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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to *www.irs.gov/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

A Employer identification number
10-0000573

Number and street (or P.O. box number if mail is not delivered to street address)
800 BOYLSTON STREET NO 1560

Room/suite

B Telephone number (see instructions)
(603) 643-3441

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02199

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 94,849,383

J Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	25,253,432			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	1,192,879	1,192,879		
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	8,285,688			
	b	Gross sales price for all assets on line 6a 53,555,668				
	7	Capital gain net income (from Part IV, line 2)		27,727,934		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	84,818	84,818		
	12	**Total.** Add lines 1 through 11	34,816,817	29,005,631		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	30,000	0		30,000
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	15,050	0		0
	c	Other professional fees (attach schedule)	631,842	631,842		0
	17	Interest	48	48		0
	18	Taxes (attach schedule) (see instructions)	260,188	56,685		3,503
	19	Depreciation (attach schedule) and depletion				
	20	Occupancy				
	21	Travel, conferences, and meetings				
	22	Printing and publications				
	23	Other expenses (attach schedule)	352,285	0		340,407
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,289,413	688,575		373,910
	25	Contributions, gifts, grants paid	2,920,800			2,920,800
	26	**Total expenses and disbursements.** Add lines 24 and 25	4,210,213	688,575		3,294,710
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	30,606,604			
	b	**Net investment income** (if negative, enter -0-)		28,317,056		
	c	**Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	918,996	2,125,393	2,125,393
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	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 ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	37,392,590	60,365,452	79,149,347
	c Investments—corporate bonds (attach schedule)	7,871,390	12,673,166	13,127,874
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	0	446,703	446,769
	14 Land, buildings, and equipment: basis ▶			
	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)	46,182,976	75,610,714	94,849,383
Liabilities	17 Accounts payable and accrued expenses	7,618		
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	7,618	0	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	46,175,358	75,610,714	
	29 **Total net assets or fund balances** (see instructions)	46,175,358	75,610,714	
	30 **Total liabilities and net assets/fund balances** (see instructions)	46,182,976	75,610,714	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	46,175,358
2	Enter amount from Part I, line 27a	2	30,606,604
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	76,781,962
5	Decreases not included in line 2 (itemize) ▶	5	1,171,248
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	75,610,714

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	27,727,934
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	2,199,117	59,370,205	0.037041
2017	3,108,235	55,637,974	0.055865
2016	1,877,472	47,480,299	0.039542
2015	1,056,813	43,843,541	0.024104
2014	636,873	38,651,256	0.016477

2	**Total** of line 1, column (d)	2	0.173029
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.034606
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	76,637,796
5	Multiply line 4 by line 3	5	2,652,128
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	283,171
7	Add lines 5 and 6	7	2,935,299
8	Enter qualifying distributions from Part XII, line 4	8	3,294,710

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	283,171
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	283,171
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	283,171
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 287,448		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 40,000		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d.	7	327,448
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	44,277
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ 44,277 **Refunded** ▶	11	0

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
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? *If "Yes," attach the statement required by General Instruction T.*	5		No
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	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NH			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b		No
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 taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10	Yes	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ ANDERSEN TAX LLC Telephone no. ▶ (617) 292-8400

Located at ▶ 125 HIGH STREET 16TH FLOOR BOSTON MA ZIP+4 ▶ 02110

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 ▶ 15

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

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

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

1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐ Yes	☑ No	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐ Yes	☑ No	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes	☑ No	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes	☑ No	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	☐ Yes	☑ No	
	(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	☑ No	
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		No
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)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?	☐ Yes	☑ No	
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐ Yes	☑ No	
b	If "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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

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

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

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
RICHARD W COUCH 23 BERRILL FARMS LANE HANOVER, NH 03755	TRUSTEE 1.00	0	0	0
BARBARA J COUCH 23 BERRILL FARMS LANE HANOVER, NH 03755	TRUSTEE 1.00	0	0	0
BROOKE FREELAND 2716 HARRIS BLVD AUSTIN, TX 78703	MANAGER 15.00	0	0	0

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

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

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		0

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

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	76,676,383
b	Average of monthly cash balances	1b	1,128,486
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	77,804,869
e	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	77,804,869
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,167,073
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	76,637,796
6	**Minimum investment return.** Enter 5% of line 5	6	3,831,890

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

1	Minimum investment return from Part X, line 6			1	3,831,890
2a	Tax on investment income for 2019 from Part VI, line 5	2a	283,171		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	283,171
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	3,548,719
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	3,548,719
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	3,548,719

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	3,294,710
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,294,710
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	283,171
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	3,011,539

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				3,548,719
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			2,185,831	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f **Total** of lines 3a through e.	0			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 3,294,710				
a Applied to 2018, but not more than line 2a			2,185,831	
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 2019 distributable amount.				1,108,879
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2019.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				2,439,840
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)	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	0			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	0			
10 Analysis of line 9:				
a Excess from 2015. . . .				
b Excess from 2016. . . .				
c Excess from 2017. . . .				
d Excess from 2018. . . .				
e Excess from 2019. . . .				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum 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 exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the 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 Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

See Additional Data Table

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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* See Additional Data Table				
Total . . . . . ▶ **3a**				2,920,800
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					1,192,879
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					84,818
8 Gain or (loss) from sales of assets other than inventory					8,285,688
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e).		0		0	9,563,385
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	9,563,385

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
1	N/A

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (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)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

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	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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

******	2020-11-11	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
KELLIE NEUHAUS		2020-11-11		P00838213
Firm's name ▶ ANDERSEN TAX LLC				Firm's EIN ▶33-1197384
Firm's address ▶ 125 HIGH STREET BOSTON, MA 02110				Phone no. (617) 292-8400

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
BBH WEALTH STRATEGIES, LLC - ALTAROCK PARTNERS SERIES	P		
BBH WEALTH STRATEGIES, LLC - ALTAROCK PARTNERS SERIES	P		
BBH WEALTH STRATEGIES, LLC - BURGUNDYEMERGING MARKET	P		
BBH WEALTH STRATEGIES, LLC - BURGUNDYEMERGING MARKET	P		
BBH WEALTH STRATEGIES, LLC - CLARKSTON CAPITAL PARTNERS SMALL-MID CAP SERIES	P		
BBH WEALTH STRATEGIES, LLC - CLARKSTON CAPITAL PARTNERS SMALL-MID CAP SERIES	P		
BBH WEALTH STRATEGIES, LLC - SELECT EQUITY SERIES	P		
BBH WEALTH STRATEGIES, LLC - SELECT EQUITY SERIES	P		
1818 PARTNERS, LP C/O BBH & CO	P		
1818 PARTNERS, LP C/O BBH & CO	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
12,118			12,118
61,660			61,660
6,017			6,017
171,129			171,129
5,295			5,295
128,231			128,231
274,931			274,931
162,221			162,221
760			760
229,390			229,390

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			12,118
			61,660
			6,017
			171,129
			5,295
			128,231
			274,931
			162,221
			760
			229,390

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, **(a)** 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo., day, yr.)	**(d)** Date sold (mo., day, yr.)
BBH WEALTH STRATEGIES, LLC - GQG PARTNERS EMERGING MARKETS EQUITY SERIES	P		
BBH WEALTH STRATEGIES, LLC - GQG PARTNERS EMERGING MARKETS EQUITY SERIES	P		
BBH WEALTH STRATEGIES, LLC - BARE MID-LARGE CAP SERIES	P		
BROWN BROTHERS 0719	P		
BROWN BROTHERS 0719	P		
DISTRIBUTION FROM HITCHWOOD CAPITAL PARTNERS	P		
DISTRIBUTION FROM OAKTREE OPPS SUB TRUST	P		
DISTRIBUTION FROM SANDTON CREDIT SOLUTIONS IV SUB TRUST	P		
DISTRIBUTION FROM CAPITAL PARTNERS V-1 SUB TRUST	P		
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	**(f)** Depreciation allowed (or allowable)	**(g)** Cost or other basis plus expense of sale	**(h)** Gain or (loss) (e) plus (f) minus (g)
		20,202	-20,202
5,615			5,615
		90,724	-90,724
11,105,455		10,268,414	837,041
32,952,625		7,074,523	25,878,102
7,736,472		7,736,472	0
51,351		51,351	0
13,608		13,608	0
572,440		572,440	0
66,350			66,350

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			-20,202
			5,615
			-90,724
			837,041
			25,878,102
			0
			0
			0
			0
			66,350

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000).

RICHARD W COUCH
BARBARA J COUCH

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
COBSCOOK COMMUNITY LEARNING 10 COMMISSARY POINT RD LUBEC, ME 04652		PUBLIC	GENERAL SUPPORT	1,000
MVYOUTHPO BOX 654 EDGARTOWN, MA 02539		PUBLIC	GENERAL SUPPORT	1,518
FRIENDS OF NORRIS COTTON CANCER CENTER ONE MEDICAL CENTER DRIVE LEBANON, NH 03756		PUBLIC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
FRIENDS OF NORRIS COTTON CANCER CENTER ONE MEDICAL CENTER DRIVE LEBANON, NH 03756		PUBLIC	GENERAL SUPPORT	5,000
UPPER VALLEY HAVEN 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	5,000
UPPER VALLEY HAVEN 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	5,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
AMERICAN PRECISION MUSEUM 196 MAIN ST PO BOX 679 WINDSOR, VT 05089		PUBLIC	GENERAL SUPPORT	1,000
SOUTHEASTERN VERMONT COMMUNITY ACTION 91 BUCK DR WESTMINSTER, VT 05158		PUBLIC	GENERAL SUPPORT	10,000
THE SPACE ON MAIN174 MAIN STREET BRADFORD, VT 05033		PUBLIC	GENERAL SUPPORT	5,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
SPECIAL NEEDS SUPPORT CENTER 12 FLYNN STREET LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	10,000
MONTSHIRE MUSEUM OF SCIENCE ONE MONTSHIRE ROAD NORWICH, VT 05055		PUBLIC	GENERAL SUPPORT	5,000
NEW HAMPSHIRE CENTER FOR NONPROFITS 84 SILK FARM ROAD CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	5,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
SECOND GROWTHPO BOX 5227 WEST LEBANON, NH 03784		PUBLIC	GENERAL SUPPORT	10,000
SPARK COMMUNITY CENTER75 BANK ST LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	5,000
CAMP JABERWOCKY 200 GREENWOOD AVE VINEYARD HAVEN, MA 02568		PUBLIC	GENERAL SUPPORT	7,500
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
FORD SAYRE MEMORIAL SKI COUNCIL PO BOX 471 HANOVER, NH 03755		PUBLIC	GENERAL SUPPORT	5,000
FRIENDS OF THE CHILMARK PUBLIC LIBRARY PO BOX 434 CHILMARK, MA 02535		PUBLIC	GENERAL SUPPORT	2,000
CLAREMONT EARLY CHILDHOOD PROGRAM 111 SOUTH STREET CLAREMONT, NH 03743		PUBLIC	GENERAL SUPPORT	23,160
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
DISMAS OF VT103 PARK AVENUE RUTLAND, VT 05701		PUBLIC	GENERAL SUPPORT	2,500
UPPER VALLEY SNOW SPORTS FOUNDATION 161 WHALEBACK MOUNTAIN RD ENFIELD, NH 03749		PUBLIC	GENERAL SUPPORT	25,000
CLAREMONT LEARNING PARTNERSHIP 169 MAIN ST CLAREMONT, NH 03743		PUBLIC	GENERAL SUPPORT	66,300
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
HEALTH STRATEGIES OF NEW HAMPSHIRE ONE PILLSBURY STREET SUITE 301 CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	1,000
DARTMOUTH COLLEGE - THAYER SCHOOL OF ENGINEERING 14 ENGINEERING DR HANOVER, NH 03755		PUBLIC	GENERAL SUPPORT	25,000
MT ASCUTNEY HOSPITAL AND HEALTH CENTER PO BOX 101 BROWNSVILLE, VT 05037		PUBLIC	GENERAL SUPPORT	6,600
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
UPPER VALLEY HAVEN 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	35,000
HEADREST14 CHURCH STREET LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	15,000
AVA GALLERY AND ART CENTER 11 BANK STREET LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	25,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
MT ASCUTNEY HOSPITAL AND HEALTH CENTER PO BOX 101 BROWNSVILLE, VT 05037		PUBLIC	GENERAL SUPPORT	63,309
OPERA NORTH20 WEST PARK STREET LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	10,000
PUBLIC HEALTH COUNCIL OF THE UPPER VALLEY ONE COURT STREET 378 LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	5,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
CHANGING PERSPECTIVESPO BOX 694 BRADFORD, VT 05033		PUBLIC	GENERAL SUPPORT	9,000
ISLAND GROWN INITIATIVEPO BOX 622 VINEYARD HAVEN, MA 02569		PUBLIC	GENERAL SUPPORT	10,000
LEBANON OUTING CLUB 60 SPRING STREET LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	15,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
THE MAYHEW PROGRAM 293 W SHORE RD BRISTOL, NH 03222		PUBLIC	GENERAL SUPPORT	7,000
VERMONT PBS 10 EAST ALLEN ST SUITE 202 WINOOSKI, VT 05404		PUBLIC	GENERAL SUPPORT	5,000
WINDSOR EARLY CHILDHOOD CENTER 20 BRIDGE ST WINDSOR, VT 05089		PUBLIC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
ZACH'S PLACE ENRICHMENT CENTER 73 CENTRAL STREET SUITE A PO BOX 634 WOODSTOCK, VT 05091		PUBLIC	GENERAL SUPPORT	10,000
COVER HOME REPAIR 158 SOUTH MAIN STREET WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	15,000
RAISING A READER - MA 9B HAMILTON PLACE 3RD FL BOSTON, MA 02108		PUBLIC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
VSA VERMONT21 CARMICHAEL ST 206 ESSEX JUNCTION, VT 05452		PUBLIC	GENERAL SUPPORT	5,000
PENTANGLE ARTS31 THE GREEN WOODSTOCK, VT 05091		PUBLIC	GENERAL SUPPORT	5,000
GOOD BEGINNINGS OF THE UPPER VALLEY PO BOX 5054 WEST LEBANON, NH 03784		PUBLIC	GENERAL SUPPORT	21,175
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
NEW HAMPSHIRE CHILDREN'S TRUST 10 FERRY ST 315 CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	7,500
NORTH COUNTRY EDUCATION SERVICES AGENCY 300 GORHAM HILL ROAD GORHAM, NH 03581		PUBLIC	GENERAL SUPPORT	2,550
UPPER VALLEY HAVEN 713 HARTFORD AVENUE WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	25,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
GIFT OF ADOPTION 2001 WAUKEGAN ROAD TECHNY, IL 60082		PUBLIC	GENERAL SUPPORT	1,000
GLOBAL CAMPUSES FOUNDATION 43 S MAIN STREET RANDOLPH, VT 05060		PUBLIC	GENERAL SUPPORT	7,500
THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON, NH 03756		PUBLIC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
CHILDREN'S LITERACY FOUNDATION 1536 LOOMIS HILL ROAD WATERBURY CENTER, VT 05677		PUBLIC	GENERAL SUPPORT	30,000
MARIPOSA MUSEUM26 MAIN ST PETERBOROUGH, NH 03458		PUBLIC	GENERAL SUPPORT	500
WILLING HANDS ENTERPRISES PO BOX 172 LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
ISLAND FOOD PANTRYCHURCH ST VINEYARD, MA 02568		PUBLIC	GENERAL SUPPORT	5,000
UPPER VALLEY AQUATICS CENTER 100 ARBORETUM LN WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	5,000
UPPER VALLEY AQUATICS CENTER 100 ARBORETUM LN WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
MASSACHUSETTS AUDUBON SOCIETY 346 GRAPEVINE RD WENHAM, MA 01984		PUBLIC	GENERAL SUPPORT	12,885
UPPER VALLEY TRAILS ALLIANCE PO BOX 1215 NORWICH, VT 05055		PUBLIC	GENERAL SUPPORT	10,000
MARTHA'S VINEYARD BOYS AND GIRLS CLUB PO BOX 654 EDGARTOWN, MA 02539		PUBLIC	GENERAL SUPPORT	7,500
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
TWINSTATE MAKERSPACES 46 MAIN STREET CLAREMONT, NH 03743		PUBLIC	GENERAL SUPPORT	15,000
LEBANON OPERA HOUSE51 N PARK ST LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	15,000
LYME NURSERY SCHOOL 155 DARTMOUTH COLLEGE HWY LYME, NH 03768		PUBLIC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
NH BUSINESS COMMUNITY FOR THE ARTS 49 SOUTH MAIN STREET SUITE 205 CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	2,250
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755		PUBLIC	GENERAL SUPPORT	10,000
DARTMOUTH HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DRIVE LEBANON, NH 03756		PUBLIC	GENERAL SUPPORT	120,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
THE FAMILY PLACE 319 US ROUTE 5 SOUTH NORWICH, VT 05055		PUBLIC	GENERAL SUPPORT	20,000
REACHING HIGHER NEW HAMPSHIRE 40 NORTH MAIN STREET SUITE 204 CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	1,500
AVA GALLERY AND ART CENTER 11 BANK STREET LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	16,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
FUTURE IN SIGHT25 WALKER ST CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	10,000
GOOD NEIGHBOR HEALTH CLINIC 70 NORTH MAIN STREET WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	20,000
PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND 784 HERCULES DRIVE SUITE 110 COLCHESTER, VT 05446		PUBLIC	GENERAL SUPPORT	25,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND 784 HERCULES DRIVE SUITE 110 COLCHESTER, VT 05446		PUBLIC	GENERAL SUPPORT	25,000
ALOHA FOUNDATION - HULBERT OUTDOOR CENTER 2968 LAKE MOREY RD FAIRLEE, VT 05045		PUBLIC	GENERAL SUPPORT	5,000
GIRLS ON THE RUN VT 801 EAST MOREHEAD STREET CHARLOTTE, NC 28202		PUBLIC	GENERAL SUPPORT	5,245
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
TLC FAMILY RESOURCE CENTER 109 PLEASANT ST CLAREMONT, NH 03743		PUBLIC	GENERAL SUPPORT	74,249
VISIONS FOR CREATIVE HOUSING SOLUTIONS 8 SUNRISE FARM LN ENFIELD, NH 03748		PUBLIC	GENERAL SUPPORT	20,000
BIG BROTHERS BIG SISTERS OF CC AND THE ISLANDS 1934 FALMOUTH ROAD CENTERVILLE, MA 02632		PUBLIC	GENERAL SUPPORT	15,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
CENTER FOR SCHOOL SUCCESS 79 EAST WILDER ROAD WEST LEBANON, NH 03784		PUBLIC	GENERAL SUPPORT	5,000
GREEN MOUNTAIN CHILDREN'S CENTER 92 FARMVU DR WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	10,000
GREEN MOUNTAIN CHILDREN'S CENTER 92 FARMVU DR WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	30,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
GREEN MOUNTAIN CHILDREN'S CENTER 92 FARMVU DR WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	30,878
ORANGE COUNTY PARENT CHILD CENTER 693 VT-110 TUNBRIDGE, VT 05077		PUBLIC	GENERAL SUPPORT	30,000
TWIN PINES HOUSING TRUST 240 SOUTH MAIN STREET WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	15,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
VINS 6565 WOODSTOCK ROAD ROUTE 4 PO BOX 1281 QUECHEE, VT 05059		PUBLIC	GENERAL SUPPORT	15,000
DISMAS OF VT103 PARK AVENUE RUTLAND, VT 05701		PUBLIC	GENERAL SUPPORT	10,000
GRANITE UNITED WAY 22 CONCORD ST 2 MANCHESTER, NH 03101		PUBLIC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
HAMPSHIRE COOPERATIVE NURSERY SCHOOL 104 LYME RD HANOVER, NH 03755		PUBLIC	GENERAL SUPPORT	10,000
DARTMOUTH HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DRIVE LEBANON, NH 03756		PUBLIC	GENERAL SUPPORT	30,000
GOOD BEGINNINGS OF THE UPPER VALLEY PO BOX 5054 WEST LEBANON, NH 03784		PUBLIC	GENERAL SUPPORT	8,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
NEW HAMPSHIRE CHARITABLE FOUNDATION 37 PLEASANT STREET CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	50,000
SAFELINEPO BOX 368 CHELSEA, VT 05038		PUBLIC	GENERAL SUPPORT	8,810
UPPER VALLEY HOSTEL 17 SOUTH STREET HANOVER, NH 03755		PUBLIC	GENERAL SUPPORT	5,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
HANOVER NH ROTARY CHARITIES PO BOX 381 HANOVER, NH 03755		PUBLIC	GENERAL SUPPORT	5,000
POSITIVE TRACKS 35 SOUTH MAIN STREET HANOVER, NH 03755		PUBLIC	GENERAL SUPPORT	20,000
UPPER VALLEY INTERFAITH PROJECT PO BOX 187 MERIDEN, NH 03770		PUBLIC	GENERAL SUPPORT	5,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
BRIDGEWATER AREA COMMUNITY FOUNDATION 7335 US-4 BRIDGEWATER, VT 05034		PUBLIC	GENERAL SUPPORT	25,000
REVELS NORTHPO BOX 415 HANOVER, NH 03755		PUBLIC	GENERAL SUPPORT	2,500
UPPER VALLEY TEACHER TRAINING PROGRAM 194 DARTMOUTH COLLEGE HIGHWAY ROUTE 4 LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	50,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
WAYPOINT318 5TH ST SE CEDAR RAPIDS, IA 52401		PUBLIC	GENERAL SUPPORT	20,000
THE YARDPO BOX 405 CHILMARK, MA 02535		PUBLIC	GENERAL SUPPORT	9,000
WHITE RIVER PARTNERSHIP4266 VT-14 SOUTH ROYALTON, VT 05068		PUBLIC	GENERAL SUPPORT	2,500
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
TWIN RIVER CHILDREN'S CENTER 76 SEMINARY HILL RD WEST LEBANON, NH 03784		PUBLIC	GENERAL SUPPORT	10,000
DARTMOUTH HITCHCOCKDHH ONE MEDICAL CENTER DRIVE LEBANON, NH 03756		PUBLIC	GENERAL SUPPORT	1,000
BRADLEY UNIVERSITY 1501 W BRADLEY AVE PEORIA, IL 61625		PUBLIC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
COLGATE UNIVERSITY13 OAK DRIVE HAMILTON, NY 13346		PUBLIC	GENERAL SUPPORT	10,000
FRIENDS OF WLRN172 NE 15TH STREET MIAMI, FL 33132		PUBLIC	GENERAL SUPPORT	1,000
UPPER VALLEY SNOW SPORTS FOUNDATION 160 WHALEBACK MOUNTAIN RD ENFIELD, NH 03748		PUBLIC	GENERAL SUPPORT	25,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
MONTSHIRE MUSEUM OF SCIENCE ONE MONTSHIRE ROAD NORWICH, VT 05055		PUBLIC	GENERAL SUPPORT	12,000
TEXAS CIVIL RIGHTS PROJECT 1405 MONTOPOLIS DR AUSTIN, TX 78741		PUBLIC	GENERAL SUPPORT	2,500
UNIVERSITY OF TEXAS AUSTIN - LITERACY FIRST 200 W 24TH STREET AUSTIN, TX 78705		PUBLIC	GENERAL SUPPORT	5,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
NH WOMEN'S FOUNDATION 2 DELTA DRIVE CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	5,000
VALLEY COOPERATIVE PRESCHOOL 551 LOWER PLAIN BRADFORD, VT 05033		PUBLIC	GENERAL SUPPORT	25,000
SAIL MARTHA'S VINEYARD79 BEACH RD VINEYARD HAVEN, MA 02568		PUBLIC	GENERAL SUPPORT	7,500
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
BREAKTHROUGH CENTRAL TEXAS 1050 E 11TH ST AUSTIN, TX 78702		PUBLIC	GENERAL SUPPORT	5,000
CHILMARK COMMUNITY CENTER 520 S RD CHILMARK, MA 02535		PUBLIC	GENERAL SUPPORT	2,000
MARTHA'S VINEYARD HOSPITAL 1 HOSPITAL RD OAK BLUFFS, MA 02557		PUBLIC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
THE FAMILY PLACE 319 US ROUTE 5 SOUTH NORWICH, VT 05055		PUBLIC	GENERAL SUPPORT	30,000
BARN ARTS CENTER FOR THE ARTS 130 TREMONT RD BASS HARBOR, ME 04653		PUBLIC	GENERAL SUPPORT	2,500
CHILDREN'S CENTER OF THE UPPER VALLEY 178 MECHANIC ST LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	50,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
GREEN MOUNTAIN CHILDREN'S CENTER 92 FARMVU DR WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	13,871
GREEN MOUNTAIN CHILDREN'S CENTER 92 FARMVU DR WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	115,225
NEW HAMPSHIRE HUMANITIES 117 PLEASANT STREET CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	7,500
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
NEW HAMPSHIRE PUBLIC RADIO 2 PILSBURY STREET CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	10,000
SOCIETY FOR THE PROTECTION OF NH FORESTS 54 PORTSMOUTH STREET CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	5,000
UPPER VALLEY LAND TRUST 19 BUCK ROAD HANOVER, NH 03755		PUBLIC	GENERAL SUPPORT	15,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
VISITING NURSE AND HOSPICE OF NH AND VT PO BOX 976 WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	2,500
GRAFTON COUNTY SENIOR CITIZENS COUNCIL 10 CAMBELL STREET LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	17,000
MAPLE LEAF CHILDREN'S CENTER 2596 VT-113 THETFORD, VT 05074		PUBLIC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
NEW HAMPSHIRE WOMEN'S FOUNDATION 2 DELTA DRIVE CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	10,000
UPPER VALLEY HUMANE SOCIETY 300 OLD ROUTE 10 ENFIELD, NH 03748		PUBLIC	GENERAL SUPPORT	5,000
VITAL COMMUNITIES 195 NORTH MAIN STREET WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
ACE MV 100 EDGARTOWN VINEYARD HAVEN RD OAK BLUFFS, MA 02557		PUBLIC	GENERAL SUPPORT	10,000
NEW HAMPSHIRE CHARITABLE FOUNDATION 37 PLEASANT STREET CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	10,000
NEW HAMPSHIRE CHARITABLE FOUNDATION 37 PLEASANT STREET CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	159,125
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
SPRINGFIELD AREA PARENT CHILD CENTER 6 MAIN ST NORTH SPRINGFIELD, VT 05150		PUBLIC	GENERAL SUPPORT	15,000
WEST CENTRAL BEHAVIOR HEALTH 9 HANOVER STREET SUITE 2 LEBANON, NH 03766		PUBLIC	GENERAL SUPPORT	30,000
CROTCHED MOUNTAIN FOUNDATION 1 VERNEY DRIVE GREENFIELD, NH 03047		PUBLIC	GENERAL SUPPORT	25,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
GOVERNOR'S INSTITUTE OF VT 20 W CANAL ST WINOOSKI, VT 05404		PUBLIC	GENERAL SUPPORT	4,000
NORTHERN STAGEPO BOX 4287 WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	10,000
SAFEART19-40 HAZEN ST EAST ELMHURST, NY 11370		PUBLIC	GENERAL SUPPORT	6,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
CASA OF NHPO BOX 1327 MANCHESTER, NH 03105		PUBLIC	GENERAL SUPPORT	10,000
CASA OF NHPO BOX 1327 MANCHESTER, NH 03105		PUBLIC	GENERAL SUPPORT	25,000
FRIENDS OF NORRIS COTTON CANCER CENTER ONE MEDICAL CENTER DRIVE LEBANON, NH 03756		PUBLIC	GENERAL SUPPORT	5,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
FRIENDS OF NORRIS COTTON CANCER CENTER ONE MEDICAL CENTER DRIVE LEBANON, NH 03756		PUBLIC	GENERAL SUPPORT	10,000
NHADACA130 PEMBROKE RD 100 CONCORD, NH 03301		PUBLIC	GENERAL SUPPORT	5,000
UPPER VALLEY HABITAT FOR HUMANITY 5 S MAIN ST 307 WHITE RIVER JUNCTION, VT 05001		PUBLIC	GENERAL SUPPORT	20,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
WAYPOINT318 5TH ST SE CEDAR RAPIDS, IA 52401		PUBLIC	GENERAL SUPPORT	20,000
WOODSTOCK COMMUNITY PRESCHOOL 54 RIVER STREET WOODSTOCK, VT 05091		PUBLIC	GENERAL SUPPORT	10,000
HOPE ON HAVEN HILL 326 ROCHESTER HILL RD ROCHESTER, NH 03867		PUBLIC	GENERAL SUPPORT	10,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
ROOM TO GROW142 BERKLEY STREET BOSTON, MA 02116		PUBLIC	GENERAL SUPPORT	10,000
NEW HAMPSHIRE ACADEMY OF SCIENCE 95 DARTMOUTH COLLEGE HWY LYME, NH 03768		PUBLIC	GENERAL SUPPORT	68,650
DUPAGE CHILDREN'S MUSEUM 301 N WASHINGTON ST NAPERVILLE, IL 60540		PUBLIC	GENERAL SUPPORT	2,500
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
GIFT OF ADOPTION 2001 WAUKEGAN ROAD TECHNY, IL 60082		PUBLIC	GENERAL SUPPORT	2,500
UPPER VALLEY WALDORF SCHOOL 80 BLUFF RD QUECHEE, VT 05059		PUBLIC	GENERAL SUPPORT	10,000
ERIKSON INSTITUTE451 N LASALLE DR CHICAGO, IL 60654		PUBLIC	GENERAL SUPPORT	5,000
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
CARING COMMUNITY PRESCHOOL 449 ROUTE 244 POST MILLS, VT 05058		PUBLIC	GENERAL SUPPORT	7,500
THE MORTON ARBORETUM4100 IL-53 LISLE, IL 60532		PUBLIC	GENERAL SUPPORT	5,000
CHICAGO BOTANIC GARDENS 1000 LAKE COOK RD GLENCOE, IL 60022		PUBLIC	GENERAL SUPPORT	2,500
Total . . . . . ▶ **3a**				2,920,800

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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*				
NEW HEIGHTS YOUTH50 E 118TH ST NEW YORK, NY 10035		PUBLIC	GENERAL SUPPORT	10,000
FIDELITY DONOR ADVISED FUND PO BOX 770001 CINCINNATI, OH 45277		PUBLIC	GENERAL SUPPORT	500,000
Total . . . . . ▶ **3a**				2,920,800

TY 2019 Accounting Fees Schedule

Name: THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

EIN: 10-0000573

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	15,050	0		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491318015090

TY 2019 Investments Corporate Bonds Schedule

Name: THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

EIN: 10-0000573

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
FIXED INCOME SECURITIES	12,673,166	13,127,874

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491318015090

TY 2019 Investments Corporate Stock Schedule

Name: THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

EIN: 10-0000573

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES	60,365,452	79,149,347

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TY 2019 Investments - Other Schedule

Name: THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

EIN: 10-0000573

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BBH REAL ASSETS	AT COST	446,703	446,769

TY 2019 Other Decreases Schedule

Name: THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

EIN: 10-0000573

Description	Amount
BBH ADJUSTMENT TO QRP COST BASIS IN STMTS	1,171,248

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TY 2019 Other Expenses Schedule

Name: THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

EIN: 10-0000573

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER GENERAL AND ADMIN COSTS	352,285	0		340,407

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TY 2019 Other Income Schedule

Name: THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

EIN: 10-0000573

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FROM K-1: BURGUNDY EMERGING MARKET SERIES	44,958	44,958	44,958
FROM K-1: GQG PARTNERS EMERGING MARKETS EQUITY SERIES	39,812	39,812	39,812
FROM K-1: 1818 PARTNERS	48	48	48

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TY 2019 Other Professional Fees Schedule

Name: THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

EIN: 10-0000573

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	622,169	622,169		0
FROM K-1: ALTAROCK PARTNERS SERIES	233	233		0
FROM K-1: GQG PARTNERS EMERGING MARKETS EQUITY SERIES	2,693	2,693		0
FROM K-1: SELECT EQUITY SERIES	1,726	1,726		0
FROM K-1: CEDAR ROCK CAPITAL PARTNERS	5,021	5,021		0

TY 2019 Substantial Contributors Schedule

Name: THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

EIN: 10-0000573

Name	Address
RICHARD W COUCH	23 BERRILL FARMS LANE HANOVER, NH 03755
BARBARA J COUCH	23 BERRILL FARMS LANE HANOVER, NH 03755

TY 2019 Taxes Schedule

Name: THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

EIN: 10-0000573

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	56,685	56,685		0
FEDERAL ESTIMATES	200,000	0		0
PAYROLL TAXES	3,503	0		3,503

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization
THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

Employer identification number
10-0000573

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 other 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, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
THE COUCH FAMILY FOUNDATION C/O MOTT PHILANTHROPIC	10-0000573

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD COUCH 23 BERRILL FARMS LANE HANOVER, NH 03755	$ 19,453,432	☐ Person ☐ Payroll ☑ Noncash (Complete Part II for noncash contributions.)
2	BARBARA COUCH 23 BERRILL FARMS LANE HANOVER, NH 03755	$ 5,800,000	☑ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

Employer identification number
10-0000573

Part II **Noncash Property** (see Instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
____	See Additional Data Table	$ ____	____

(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
____		$ ____	____

Name of organization
THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

Employer identification number
10-0000573

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $**

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, and 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, and 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, and 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, and ZIP 4	Relationship of transferor to transferee

Additional Data

Software ID:

Software Version:

EIN: 10-0000573

Name: THE COUCH FAMILY FOUNDATION
C/O MOTT PHILANTHROPIC

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	37000 SHARES QUALCOMM INC	$ 1,832,240	2019-01-31
1	1730 SHARES ALPHABET INC	$ 1,973,030	2019-07-10
1	2675 SHARES BERKSHIRE HATHAWAY	$ 572,530	2019-07-10
1	12000 SHARES CELANESE CORP	$ 1,252,800	2019-07-10
1	38500 SHARES COMCAST	$ 1,685,915	2019-07-10
1	28000 SHARES MICROSOFT	$ 3,859,800	2019-07-10
1	7000 SHARES PAYPAL HOLDINGS	$ 837,480	2019-07-10
1	32000 SHARES PROGRESSIVE CORP	$ 2,669,760	2019-07-10
1	69000 SHARES QURATE RETAIL INC	$ 856,980	2019-07-10
1	7500 SHARES US BANCORP	$ 398,850	2019-07-10

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	8000 SHARES WAL MART	$ 903,840	2019-07-10
1	19500 SHARES WELLS FARGO	$ 919,425	2019-07-10
1	14660 SHARES ZOETIS INC	$ 1,679,596	2019-07-10
1	MARKETABLE SECURITIES	$ 11,186	2019-04-01