e) of Part XVI-A contribu	ited importantly to the
▼	accomplishment of the foundation					
			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
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Part	XVII	Information Re Organizations	egarding Tran	sfers to and	Transaction	ns and	Relationships	With Nonchar	itable	Exe	∍mpt
ı	n sec	e organization direct tion 501(c) (other eations?				_				Yes	No
		ers from the reporting									
		sh									X
(	(2) Oth	er assets							1a(2)		X
		ransactions:							l		3.7
		es of assets to a non									X
		chases of assets from									X
		ntal of facilities, equip									X
		mbursement arrange ins or loan guarantee									X
		ins or loan guarantee formance of services									X
		g of facilities, equipm									X
		answer to any of th								air m	
		of the goods, other									
		n any transaction or									
(a) Lin	ie no	(b) Amount involved	(c) Name of r	oncharitable exempt	organization	(d) De:	scription of transfers	, transactions, and shar	ıng arran	ngeme	nts
			-								
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	-					<del> </del> -					
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(	describ	foundation directly led in section 501(c) complete the follow	(other than sec						Ye	s 📝	∑ No
	11 163,	(a) Name of organizatio		(b) Type	of organization		(c)	Description of relations	ship		
						· · · · · · · · · · · · · · · · · · ·					
								•			
		· ·		····-							
		penalties of perjury, I decla t, and complete Declaration of						the best of my knowledg	e and be	elief, it	ıs true,
Sign		111	h					May the IRS	discuss	this	return
Here	144	praid russ	y	05/12	/2020		OFFICER		parer sh	ו ר	
	Sign	nature of officer or trustee	0	Date		Title		See instruction	s X	Yes	N∘
	] DO	NALD LUSTIG		Promore-'s me-	atura / /7		Date		PTIN		
Paid		Print/Type preparer's na		Proparer's argna	1 / Su /			Cireck "		1250	<b>5</b> 7
Prep	arer	BRADLEY N SP	MG LLP	11/100	I V J'IVY		<del></del>		<u> P0064</u> 55652		<u>, T</u>
Use				L PLAZA, S	UITE 2300			irm's EIN ► 13 -	J J O J Z	201	
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			O VIDERCE,	102					m 990		(2019)

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

NET INVESTMENT INCOME	113. 162. 152. 1111. 1111. 18. 7. 41. 102. 249. 249. 249. 249. 824. 831. 108.	
REVENUE AND EXPENSES PER BOOKS	113 162 11, 659 11, 659 102 102 249 249 224 249 249 240 240 240 240 240 240 240 240 240 240	
DESCRIPTION	BLACKROCK STRATEGIC INCOME OPPS INST FULLER & THALER BEHAVIORAL SM-CP EQ DOUBLELINE TOTAL RETURN BOND I FIDELITY ADVISOR FLOAT RATE HI INI FIDELITY INTERNATIONAL IDX INST PREM FIDELITY US BOND INDEX INSTL PREM GOLDMAN SACHS GQG PTNRS INTL OPPS IN T ROWE PRICE INSTIT LG CP CORE GRW JPMORGAN HEDGED EQUITY I PIMCO INFL RESPONSE MULTIASST INSTL T ROWE PRICE INSTL EMERGING MKTS EQ TCW FDS INC EMRG MKTS CL I VANGUARD INTERM-TERM TREASURY ADM VANGUARD INDEX 500 TR ADMIRAL FUND#540 VOYA INTERMEDIATE BOND I WESTERN ASSET CORE BOND I CITIZENS N.A. CASH SWEEP ACCOUNT	

STATEMENT

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STATEMENT

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PART
990PF,
FORM

	ADJUSTED  NET  INCOME  PURPOSES		NONE 725.	
	NET ADO INVESTMENT I INCOME IN		NONE	
II II II	REVENUE AND EXPENSES PER BOOKS	725.	725.	
	DESCRIPTION	臼	TOTALS	

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- TAXES	
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NET INVESTMENT INCOME	13	
REVENUE AND EXPENSES PER BOOKS	133	
DESCRIPTION	FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED TOTALS	

STATEMENT

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	REVENUE	AND	EAFENSES PER BOOKS	
FORM 990PF, PART I - OTHER EXPENSES			DESCRIPTION	

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	•	ENDING	BOOK VALUE	F	154,764.	154,764.
STMENTS	COST/	FMV	CORF		U	TOTALS
FORM 990PF, PART II - OTHER INVESTMENTS			DESCRIPTION	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	SEE ATTACHED STATEMENT	

02-6004033

EDWARD THORNTON TRUST

ENDING	FMV	1 1	164,735.	164,735.	
ENDING	BOOK VALUE	i i i i i i	154,764.	154,764.	

## AVERAGE MONTHLY FMV - 990PF, PART X, LINES 1a-1c

MONTH	LINE 1a-FMV SECURITIES	LINE 1b-FMV CASH BALANCES	LINE 1c-FMV OTHER ASSETS
JANUARY	160,091.	4,442.	
FEBRUARY	160,724.	4,320.	
MARCH	162,348.	5,182.	
APRIL	163,254.	5,232.	
MAY	162,110.	6,030.	
JUNE	165,574.	6,185.	
JULY	160,606.	5,271.	
AUGUST	162,681.	4,570.	
SEPTEMBER	162,221.	4,695.	
OCTOBER	163,675.	4,097.	
NOVEMBER	164,087.	4,155.	
DECEMBER	164,735.	4,483.	
TOTAL	1,952,106.	58,662.	
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AVERAGE FMV	162,676.	4,889.	
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EDWARD THORNTON TRUST FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

KIM KENNY, CHAIRPERSON THORNTON TRUST

ADDRESS:

ADVISORY COMMITTEE, 87 WATER STREET

BOSCAWEN, NH 03303

RECIPIENT'S PHONE NUMBER: N/A

FORM, INFORMATION AND MATERIALS:

CONTACT ABOVE

SUBMISSION DEADLINES:

CONTACT ABOVE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

BENEFITS CHILD TO AGE 16, RESIDENTS OF PENACOOK/BOSCAWEN;

DEVELOPMENT OF HEALTHY RECREATION, SPORTS, ETC.