

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

|                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of foundation<br>EMILY LANDECKER FOUNDATION INC                                                                                                                                                                                                                                                                                                               |  | A Employer identification number<br>20-1983521                                                                                      |  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>80 SOUTH MAIN ST                                                                                                                                                                                                                                                              |  | Room/suite                                                                                                                          |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>HANOVER, NH 03755                                                                                                                                                                                                                                                                      |  | B Telephone number (see instructions)<br>(603) 643-7799                                                                             |  |
| G Check all that apply:<br><div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div> |  | D 1. Foreign organizations, check here.....<br>2. Foreign organizations meeting the 85% test, check here and attach computation ... |  |
| H Check type of organization:<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> 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) ▶ \$ 37,282,977                                                                                                                                                                                                                                                                 |  | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .....                                       |  |
| J Accounting method:<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.)                                                                                                                                                                 |  |                                                                                                                                     |  |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (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)                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments . . . . .                                                  | 135,566                            | 135,566                   |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . . . .                                                              | 845,595                            | 845,595                   |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss) _____                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10 _____                                                  | 1,125,281                          |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a _____                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . . . .                                                      |                                    | 1,125,281                 |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances _____                                                               |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less: Cost of goods sold . . . . .                                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule) . . . . .                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                                     |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                                      | 2,106,442                          | 2,106,442                 |                         |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc.                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                                   | 12,600                             | 12,600                    |                         |                                                             |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . . . .                                                         | 20,000                             |                           |                         |                                                             |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . . . .                                                       |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                                          |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                                   | 175,100                            | 175,100                   |                         |                                                             |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .                               | 207,700                            | 187,700                   |                         | 0                                                           |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                                  | 822,414                            |                           |                         | 822,414                                                     |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                                        | 1,030,114                          | 187,700                   |                         | 822,414                                                     |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12:                                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                             | 1,076,328                          |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                                |                                    | 1,918,742                 |                         |                                                             |
| 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 . . . . .                                                                                                            |                                                                                                                      |                |                       |
|                                                                                                       | 2 Savings and temporary cash investments . . . . .                                                                                               | 1,958,333                                                                                                            | 1,934,794      | 1,934,794             |
|                                                                                                       | 3 Accounts receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                                                                   |                                                                                                                      |                |                       |
|                                                                                                       | 4 Pledges receivable ▶ _____<br>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) ▶ _____ 150,000<br>Less: allowance for doubtful accounts ▶ _____                            | 100,000                                                                                                              | 150,000        | 150,000               |
|                                                                                                       | 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) . . . . .                                                                                        | 32,253,760                                                                                                           | 35,198,183     | 35,198,183            |
|                                                                                                       | c Investments—corporate bonds (attach schedule) . . . . .                                                                                        |                                                                                                                      |                |                       |
|                                                                                                       | 11 Investments—land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                         |                                                                                                                      |                |                       |
|                                                                                                       | 12 Investments—mortgage loans . . . . .                                                                                                          |                                                                                                                      |                |                       |
|                                                                                                       | 13 Investments—other (attach schedule) . . . . .                                                                                                 |                                                                                                                      |                |                       |
|                                                                                                       | 14 Land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                                     |                                                                                                                      |                |                       |
| 15 Other assets (describe ▶ _____)                                                                    |                                                                                                                                                  |                                                                                                                      |                |                       |
| 16 <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) | 34,312,093                                                                                                                                       | 37,282,977                                                                                                           | 37,282,977     |                       |
| Liabilities                                                                                           | 17 Accounts payable and accrued expenses . . . . .                                                                                               |                                                                                                                      |                |                       |
|                                                                                                       | 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 <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                                  |                                                                                                                      | 0              |                       |
| Net Assets or Fund Balances                                                                           | <b>Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/></b><br><b>and complete lines 24, 25, 29 and 30.</b>               |                                                                                                                      |                |                       |
|                                                                                                       | 24 Net assets without donor restrictions . . . . .                                                                                               |                                                                                                                      |                |                       |
|                                                                                                       | 25 Net assets with donor restrictions . . . . .                                                                                                  |                                                                                                                      |                |                       |
|                                                                                                       | <b>Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/></b><br><b>and complete lines 26 through 30.</b> |                                                                                                                      |                |                       |
|                                                                                                       | 26 Capital stock, trust principal, or current funds . . . . .                                                                                    | 34,312,093                                                                                                           | 37,282,977     |                       |
|                                                                                                       | 27 Paid-in or capital surplus, or land, bldg., and equipment fund                                                                                |                                                                                                                      |                |                       |
|                                                                                                       | 28 Retained earnings, accumulated income, endowment, or other funds                                                                              |                                                                                                                      |                |                       |
| 29 <b>Total net assets or fund balances</b> (see instructions) . . . . .                              | 34,312,093                                                                                                                                       | 37,282,977                                                                                                           |                |                       |
| 30 <b>Total liabilities and net assets/fund balances</b> (see instructions) .                         | 34,312,093                                                                                                                                       | 37,282,977                                                                                                           |                |                       |

**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 | 34,312,093 |
| 2 Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 | 1,076,328  |
| 3 Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | 3 | 1,894,556  |
| 4 Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 | 37,282,977 |
| 5 Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | 5 |            |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .                                                              | 6 | 37,282,977 |

**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)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1 a</b> See Attached PDF Statement 8                                                                                            | P                                               | 2020-12-01                              | 2020-12-01                          |
| <b>b</b>                                                                                                                           |                                                 |                                         |                                     |
| <b>c</b>                                                                                                                           |                                                 |                                         |                                     |
| <b>d</b>                                                                                                                           |                                                 |                                         |                                     |
| <b>e</b>                                                                                                                           |                                                 |                                         |                                     |

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> 12,114,341      |                                               | 10,989,060                                         | 1,125,281                                       |
| <b>b</b>                 |                                               |                                                    |                                                 |
| <b>c</b>                 |                                               |                                                    |                                                 |
| <b>d</b>                 |                                               |                                                    |                                                 |
| <b>e</b>                 |                                               |                                                    |                                                 |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                    | (l)<br>Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col.(h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------|
| (i)<br>F.M.V. as of 12/31/69                                                                | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col. (i)<br>over col. (j), if any |                                                                                                   |
| <b>a</b>                                                                                    |                                         |                                                    | 1,125,281                                                                                         |
| <b>b</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>c</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>d</b>                                                                                    |                                         |                                                    |                                                                                                   |
| <b>e</b>                                                                                    |                                         |                                                    |                                                                                                   |

|                                                                                                                                                                                                           |          |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------|
| <b>2</b> Capital gain net income or (net capital loss) <span style="float: right;">{ If gain, also enter in Part I, line 7<br/>If (loss), enter -0- in Part I, line 7 }</span>                            | <b>2</b> | 1,125,281 |
|                                                                                                                                                                                                           | <b>3</b> |           |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0-<br>in Part I, line 8 |          |           |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

| <b>1</b> Reserved           |                 |                 |                 |
|-----------------------------|-----------------|-----------------|-----------------|
| (a)<br>Reserved             | (b)<br>Reserved | (c)<br>Reserved | (d)<br>Reserved |
|                             |                 |                 |                 |
|                             |                 |                 |                 |
|                             |                 |                 |                 |
|                             |                 |                 |                 |
|                             |                 |                 |                 |
| <b>2</b> Reserved . . . . . |                 |                 | <b>2</b>        |
| <b>3</b> Reserved . . . . . |                 |                 | <b>3</b>        |
| <b>4</b> Reserved . . . . . |                 |                 | <b>4</b>        |
| <b>5</b> Reserved . . . . . |                 |                 | <b>5</b>        |
| <b>6</b> Reserved . . . . . |                 |                 | <b>6</b>        |
| <b>7</b> Reserved . . . . . |                 |                 | <b>7</b>        |
| <b>8</b> Reserved , . . . . |                 |                 | <b>8</b>        |

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

|           |                                                                                                                                                                                                                                     |           |        |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions) |           |        |
| <b>b</b>  | Reserved.                                                                                                                                                                                                                           | <b>1</b>  | 26,671 |
| <b>c</b>  | All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)                                                                                                          |           |        |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                           | <b>2</b>  |        |
| <b>3</b>  | Add lines 1 and 2.                                                                                                                                                                                                                  | <b>3</b>  | 26,671 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>4</b>  |        |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.                                                                                                                                     | <b>5</b>  | 26,671 |
| <b>6</b>  | Credits/Payments:                                                                                                                                                                                                                   |           |        |
| <b>a</b>  | 2020 estimated tax payments and 2019 overpayment credited to 2020                                                                                                                                                                   | <b>6a</b> | 28,653 |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source                                                                                                                                                                                 | <b>6b</b> |        |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868)                                                                                                                                                                 | <b>6c</b> |        |
| <b>d</b>  | Backup withholding erroneously withheld                                                                                                                                                                                             | <b>6d</b> |        |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d.                                                                                                                                                                                | <b>7</b>  | 28,653 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.                                                                                                | <b>8</b>  |        |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .                                                                                                                                       | <b>9</b>  |        |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> .                                                                                                                           | <b>10</b> | 1,982  |
| <b>11</b> | Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 1,982 <b>Refunded</b>                                                                                                                                      | <b>11</b> |        |

**Part VII-A Statements Regarding Activities**

|           |                                                                                                                                                                                                                                                                                                                                                 |            |           |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>1a</b> | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                                                                                                            | <b>Yes</b> | <b>No</b> |
| <b>1a</b> |                                                                                                                                                                                                                                                                                                                                                 |            | No        |
| <b>b</b>  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).<br><i>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.</i> |            | No        |
| <b>1b</b> |                                                                                                                                                                                                                                                                                                                                                 |            | No        |
| <b>c</b>  | Did the foundation file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                     |            | No        |
| <b>1c</b> |                                                                                                                                                                                                                                                                                                                                                 |            | No        |
| <b>d</b>  | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:<br>(1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____                                                                                                                                                                  |            |           |
| <b>e</b>  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____                                                                                                                                                                                                |            |           |
| <b>2</b>  | Has the foundation engaged in any activities that have not previously been reported to the IRS?<br><i>If "Yes," attach a detailed description of the activities.</i>                                                                                                                                                                            | <b>2</b>   | No        |
| <b>3</b>  | 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? <i>If "Yes," attach a conformed copy of the changes</i>                                                                                                               | <b>3</b>   | No        |
| <b>4a</b> | Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                                                                                                                     | <b>4a</b>  | No        |
| <b>4b</b> | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?                                                                                                                                                                                                                                                                         | <b>4b</b>  |           |
| <b>5</b>  | Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br><i>If "Yes," attach the statement required by General Instruction T.</i>                                                                                                                                                                      | <b>5</b>   | No        |
| <b>6</b>  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:<br>• By language in the governing instrument, or<br>• 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?              | <b>6</b>   | Yes       |
| <b>7</b>  | Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>                                                                                                                                                                                                       | <b>7</b>   | Yes       |
| <b>8a</b> | Enter the states to which the foundation reports or with which it is registered (see instructions)<br>► NH _____                                                                                                                                                                                                                                |            |           |
| <b>b</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? <i>If "No," attach explanation.</i>                                                                                                                             | <b>8b</b>  | Yes       |
| <b>9</b>  | 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 2020 or the taxable year beginning in 2020? See the instructions for Part XIV.<br><i>If "Yes," complete Part XIV</i>                                                                               | <b>9</b>   | No        |
| <b>10</b> | Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>                                                                                                                                                                                                      | <b>10</b>  | No        |

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

|           |                                                                                                                                                                                                   |           |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .   | <b>11</b> |            | <b>No</b> |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions . . . . . | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>                                                  | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of ► <u>MICHAEL L CAHOON</u> Telephone no. ► <u>(603) 643-7799</u>                                                                                                          |           |            |           |

Located at ► 80 SOUTH MAIN ST STE 102 Hanover NHZIP+4 ► 03755

|           |                                                                                                                                                                                                     |                          |            |           |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .                                                                                 | <input type="checkbox"/> |            |           |
|           | and enter the amount of tax-exempt interest received or accrued during the year . . . . .                                                                                                           | ► <b>15</b>              |            |           |
| <b>16</b> | At any time during calendar year 2020, 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? . . . . . | <b>16</b>                | <b>Yes</b> | <b>No</b> |
|           | 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.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Yes</b> | <b>No</b> |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>1a</b> | 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                              |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                            |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                               |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                     |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 . . . . .                                                                                                                                                                                                                                                                       | <b>1b</b>  | <b>No</b> |
|           | Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                    |            |           |
| <b>c</b>  | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? . . . . .                                                                                                                                                                                                                                                                                                         | <b>1c</b>  | <b>No</b> |
| <b>2</b>  | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):                                                                                                                                                                                                                                                                                                                            |            |           |
| <b>a</b>  | At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years ► 20____, 20____, 20____, 20____                                                                                                                                                                                                              |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .                                                                                                                                                                           | <b>2b</b>  |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.<br>► 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                               |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                  |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2020 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 2020.) . . . . . | <b>3b</b>  |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                           | <b>4a</b>  | <b>No</b> |
| <b>b</b>  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?                                                                                                                                                                                                                                                                         | <b>4b</b>  | <b>No</b> |

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

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

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, 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 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| ANDREA REIMANN-CIARDELLI<br>80 SOUTH MAIN ST SUITE 102<br>HANOVER, NH 03755 | President<br>0.00                                         | 0                                         |                                                                       |                                       |
| THOMAS L CIARDELLI<br>80 SOUTH MAIN ST SUITE 102<br>HANOVER, NH 03755       | Sec/TREAS/DIR<br>0.00                                     | 0                                         |                                                                       |                                       |

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

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

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

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

| (a) Name and address of each person paid more than \$50,000                                | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                                       |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
|                                                                                            |                     |                  |
| <b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ► |                     |                  |

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

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

|          | Expenses |
|----------|----------|
| <b>1</b> |          |
|          |          |
|          |          |
| <b>2</b> |          |
|          |          |
|          |          |
| <b>3</b> |          |
|          |          |
|          |          |
| <b>4</b> |          |
|          |          |
|          |          |

**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 |
|-------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                          |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
| <b>2</b>                                                                                                          |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
| All other program-related investments. See instructions.                                                          |        |
| <b>3</b>                                                                                                          |        |
|                                                                                                                   |        |
|                                                                                                                   |        |
| <b>Total.</b> Add lines 1 through 3 . . . . . ►                                                                   |        |

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

|          |                                                                                                                    |           |            |
|----------|--------------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:        |           |            |
| <b>a</b> | Average monthly fair market value of securities. . . . .                                                           | <b>1a</b> | 30,890,270 |
| <b>b</b> | Average of monthly cash balances. . . . .                                                                          | <b>1b</b> | 2,044,598  |
| <b>c</b> | Fair market value of all other assets (see instructions). . . . .                                                  | <b>1c</b> | 0          |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c). . . . .                                                                     | <b>1d</b> | 32,934,868 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | <b>1e</b> | 0          |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets. . . . .                                                      | <b>2</b>  |            |
| <b>3</b> | Subtract line 2 from line 1d. . . . .                                                                              | <b>3</b>  | 32,934,868 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . . | <b>4</b>  | 494,023    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4        | <b>5</b>  | 32,440,845 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5. . . . .                                                      | <b>6</b>  | 1,622,042  |

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

|           |                                                                                                                    |           |           |
|-----------|--------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Minimum investment return from Part X, line 6. . . . .                                                             | <b>1</b>  | 1,622,042 |
| <b>2a</b> | Tax on investment income for 2020 from Part VI, line 5. . . . .                                                    | <b>2a</b> | 26,671    |
| <b>b</b>  | Income tax for 2020. (This does not include the tax from Part VI.). . . . .                                        | <b>2b</b> |           |
| <b>c</b>  | Add lines 2a and 2b. . . . .                                                                                       | <b>2c</b> | 26,671    |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1. . . . .                                     | <b>3</b>  | 1,595,371 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .                                                 | <b>4</b>  |           |
| <b>5</b>  | Add lines 3 and 4. . . . .                                                                                         | <b>5</b>  | 1,595,371 |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .                                                    | <b>6</b>  |           |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . . | <b>7</b>  | 1,595,371 |

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

|          |                                                                                                                                                              |           |         |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:                                                                   |           |         |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .                                                                         | <b>1a</b> | 822,414 |
| <b>b</b> | Program-related investments—total from Part IX-B. . . . .                                                                                                    | <b>1b</b> |         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .                                           | <b>2</b>  |         |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the:                                                                                         |           |         |
| <b>a</b> | Suitability test (prior IRS approval required). . . . .                                                                                                      | <b>3a</b> |         |
| <b>b</b> | Cash distribution test (attach the required schedule). . . . .                                                                                               | <b>3b</b> |         |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4                                            | <b>4</b>  | 822,414 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . . | <b>5</b>  |         |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .                                                                               | <b>6</b>  | 822,414 |

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

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

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2019 | (c)<br>2019 | (d)<br>2020 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2020 from Part XI, line 7                                                                                                                                |               |                            |             | 1,595,371   |
| <b>2</b> Undistributed income, if any, as of the end of the 2020:                                                                                                                          |               |                            |             |             |
| <b>a</b> Enter amount for 2019 only. . . . .                                                                                                                                               |               |                            |             |             |
| <b>b</b> Total for prior years: 20____, 20____, 20____                                                                                                                                     |               |                            |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2020:                                                                                                                                  |               |                            |             |             |
| <b>a</b> From 2015. . . . . 462,131                                                                                                                                                        |               |                            |             |             |
| <b>b</b> From 2016. . . . . 1,566,136                                                                                                                                                      |               |                            |             |             |
| <b>c</b> From 2017. . . . . 776,527                                                                                                                                                        |               |                            |             |             |
| <b>d</b> From 2018. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>e</b> From 2019. . . . . 504,073                                                                                                                                                        |               |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 3,308,867     |                            |             |             |
| <b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ► \$ 822,414                                                                                                             |               |                            |             |             |
| <b>a</b> Applied to 2019, but not more than line 2a                                                                                                                                        |               |                            |             |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               |                            |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2020 distributable amount. . . . .                                                                                                                                     |               |                            |             | 822,414     |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        |               |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2020.                                                                                                                                   | 772,957       |                            |             | 772,957     |
| (If an amount appears in column (d), the same amount must be shown in column (a).)                                                                                                         |               |                            |             |             |
| <b>6 Enter the net total of each column as indicated below:</b>                                                                                                                            |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5                                                                                                                                 | 2,535,910     |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .                                                                                                         |               |                            |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               |                            |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .                                                                                                           |               |                            |             |             |
| <b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .                                                                            |               |                            |             |             |
| <b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .                                                              |               |                            |             | 0           |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .       |               |                            |             |             |
| <b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .                                                                              |               |                            |             |             |
| <b>9 Excess distributions carryover to 2021.</b> Subtract lines 7 and 8 from line 6a. . . . .                                                                                              | 2,535,910     |                            |             |             |
| <b>10</b> Analysis of line 9:                                                                                                                                                              |               |                            |             |             |
| <b>a</b> Excess from 2016. . . . . 1,255,310                                                                                                                                               |               |                            |             |             |
| <b>b</b> Excess from 2017. . . . . 776,527                                                                                                                                                 |               |                            |             |             |
| <b>c</b> Excess from 2018. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>d</b> Excess from 2019. . . . . 504,073                                                                                                                                                 |               |                            |             |             |
| <b>e</b> Excess from 2020. . . . .                                                                                                                                                         |               |                            |             |             |

**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 2020, 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)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

|                                                                                                                                                                    | Tax year | Prior 3 years |          |          | (e) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
|                                                                                                                                                                    | (a) 2020 | (b) 2019      | (c) 2018 | (d) 2017 |           |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:                                                                                                |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter:                                                                                                                          |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                               |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                                |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter:                                                                                                                         |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                   |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                                 |          |               |          |          |           |

**Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**Part XV**

**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).)

ANDREA REIMANN-CIARDELLI

**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 e-mail 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:

AWARDS TO BE MADE PRIMARILY TO QUALIFIED 501(C)3'S ENGAGED IN CHARITABLE, SCIENTIFIC, LITERARY, EDUCATIONAL, OR OTHER EXEMPT PURPOSES SPECIFIED IN SECTION 501(C)3 OF THE INTERNAL REVENUE CODE. QUALIFIED CHARITIES SHOULD BE LOCATED IN THE UPPER CONNECTICUT RIVER VALLEY OF NEW HAMPSHIRE AND VERMONT. TYPICALLY SUCH CHARITIES ARE FAMILIAR TO THE OFFICERS AND DIRECTORS OF THE FOUNDATION.

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

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |         |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | ▶ <b>3a</b>                         | 822,414 |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |         |
|                                                                   |                                                                                                                    |                                      |                                     |         |
| <b>Total</b> . . . . .                                            |                                                                                                                    |                                      | ▶ <b>3b</b>                         |         |

Enter gross amounts unless otherwise indicated.

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

Form **990-PF** (2020)

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

|                                                                                                                                                                                                                                                                                                                                                                                                                     |  |              |            |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|------------|-----------|
| <b>1</b> 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?                                                                                                                                                                    |  |              | <b>Yes</b> | <b>No</b> |
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:                                                                                                                                                                                                                                                                                                                         |  |              |            |           |
| <b>(1)</b> Cash. . . . .                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>1a(1)</b> |            | <b>No</b> |
| <b>(2)</b> Other assets. . . . .                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>1a(2)</b> |            | <b>No</b> |
| <b>b</b> Other transactions:                                                                                                                                                                                                                                                                                                                                                                                        |  |              |            |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                          |  | <b>1b(1)</b> |            | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization. . . . .                                                                                                                                                                                                                                                                                                                                    |  | <b>1b(2)</b> |            | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets. . . . .                                                                                                                                                                                                                                                                                                                                                |  | <b>1b(3)</b> |            | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements. . . . .                                                                                                                                                                                                                                                                                                                                                                      |  | <b>1b(4)</b> |            | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees. . . . .                                                                                                                                                                                                                                                                                                                                                                        |  | <b>1b(5)</b> |            | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations. . . . .                                                                                                                                                                                                                                                                                                                              |  | <b>1b(6)</b> |            | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .                                                                                                                                                                                                                                                                                                                  |  | <b>1c</b>    |            | <b>No</b> |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> the value of the goods, other assets, or services received. |  |              |            |           |

[illegible]

**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 |
|                                              |                          |                                 |
|                                              |                          |                                 |
|                                              |                          |                                 |
|                                              |                          |                                 |

|                  |                                                                                                                                                                                                                                                                                                                        |               |                |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| <b>Sign Here</b> | 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. |               |                |
|                  | *****                                                                                                                                                                                                                                                                                                                  | 2021-05-04    | *****          |
|                  | _____<br>Signature of officer or trustee                                                                                                                                                                                                                                                                               | _____<br>Date | _____<br>Title |

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

|                                       |                                                                |                      |      |                                                                   |                          |
|---------------------------------------|----------------------------------------------------------------|----------------------|------|-------------------------------------------------------------------|--------------------------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Print/Type preparer's name                                     | Preparer's Signature | Date | Check if self-employed <input checked="checked" type="checkbox"/> | PTIN<br><br>P01227183    |
|                                       | MICHAEL L CAHOON                                               |                      |      |                                                                   |                          |
|                                       | Firm's name ▶ Snyder Cahoon & Co PLLC                          |                      |      |                                                                   | Firm's EIN ▶ 20-1983628  |
|                                       | Firm's address ▶ 80 S Main Street Ste 102<br>Hanover, NH 03755 |                      |      |                                                                   | Phone no. (603) 643-7799 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| DAVID'S HOUSEMOUNT SUPPORT RD<br>LEBANON, NH 03766                                                       | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 3,000   |
| WOMENS INFORMATION SERVICE<br>38 Bank Street<br>LEBANON, NH 03766                                        | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 3,000   |
| EMORY UNIVERSITY1762 CLIFTON RD<br>ATLANTA, GA 30322                                                     | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| THE FAMILY PLACE<br>319 US ROUTE 5 SOUTH<br>NORWICH, VT 05055                                            | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 10,000  |
| UPPER VALLEY LAND TRUST19 BUCK RD<br>HANOVER, NH 03755                                                   | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 50,000  |
| MAKE A WISH FOUNDATION<br>66 HANOVER STREET SUITE 101<br>MANCHESTER, NH 03101                            | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| KIDS PEACE1650 Broadway<br>Bethlehem, PA 18015                                                           | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,500   |
| Montshire Museum1 Montshire Rd<br>Norwich, VT 05055                                                      | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 10,000  |
| Vermont Institute of Natural Scienc<br>PO Box 1281<br>Quechee, VT 05059                                  | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 114,000 |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

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

| Recipient                                                                          | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                                |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                               |                                                                                                                    |                                      |                                     |         |
| Center for Northern Woodlands<br>PO Box 471<br>Corinth, VT 05039                   | NONE                                                                                                               | PC                                   | TAX EXEMPT PURPOSE                  | 25,000  |
| CAREPO Box 1871<br>Merrifield, VA 22116                                            | NONE                                                                                                               | PC                                   | TAX EXEMPT PURPOSE                  | 5,000   |
| Miracle Flights for Kids<br>2764 N Green Valley Pkwy 115<br>Green Valley, NV 89014 | NONE                                                                                                               | PC                                   | TAX EXEMPT PURPOSE                  | 3,000   |
| <b>Total . . . . . ▶ 3a</b>                                                        |                                                                                                                    |                                      |                                     | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| Planned Parenthood<br>80 South Main Street<br>Lebanon, NH 03784                                          | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| Unicef125 Maiden Lane 11th floor<br>New York, NY 10038                                                   | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 1,000   |
| Vermont Center for Ecostudies<br>PO Box 420<br>Norwich, VT 05055                                         | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 10,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| Vital Communities104 Railroad Rd<br>White River Junction, VT 05001                                       | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 30,000  |
| Headrest14 Church St<br>Lebanon, NH 03766                                                                | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| Vermont Food Bank33 Parker Rd<br>Barre, VT 05641                                                         | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| Willing HandsPO Box 172<br>Lebanon, NH 03766                                                             | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| Claremont Soup Kitchen18 Central St<br>Claremont, NH 03743                                               | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| Garden ConservancyPO Box 219<br>Cold Spring, NY 10516                                                    | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| Good BeginningsPO Box 5054<br>West Lebanon, NH 03784                                                     | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| Guide Dogs of America<br>13445 Glenoaks Blvd<br>Sylmar, CA 91342                                         | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| Nature Conservancy<br>4245 N Fairfax Drive Suite 100<br>Arlington, VA 22203                              | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| Childrens Hospital at Dartmouth<br>One Medical Center Drive<br>Lebanon, NH 03756                         | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| Doctors Without Borders<br>333 7th Avenue 2nd Floor<br>New York, NY 10001                                | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| Howe Library13 South Street<br>Hanover, NH 03755                                                         | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| New Hampshire Public Radio<br>2 Pilsbury Street<br>Concord, NH 03301                                     | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| Norris Cotton Cancer Center<br>1 Medical Center Drive<br>Lebanon, NH 03756                               | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| Northern StagePO Box 4287<br>White River Junction, VT 05001                                              | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 10,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| Upper Valley Humane Society<br>300 Old Route 10<br>Enfield, NH 03748                                     | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| Upper Valley Haven713 Hartford Avenue<br>White River Junction, VT 05001                                  | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 110,000 |
| Friends of Hanover CrewPO Box 855<br>Hanover, NH 03755                                                   | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| HANOVER CONSERVANCY<br>16 BUCK ROAD<br>HANOVER, NH 03755                                                 | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| Albert Schweiter Fellowship Dartmou<br>6066 Development Office<br>Hanover, NH 03755                      | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,500   |
| Hartford Dismas House<br>1673 Maple Street<br>Hartford, VT 05047                                         | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| Hanover Improvement Society<br>57 South Main Street<br>Hanover, NH 03755                                 | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 1,000   |
| Special Olympics of New Hampshire<br>650 Elm Street<br>Manchester, NH 03101                              | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 1,500   |
| New England Aquarium1 Central Wharf<br>Boston, MA 02110                                                  | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 10,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| Upper Valley Trails Alliance<br>326 Main Street<br>Norwich, VT 05055                                     | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 3,000   |
| Youth In ActionPO Box 445<br>Hanover, NH 03755                                                           | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 500     |
| Southeastern Vermont Community Acti<br>91 Buck Drive<br>Westminster, VT 05158                            | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 1,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| Good Neighbor Health Clinic<br>70 North Main Street<br>White River Junction, VT 05001                    | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,500   |
| American Red CrossPO Box 37243<br>Washington, DC 20013                                                   | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 500     |
| PROJECT HOPEPO BOX 96340<br>WASHINGTON, DC 20090                                                         | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| Sharon Academy<br>PO Box 207<br>Sharon, VT 05065                                                         | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 3,600   |
| ENVIRONMENTAL DEFENSE FUND<br>257 PARK AVENUE<br>NEW YORK, NY 10010                                      | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| FRESH AIR FUND<br>633 3RD AVE FLOOR 14<br>NEW YORK, NY 10017                                             | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| HAWAIIAN EYE FOUNDATION<br>95-717 KIPAPA DRIVE APT 23<br>MILILANI, HI 96789                              | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| KANGALOOA WILDLIFE SHELTER<br>RMB 20401<br>YACKANDANDAH, VICTORIA 3749<br>AS                             | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 3,000   |
| NORTHERN FOREST CENTER<br>18 NORTH MAIN ST STE 204<br>CONCORD, NH 03301                                  | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 20,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| SHAKER BRIDGE THEATER<br>THE CENTER AT EASTMAN<br>GRANTHAM, NH 03753                                     | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| ASCPA424 E 92nd St<br>New York, NY 10128                                                                 | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| CHANGING PERSPECTIVESPO BOX 694<br>BRADFORD, VT 05033                                                    | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| CONNECTICUT RIVER CONSERVATION<br>118 NEW LITCHFIELD STREET<br>TORRINGTON, CT 06790                      | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 60,000  |
| EARTHJUSTICE50 California St Ste 500<br>SAN FRANCISCO, CA 94111                                          | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| MAYNARD HOUSE17 E SOUTH STREET<br>HANOVER, NH 03755                                                      | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 1,500   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| Nature Conservancy in New Hampshire<br>22 Bridge Street 4th Floor<br>Concord, NH 03301                   | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| BEST FRIENDS ANIMAL SOCIETY<br>15321 BRAND BOULEVARD<br>MISSION HILL, CA 91345                           | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| CHILDRENS WISH FOUNDATION<br>8615 ROSWELL ROAD<br>ATLANTA, GA 30350                                      | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| HANOVER GARDEN CLUBPO BOX 726<br>HANOVER, NH 03755                                                       | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| HIGH HORSESP.O BOX 278<br>SHARON, VT 05065                                                               | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| OPERATION SMILE<br>GIFT PROCESSING CTR PO BOX 5017<br>HAGERSTOWN, MD 21741                               | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

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

| Recipient                                                                    | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                          |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                         |                                                                                                                    |                                      |                                     |         |
| THE KILHAM BEAR CENER<br>172 GRAFTON TURNPIKE ROAD<br>LYME, NH 03768         | NONE                                                                                                               | PC                                   | TAX EXEMPT PURPOSE                  | 10,000  |
| ADVANCE TRANSIT<br>120 BILLINGS FARM ROAD<br>WHITE RIVER JUNCTION, VT 05001  | NONE                                                                                                               | PC                                   | TAX EXEMPT PURPOSE                  | 39,764  |
| BIG DOG RANCH RESCUE<br>1444 OKEECHOBEE BLVD<br>LOXAHATCHEE GROVES, FL 33470 | NONE                                                                                                               | PC                                   | TAX EXEMPT PURPOSE                  | 1,000   |
| <b>Total . . . . .</b> ► <b>3a</b>                                           |                                                                                                                    |                                      |                                     | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| FRIENDS FOREVER INTERNATIONAL<br>ONE MORGAN WAY<br>DURHAM, NH 03824                                      | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 1,500   |
| HARTFORD COMMUNITY RESTORATIVE JUST<br>58 N MAIN STREET SUITE 102<br>WHITE RIVER JUNCTION, VT 05001      | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| MORRIS ANIMAL FOUNDATION<br>720 S COLORADO BLVD SUITE 174A<br>DENVER, CO 80246                           | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| OCEAN CONSERVANCY<br>1300 19TH STREET NW 8TH FLOOR<br>WASHINGTON, DC 20036                               | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 1,000   |
| WEBSTER HOUSE135 WEBSTER STREET<br>MANCHESTER, NH 03104                                                  | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,500   |
| ATLANTIC SALMON FEDERATION<br>PO BOX 807<br>CALAIS, ME 04619                                             | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 15,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| BRIDGEWATER COMMUNITY FOUNDATION<br>76 SOUTHGATE LOOP PO BOX 163<br>BRIDGEWATER, VT 05034                | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 10,000  |
| COMPASSION CHOICES<br>GIFT PROCESSING CENTER PO BOX 485<br>ETNA, NH 03750                                | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 500     |
| DRESDEN SCHOOL DISTRICT<br>41 LEBANON STREET<br>HANOVER, NH 03755                                        | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 10,000  |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

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

| Recipient                                                                            | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount  |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|---------|
| Name and address (home or business)                                                  |                                                                                                                    |                                      |                                     |         |
| <b>a</b> <i>Paid during the year</i>                                                 |                                                                                                                    |                                      |                                     |         |
| ENDANGERED WILDLIFE PROGRAM<br>4401 N FAIRFAX DRIVE<br>ARLINGTON, VA 22203           | NONE                                                                                                               | PC                                   | TAX EXEMPT PURPOSE                  | 300     |
| FINDING OUR STRIDE<br>256 TUCKER HILL ROAD<br>NORWICH, VT 05055                      | NONE                                                                                                               | PC                                   | TAX EXEMPT PURPOSE                  | 2,000   |
| HUMANE SOCIETY OF UNITED STATES<br>1255 23RD ST NW SUITE 450<br>WASHINGTON, DC 20037 | NONE                                                                                                               | PC                                   | TAX EXEMPT PURPOSE                  | 1,000   |
| <b>Total . . . . . ▶ 3a</b>                                                          |                                                                                                                    |                                      |                                     | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| LAKE WINNIPESAUKEE ASSOCIATION<br>PO BOX 1624<br>MEREDITH, NH 03253                                      | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 250     |
| LIVE AND LET LIVE FARM INC<br>20 PARADISE LANE<br>CHICHESTER, NH 03258                                   | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 1,500   |
| MERCY SHIPSPO BOX 1920<br>GARDEN VALLEY, TX 75771                                                        | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| NIGHTHAWKS BASEBALL FOUNDATION<br>134 STEVENS ROAD<br>LEBANON, NH 03766                                  | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| THE SCOTLAND HOUSEPO BOX 180<br>WOODSTOCK, VT 05091                                                      | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,500   |
| THE TRUST FOR PUBLIC LAND<br>PO BOX 399336<br>SAN FRANCISCO, CA 94139                                    | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 5,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> Paid during the year                                                                            |                                                                                                           |                                |                                  |         |
| VERMONT DANCE ALLIANCE<br>PO BOX 5423<br>BURLINGTON, VT 05402                                            | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 500     |
| VISIONS FOR CREATIVE HOUSING<br>8 SUNRISE FARM LANE<br>ENFIELD, NH 03748                                 | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 100,000 |
| WINDSOR COUNTY MENTORS<br>PO BOX 101<br>WINDSOR, VT 05089                                                | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 2,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|---------|
| Recipient                                                                                                | 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  |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |         |
| NATIVE AMERICAN HERITAGE ASSOCIATIO<br>PO BOX 512<br>RAPID CITY, SD 57709                                | NONE                                                                                                      | PC                             | TAX EXEMPT PURPOSE               | 500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 822,414 |

**TY 2020 Accounting Fees Schedule****Name:** EMILY LANDECKER FOUNDATION INC**EIN:** 20-1983521**Software ID:** 20011551**Software Version:** 2020v4.0

| Category        | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|-----------------|--------|--------------------------|------------------------|---------------------------------------------|
| ACCOUNTING FEES | 12,600 | 12,600                   | 0                      | 0                                           |

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2020 Expenditure Responsibility Statement

**Name:** EMILY LANDECKER FOUNDATION INC

**EIN:** 20-1983521

**Software ID:** 20011551

**Software Version:** 2020v4.0

| Grantee's Name                 | Grantee's Address                                 | Grant Date | Grant Amount | Grant Purpose      | Amount Expended By Grantee | Any Diversion By Grantee? | Dates of Reports By Grantee | Date of Verification | Results of Verification                                                                                                                                                                                                                                                                                      |
|--------------------------------|---------------------------------------------------|------------|--------------|--------------------|----------------------------|---------------------------|-----------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| KANGLOOLA WILDLIFE SHELTER INC | RMB 20401<br>YACKANDANDAH,<br>VICTORIA 3749<br>AS | 2020-01-22 | 3,000        | OPERATING EXPENSES | 3,000                      | No                        | VARIOUS                     | 2020-01-08           | KANGLOOLA WILDLIFE SHELTER INC. IS AN AUSTRIALIAN NOT-FOR-PROFIT ABN:44-543-802-465. THE ORGANIZATION'S TREASURER ANNE BARLOW REPORTED THAT THE FUNDS WERE USED FOR THERE GENERAL OPERATING EXPENSES. THE SHELTER RESCUES, REHABILITATES AND RELEASES SICK, INJURED AND ORPHANED NATIVE AUSTRALIAN WILDLIFE. |

**TY 2020 General Explanation Attachment****Name:** EMILY LANDECKER FOUNDATION INC**EIN:** 20-1983521**Software ID:** 20011551**Software Version:** 2020v4.0**General Explanation Attachment**

| Identifier | Return Reference | Explanation                                                      |  |
|------------|------------------|------------------------------------------------------------------|--|
| 1          |                  | Part IV Line 1a Capital Gain Losses for Tax on Investment Income |  |

**TY 2020 Other Expenses Schedule****Name:** EMILY LANDECKER FOUNDATION INC**EIN:** 20-1983521**Software ID:** 20011551**Software Version:** 2020v4.0**Other Expenses Schedule**

| Description                | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|----------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| INVESTMENT MANAGEMENT FEES | 175,025                              | 175,025                  |                        |                                             |
| STATE FILING FEES          | 75                                   | 75                       |                        |                                             |

**TY 2020 Taxes Schedule****Name:** EMILY LANDECKER FOUNDATION INC**EIN:** 20-1983521**Software ID:** 20011551**Software Version:** 2020v4.0**Taxes Schedule**

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| FEDERAL TAX     | 20,000        |                                  |                                |                                                      |