efile GRAPHIC print - DO NOT PROCESS

Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491133024311

2020

OMB No. 1545-0052

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

·		der very 2020, on the very horizonia.	01 01 20	20 -		ndina 12 21	2020				
		ndar year 2020, or tax year beginning	01-01-20	, ai	nu e	nding 12-31-	entification numbe				
		INDESTRUCTION FOUNDATION									
		street (or P.O. box number if mail is not delivered to str	eet address)	Room/suite		<b>B</b> Telephone nu	ımber (see instructions)				
М	O BOX :	1.234				(207) 646-4355	,				
	or town LS, ME	, state or province, country, and ZIP or foreign postal co 04090	de			+	application is pendin	g, check here			
- C	nock al	I that apply:	roturn of a	former public charity		D 1 Foreign or	ganizations, check he				
ı Cı	ieck ai		ded return	Torrier public charity			ganizations, check ne ganizations meeting	▶ ⊔			
		☐ Address change ☐ Name					k here and attach co				
	eck ty	pe of organization: Section 501(c)(3) exem		foundation			undation status was t				
		1 4947(a)(1) nonexempt charitable trust $\Box$ 0				under sectio	n 507(b)(1)(A), chec	k here			
		ket value of all assets at end  J Accounting		✓ Cash ☐ Accru	ıal	F If the founda	ation is in a 60-mont	h termination $\Box$			
of	year (f	rom Part II, col. (c), ▶\$ 639.307 □ Other (s	specify) _	be on cash basis.)			n 507(b)(1)(B), chec				
Pa	rt I	Analysis of Revenue and Expenses (7	he total	( ) 2		1		(d) Disbursements			
		of amounts in columns (b), (c), and (d) may not necest equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., received (attachedule)	ch	170,000							
	2	Check ▶ ☐ if the foundation is <b>not</b> required to Sch. B									
	3	Interest on savings and temporary cash investr	nents								
	4	Dividends and interest from securities		14,218		14,218					
	5a	Gross rents									
<i>a</i> .	b	Net rental income or (loss)									
Ĭ	6a	Net gain or (loss) from sale of assets not on line	e 10	281							
Revenue	ь 7	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)				281					
_	8	Net short-term capital gain									
	9	Income modifications									
	10a	Gross sales less returns and allowances									
	b	Less: Cost of goods sold									
	C	Gross profit or (loss) (attach schedule)									
	11	Other income (attach schedule)									
	12	Total. Add lines 1 through 11		184,499		14,499					
	13	Compensation of officers, directors, trustees, et	c.	0		0		C			
	14	Other employee salaries and wages									
Š	15	Pension plans, employee benefits									
ξ [	16a	Legal fees (attach schedule)									
Expenses	b	Accounting fees (attach schedule)		410		0		С			
a) LI	С	Other professional fees (attach schedule) .									
⋛	17	Interest									
and Administrative	18	Taxes (attach schedule) (see instructions)									
≣	19	Depreciation (attach schedule) and depletion									
	20	Occupancy									
₹ □	21	Travel, conferences, and meetings									
	22	Printing and publications									
5	23	Other expenses (attach schedule)		374		0		C			
Operaring	24	Total operating and administrative expens									
<u>5</u>	_	Add lines 13 through 23		784		0		0			
ر	25	Contributions, gifts, grants paid		81,750				81,750			
	26	<b>Total expenses and disbursements.</b> Add line 25	es 24 and	82,534		0		81,750			
	27	Subtract line 26 from line 12:									
	a	Excess of revenue over expenses and disbursements		101,965							
	ь	<b>Net investment income</b> (if negative, enter -0	-)	,		14,499					
	С	Adjusted net income (if negative, enter -0-)				,					
				1				L			

Page 2

516,132

101,965

21,210

639,307

639,307 Form **990-PF** (2020)

0

2

3

4

5

6

Form 990-PF (2020)

		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	6,166	118,207	118,207
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
Assets	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)	509,966 <b>9</b>	521,100	521,100
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	516,132	639,307	639,307
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
<u></u>	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>ia</u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe >)			
	23	Total liabilities(add lines 17 through 22)	0	0	
Š		Foundations that follow FASB ASC 958, check here ▶			
2		and complete lines 24, 25, 29 and 30.			
틸	24	Net assets without donor restrictions			
ä	25	Net assets with donor restrictions			
<u>اچ</u>		Foundations that do not follow FASB ASC 958, check here			
띤		and complete lines 26 through 30.			
0	26	Capital stock, trust principal, or current funds	516,132	639,307	
Assets or Fund Balance	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
Ass	28	Retained earnings, accumulated income, endowment, or other funds	0	0	
Net	29	Total net assets or fund balances (see instructions)	516,132	639,307	
Z	30	Total liabilities and net assets/fund balances (see instructions) .	516,132	639,307	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		I net assets or fund halances at heginning of year—Part II. column (a) line	20 (must agree with		

# of-year figure reported on prior year's return)

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Enter amount from Part I, line 27a . . . . . . .

Other increases not included in line 2 (itemize) > \_

Decreases not included in line 2 (itemize) ▶ \_

2

Page **3** 

	kind(s) of property sold (e.g., use; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	Da (m	(c) ite acquired o., day, yr.)	(d) Date sold (mo., day, yr.)
1 a ALCOA INC			Р	2	016-10-28	2020-04-06
<b>b</b> CITIGROUP GLOBAL MKTS HL	DGS		Р	2	019-05-28	2020-06-01
c						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		Gain o	h) or (loss) ) minus (g)
a 30,605	5		30,3	324		281
ь 50,000			50,0	000		0
С						
d						
e						
				I		
Complete only for assets show	ving gain in column (h) and ow	ned by the foundation	on 12/31/69			[1)
	(i)		(k)			יי. h) gain minus
<b>(i)</b> F.M.V. as of 12/31/69	Adjusted basis		of col. (i)	cc	ol. (k), bùt not	less than -0-) or
F.M.V. as of 12/31/69	as of 12/31/69	over col	. (j), if any		Losses (fr	om col.(h))
a						281
b						0
C						
d						
e						
If gain, also enter in Part I, l in Part I, line 8	l or (loss) as defined in sections ine 8, column (c) (see instructi	ons). If (loss), enter -0	Part İ, line 7	} 2		281
_	er Section 4940(e) for Re			Income	•	
SECTION 4940(e) REPEALED	ON DECEMBER 20, 2019	- DO NOT COMPL	ETE			
1 Reserved						
(a) Reserved	<b>(b)</b> Reserved	<b>(c)</b> Reserved			( <b>d)</b> Reserved	
						-
2 Reserved				2		
<b>3</b> Reserved				3		
<b>4</b> Reserved			<u> </u>			
			<u> </u>	4		
<b>5</b> Reserved			<u> </u>	5		
<b>6</b> Reserved				6		
<b>7</b> Reserved				<u> </u>		
<b>8</b> Reserved ,				8		

Pai	t VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (c	ontinue	ed)				
5a	During th	e year did the foundation p	ау о	r incur any amount to:							Yes	No
	(1) Carry	on propaganda, or otherw	ise a	ttempt to influence legisl	ation (section 4945(e))?	Γ	Yes	<b>~</b>	No			
	(2) Influ	ence the outcome of any sp	ecifi	public election (see sect	tion 4955); or to carry		_ 163	بنا	140			
	on, d	irectly or indirectly, any vo	ter re	gistration drive?			Yes	~	No			
	(3) Provi	de a grant to an individual	for t	avel, study, or other sim	ilar purposes?		Yes	<u></u>	No			
	(4) Provi	de a grant to an organizati	on ot	her than a charitable, etc	, organization described	d						
	in sec	ction 4945(d)(4)(A)? See ir	ıstru	ctions		• • [	Yes	<b>✓</b>	No			
		de for any purpose other t		-								
		ational purposes, or for the	•	•		_	Yes	<b>✓</b>	No			
b	-	swer is "Yes" to 5a(1)–(5),		= = = = = = = = = = = = = = = = = = = =			ed in			l		
	_	ns section 53.4945 or in a						•		5b		
	-	tions relying on a current n		<i>-</i>			. •					
С		swer is "Yes" to question 5			•	_	_					
		use it maintained expenditu				• •	」 Yes	Ш	No			
_		attach the statement requi		·								
6a		oundation, during the year,			** * * * *		_	_				
h		al benefit contract? bundation, during the year,					」 Yes	✓	No	6b		No
b		o 6b, file Form 8870.	pay	premiums, directly or mo	inectiy, on a personal be	ment contract:		•		00		NO
7a		me during the tax year, wa	the	foundation a party to a r	prohibited tay shelter trai	nsaction? F	_					
		did the foundation receive				<u>L</u>	」 Yes	$\checkmark$	No	7b		
8	•	indation subject to the sect		•			or .	•		<del></del>		
•		arachute payment during th		. , , ,	. , ,		_					
		Information About (					<u> Yes</u>			<u></u>		
Pai	t VIII	and Contractors	,,,,,	ers, Directors, Trust	lees, Foundation Ma	illagers, nigi	IIY Pa	IU EI	прю	yees,		
1	List all o	fficers, directors, truste	es, fo	oundation managers ar			ns		,			
	(-) N		(	<b>b)</b> Title, and average	(c) Compensation (If				(e)	Expen	se acc	ount,
	(a) N	ame and address		hours per week devoted to position	not paid, enter -0-)	employee bene deferred con			'  ` o	ther al	lowand	es
PAULI	NE L CALDE	RWOOD	TRUS	•	, 0		'	(				(
	X 1234		1.00									
	5, ME 0409	0	TDUG	TEE								
	X 1234		TRUS 10.00		0			(	וי			(
	5, ME 0409	0										
AMES	GARFIELD		TRUS	TEE	0			(				(
	X 1234	^	3.00									
	S, ME 0409 MIN GARFIE		TRUS	TEE	0				+			
	X 1234		3.00	1166	٥			(	1			,
	5, ME 0409											
2	Compens	sation of five highest-pa	id en	ployees (other than t	hose included on line :				ne, e	nter "	NONE.	."
(2)	Namo and	address of each employee	naid	(b) Title, and average		(d) Contrib			(0)	Evnon	se acco	unt
(a)		ore than \$50,000	paiu	hours per week	(c) Compensation	plans and					owance	
				devoted to position		compen						
NON												
Гota	l number o	of other employees paid ov	er \$5	0,000	<del></del> .		<b>&gt;</b>					(

Form 990-PF (2020)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Found and Contractors (continued)	lation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (se	e instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta		Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc  1 THIS SCHOLARSHIP PROGRAM PROVIDES FINANCIAL SUPPORT TO QUALIFIED ST		
AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLÈGE OR UNIV	/ERSITY AFTER GRADUATION FROM	
HIGH SCHOOL. EACH SCHOLARSHIP AWARD WILL RANGE IN AMOUNT FROM \$3, AWARDED TO ANY PARTICULAR STUDENT WILL DEPEND UPON THE STUDENT'S F		
FOUNDATION'S EVALUATION OF THE STUDENT'S APPLICATION. AWARDS WILL B		
YEARS PER STUDENT, SO LONG AS THE STUDENT REMAINS ENROLLED AS A FUL		
ACCREDITED COLLEGE OR UNIVERSITY, MAINTAINS A SUFFICIENT GRADE POIN' FOUNDATION WITH ANNUAL REPORTS REGARDING THE STUDENT'S ACADEMIC F		81,750
2	NOGRESS.	01,730
3		
4		
<u> </u>		
Part IX-B Summary of Program-Related Investments (see instruc	tions)	
Part IX-B Summary of Program-Related Investments (see instruction Describe the two largest program-related investments made by the foundation during the tax yets.)	·	Amount
1 INVESTMENTS IN SECURITIES	ar or mee 1 and 2.	521,100
2		,
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		521,100
		Form <b>990-PF</b> (2020)

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

2a |

2b

202

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

organizations check here 

and do not complete this part.)

Tax on investment income for 2020 from Part VI, line 5. . . . . .

Income tax for 2020. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

Distributable amount before adjustments. Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Page 8

28,453

202

28.251

28.251

28.251

81,750

521,100

602,850

602.850

Form 990-PF (2020)

Form 990-PF (2020)

Part XI

1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

2020

Page 9

28,251

28,251

Form 990-PF (2020)

Form	990-F	PF (202
Pa	rt XI	Ш

90-PF	(2020)	))

Undistributed Income (see instructions)

(a)

Corpus

1.568.494

574.599

2,143,093

67.511

2,075,582

67.511 187,999

301 290

451.460 560,234

187.999 301,290

451.460

560.234

574.599

(b)

Years prior to 2019

(c)

2019

|--|

- Distributable amount for 2020 from Part XI, line 7 Undistributed income, if any, as of the end of 2020:
- a Enter amount for 2019 only. . . . . .
- Excess distributions carryover, if any, to 2020: a From 2015. . . . . **b** From 2016. . . . . c From 2017. . . .
- d From 2018. . . . .
- e From 2019. . . . . f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$

a Applied to 2019, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

**d** Applied to 2020 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

**5** Excess distributions carryover applied to 2020. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2021.

10 Analysis of line 9: a Excess from 2016. . .

**b** Excess from 2017. .

c Excess from 2018. . . .

d Excess from 2019. . .

e Excess from 2020. . .

Subtract lines 7 and 8 from line 6a . . . .

6 Enter the net total of each column as

**b** Prior years' undistributed income. Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . . . . e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2015 not

indicated below:

	ant XIV Private Operating Found	ations (see msu	uccions and Part v	11-A, question 9)				
1a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20							
b	Check box to indicate whether the organizati	on is a private oper	ating foundation des	cribed in section $lacksquare$	4942(j)(3) or L	4942(j)(5)		
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total		
	income from Part I or the minimum investment return from Part X for each	(a) 2020	<b>(b)</b> 2019	(c) 2018	(d) 2017	(c) rotar		
	year listed							
b	85% of line 2a							
С	Qualifying distributions from Part XII, line 4 for each year listed							
d	Amounts included in line 2c not used directly for active conduct of exempt activities							
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the alternative test relied upon:							
а	"Assets" alternative test—enter:							
	(1) Value of all assets							
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed							
c	"Support" alternative test—enter:							
	(1) Total support other than gross investment income (interest, dividends, rents, payments							
	on securities loans (section 512(a)(5)), or royalties)							
	(2) Support from general public and 5 or more exempt							
	organizations as provided in section 4942(j)(3)(B)(iii).							
	(3) Largest amount of support							
	from an exempt organization							
	(4) Gross investment income		L	<u> </u>				
Pa	rt XV Supplementary Information			foundation had s	\$5,000 or more i	in		
1	assets at any time during th Information Regarding Foundation Mana		ructions.)					
_	List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more				n		
	PAULINE L CALDERWOOD	•		, ,				
b	List any managers of the foundation who own ownership of a partnership or other entity) of				arge portion of the			
2	Information Regarding Contribution, Gra	ant, Gift, Loan, Sc	holarship, etc., Pro	ograms:				
	Check here $ ightharpoonup \Box$ 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							
а	The name, address, and telephone number of WALTER PAULINE CALDERWOOD FOUNDATI		the person to whom	applications should	be addressed:			
	PO BOX 1234 WELLS, ME 04090							
	(207) 646-4355 WPCFOUND@GMAIL.COM							
b	<del>-</del>	omitted and informa	tion and materials th	ney should include:				
	The form in which applications should be submitted and information and materials they should include:  APPLICATIONS, ALL ATTACHMENTS AND SUPPORTING DOCUMENTATION MAY BE SENT VIA EMAIL TO WPCFOUND@GMAIL OR VIA MAIL AT WALTER AND PAULINE CALDERWOOD FOUNDATION PO BOX 1234 WELLS ME 04090 DOCUMENTATION TO SUBMIT: COMPLETED APPLICATION FORM MOST RECENT OFFICIAL HIGH SCHOOL TRANSCRIPT SAT AND/OR ACT SCORES RECOMMENDATION LETTERS FROM TWO TEACHERS OR GUIDANCE COUNSELORS AT THE APPLICANT'S HIGH SCHOOL OR FROM THE HIGH SCHOOL PRINCIPAL PROOF OF ACCEPTANCE AT AN ACCREDITED TWO OR FOUR YEAR COLLEGE OR UNIVERSITY PERSONAL ESSAY							
С	Any submission deadlines:							
_	SUBMISSION DEADLINE FOR 2020 WAS MAI	·						
d	Any restrictions or limitations on awards, sur factors:	, , , , , ,	•	·	,			
	SCHOLARSHIP FUNDS WILL BE AWARDED T COLLEGE OR UNIVERSITY.	O EACH RECIPIENT	UPON EVIDENCE OF	REGISTRATION AT	AN ACCREDITED TW	O OR FOUR YEAR		

Form 990-PF (2020)				Page <b>11</b>
Part XV Supplementary Informa	ition (continued)	,		
3 Grants and Contributions Paid	During the Year or Appro	oved for Future	e Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year See Additional Data Table				
Total		<u> </u>	▶ 3a	81,750
<b>b</b> Approved for future payment				
		<del>                                     </del>		
Total			▶ 3b	0

	I-A Analysis of Income-Producing	Activities				rage 12
Part AV	Analysis of Income-Producing	Activities		1		1
Enter gross	s amounts unless otherwise indicated.		usiness income		n 512, 513, or 514	(e) Related or exempt function income
_	n service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	(See instructions.)
	and contracts from government agencies					
_	ership dues and assessments					
3 Interes	st on savings and temporary cash nents					
4 Divider	nds and interest from securities					14,218
	ntal income or (loss) from real estate:					
	-financed property					
	lebt-financed property					
	ntal income or (loss) from personal property investment income.					
	r (loss) from sales of assets other than					
invento						281
9 Net inc	come or (loss) from special events:					
	profit or (loss) from sales of inventory					
<b>11</b> Other	revenue: <b>a</b>					
	al. Add columns (b), (d), and (e).		0		,	14,499
	Add line 12, columns (b), (d), and (e)				.3	14,499 14,499
	orksheet in line 13 instructions to verify calcu					11,135
Part XV	I-B Relationship of Activities to th	e Accomplisi	nment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex instructions.)					)
3	INTEREST INCOME					
8	SECURITIES TRANSACTIONS					
	DEGG(ATTEG TO MO) (CTECHO					
	+					

orm	990-PF	· /											Pa	ge <b>13</b>
	rt XVI	Exempt Organi	zations							nships With Noi		able		
		rganization directly or in r than section 501(c)(3)									on 501		Yes	No
аΤ	ransfers	from the reporting foun	dation to a no	oncha	ritable exe	mpt organiza	tion o	f:						
(	<b>1)</b> Cash	h										1a(1)		No
(	<b>2)</b> Othe	er assets										1a(2)		No
		insactions:												
-	-	es of assets to a nonchar	•	-								1b(1)		No
	-	chases of assets from a r										1b(2)		No
•	-	tal of facilities, equipmer	*					• •				1b(3)		No
•	-	nbursement arrangemen ns or loan guarantees.									•	1b(4) 1b(5)		No No
•	-	ormance of services or m										1b(6)		No
•	-	of facilities, equipment, n			_							1c		No
d I	f the ans	swer to any of the above	is "Yes," com	plete	the follow	ing schedule.	Colun	nn <b>(b)</b> :	should alv	ways show the fair r	market v	alue		
ii	n any tra	ods, other assets, or ser ansaction or sharing arra	ngement, sho	w in	column (d	) the value of	the g	joods, o	ther asse	ts, or services recei	ved.			
(a) L	ine No.	(b) Amount involved	(c) Name of r	noncha	aritable exen	npt organization	1	(d) Des	cription of	transfers, transactions	, and shar	ring arra	ngemen	its
							-							
							+							
							+							
		undation directly or indire	•		•	•				_	_	_		
		d in section 501(c) (other		501(	(c)(3)) or ii	n section 527	?			Ll Y	es 🛂	<b>∠</b> No		
b I	f "Yes,"	complete the following s												
		(a) Name of organization	on		(Б	) Type of organ	ization			(c) Description	n of relation	nship		
	1													
۵.	of r wh	der penalties of perjury, my knowledge and belief ich preparer has any kno	, it is true, co											
Sig He		*****	**			2021-05-13		*	*****		May th return	ne IRS di	scuss th	nis
пе								wit				ne prepa	rer shov	wn
		Signature of officer or trustee			Date		Title			below (see instr.) Yes No				
		Print/Type preparer's name Prepa			parer's Signature Date			Chack if solf-						
							Check if self-			P01247	037			
Pai	А	DERRICK EMERY C	DERRICK EMERY CPA							employed ▶ ☐				
	u :pare	Firm's name ► CUM	MMINGS LAMONT & MCNAMEE PLLC											
	Only		HINGS LAMO	IN I CX	MONAMEE	, LLC					Firm's E	IN ▶01	-03724	113
	•	Firm's address ▶ 11	.8 PORTSMOU	ITH A	VENUE SU	ITE D206					·			
		ST	STRATHAM, NH 03885							Phone no. (603) 772-3460				

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
ABIGAIL BRISARD 124 WEDNESDAY HILL ROAD LEE, NH 03861	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
ALEXIS JACQUES64 ELM STREET SOMERSWORTH, NH 03878	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF	3,000

		SCHOOL.	
ALEXIS JACQUES64 ELM STREET SOMERSWORTH, NH 03878	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
ALIZAH CORACCIO9 COOPER ROAD BARRINGTON, NH. 03825	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF	3,000

SOMERSWORTH, NH 03878		STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	-,,,,
ALIZAH CORACCIO9 COOPER ROAD BARRINGTON, NH 03825	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000

		UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	
ALIZAH CORACCIO9 COOPER ROAD BARRINGTON, NH 03825	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,0
Total		▶ 3a	81,750

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
BROOKE MARSTON512 RIDGE ROAD MIDDLETON, NH 03861		N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
GABRIELLE SULEIMAN 55A BAGDAD ROAD		N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF	3,000

		GRADUATION FROM HIGH SCHOOL.	
GABRIELLE SULEIMAN 55A BAGDAD ROAD DURHAM, NH 03824	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
HANNAH VINCENT24 RIVERVIEW ROAD DURHAM, NH 03824	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF	3,000

GABRIELLE SULEIMAN 55A BAGDAD ROAD DURHAM, NH 03824	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
HANNAH VINCENT24 RIVERVIEW ROAD DURHAM, NH 03824	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
Total	 	▶ 3a	81.750

		UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	
HANNAH VINCENT24 RIVERVIEW ROAD DURHAM, NH 03824	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,0

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
ISABELLA SMITH-DAVENPORT 103 RIDGE ROAD FARMINGTON, NH 03835		N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
JESSICA KRISTINA		N/A	TO SUPPORT QUALIFIED	3.000

		GRADUATION FROM HIGH SCHOOL.	
JESSICA KRISTINA 12 LINCOLN STREET 8 DOVER, NH 03820	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
KATHERINE HOPPLER25 MEADOW ROAD	N/A	TO SUPPORT QUALIFIED	3,000

JESSICA KRISTINA 12 LINCOLN STREET 8 DOVER, NH 03820	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
KATHERINE HOPPLER25 MEADOW ROAD DURHAM, NH 03824	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
		_	

		OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	
KATHERINE HOPPLER25 MEADOW ROAD DURHAM, NH 03824	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
Total	 	▶ 3a	81,750

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Red during the Year or Approved for Future Payment

Foundation status of recipient or substantial contributor

Purpose of grant or contribution

Amount recipient or substantial contributor

a Falu during the year			
MADISON PETIT 4543 WHITE MOUNTAIN HIGHWAY SANBORNEVILLE, NH 03872	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
MARCELLA WONDAL 34 COLD SPRING CIRCLE UNIT 3 ROCHESTER, NH 03839	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
MOLLY HOGANIA TANGLEWOOD DRIVE	N1/A	TO CURRORT CHALLETER	3 000

34 COLD SPRING CIRCLE UNIT 3 ROCHESTER, NH 03839		STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	
MOLLY HOGAN13 TANGLEWOOD DRIVE DOVER, NH 03820	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000

Total .

81,750

▶ 3a

	i show any relationship to	Status of	CONTRIBUTION	
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
NICOLE KINGDON20 DIAMOND LANE BARRINGTON, NH 03825		N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
PATRICIA LOUIS55 ALDRICH STREET PORTSMOUTH, NH 03801		N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO	3,750

		SCHOOL.	
PATRICIA LOUIS55 ALDRICH STREET PORTSMOUTH, NH 03801	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,750
RAYMOND MILLS 235 GOODWIN ROAD APT D ROLLINSFORD, NH 03869	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR	3,000

		OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	
RAYMOND MILLS 235 GOODWIN ROAD APT D ROLLINSFORD, NH 03869	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
Total		▶ 3a	81,750

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SOPHIA BRISARD 124 WEDNESDAY HILL ROAD LEE, NH 03861		N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
SUMMER BUSCHING 52 CHERRYWOOD DRIVE		N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF	3,000

		SCHOOL.	
SUMMER BUSCHING 52 CHERRYWOOD DRIVE DOVER, NH 03820	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
TAIZHANNA CHEVALIER 69 ADELE DRIVE DOVER, NH 03820	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO	3,000

DOVER, NH 03820		PINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	
TAIZHANNA CHEVALIER 69 ADELE DRIVE DOVER, NH 03820	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
Total		▶ 3a	81,750

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
JASMINE HO6 WHITTIER STREET DOVER, NH 03820		N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
KAITLIN PHAIR15 GLEN STREET		N/Δ	TO SUPPORT QUALIFIED	3 000

		GRADUATION FROM HIGH SCHOOL.	
KAITLIN PHAIR15 GLEN STREET FARMINGTON, NH 03835	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
JADA PRINOPOULOS-TAYLOR 122 ASTERIA LANE APT 304	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF	3,000

FARMINGTON, NH 03835		STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	
JADA PRINOPOULOS-TAYLOR 122 ASTERIA LANE APT 304 ROCHESTER, NH 03867	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000

81,750

		PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	
JADA PRINOPOULOS-TAYLOR 122 ASTERIA LANE APT 304 ROCHESTER, NH 03867	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,0

Total .

### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
FAITHE COPP6 DOMINICUS COURT ROCHESTER, NH 03867		N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
AMELIA ZHENG70 HAWTHORNE CIRCLE SOMERSWORTH, NH 03878		N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF	3,000

		SCHOOL.	
AMELIA ZHENG70 HAWTHORNE CIRCLE SOMERSWORTH, NH 03878	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
JILL MUNDUNG77B BELKNAP STREET DOVER, NH 03820	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF	3,000

SOMERSWORTH, NH 03878		STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	
JILL MUNDUNG77B BELKNAP STREET DOVER, NH 03820	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
Total	 	▶ 3a	81,750

		OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	
JILL MUNDUNG77B BELKNAP STREET DOVER, NH 03820	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER	3,0

# Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
LIDAMAROSSY SOM 15 1/2 CEMETARY ROAD SOMERSWORTH, NH 03878	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
ANGELINA OROH8 RUEL STREET SOMERSWORTH, NH 03878	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE	3,000

		SCHOOL.	
ANGELINA OROH8 RUEL STREET SOMERSWORTH, NH 03878	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000
ISABELLA THOMSON17 MELROSE DRIVE ROCHESTER, NH 03867	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE	3,000

SOMERSWORTH, NH 03878		STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	
ISABELLA THOMSON17 MELROSE DRIVE ROCHESTER, NH 03867	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000

81,750

		UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	
ISABELLA THOMSON17 MELROSE DRIVE ROCHESTER, NH 03867	N/A	TO SUPPORT QUALIFIED STUDENTS IN NEED OF FINANCIAL AID FOR THE PURPOSE OF ATTENDING A TWO OR FOUR YEAR COLLEGE OR UNIVERSITY AFTER GRADUATION FROM HIGH SCHOOL.	3,000

Total .

efile GRAPHIC print - DO NOT P	ROCESS	SS As Filed Data - DLN: 93491133024311					
TY 2020 Accounting Fees Schedule							
	Name:	WALTER	AND PAU	LINE CALI	DERWOOD FOUND	DATION	
EIN: 46-5416046							
-		10 0 . 20			+	<u> </u>	
Category	Amo	ount		estment ome	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCOUNTING		410		0		0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491133024311
TY 2020 Investments Corpora	sta Banda Saba	dulo
11 2020 Investments corpora	ite bolius Scile	uuie
Name:	WAITER AND PAU	LINE CALDERWOOD FOUNDATION
	46-5416046	

<b>EIN:</b> 46-5416046		
Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book Value	End of Year Fair Market Value

INVESTMENTS

521,100

521,100

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491133024311						
TY 2020 Other Expenses Scho	edule					
Name: WALTER AND PAULINE CALDERWOOD FOUNDATION						
EIN	<b>N:</b> 46-5416046					
Other Expenses Schedule		,				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
POSTAGE	174	0		0		
ANNUAL REPORT	75	0		0		

105

MISCELLANEOUS

FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491133024311	
TY 2020 Other Increases Schedule				
Name: WALTER AND PAULINE CALDERWOOD FOUNDATION				
EIN:	46-5416046			
Other Increases Schedule			-	
Description		Amount		
UNREALIZED LOSSES ON INVESTMENTS		21,210		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491133024311	
TY 2020 Substantial Contributors				
Schedule				
Name: WALTER AND PAULINE CALDERWOOD FOUNDATION				
<b>EIN:</b> 46-5416046				
Name			Address	
PAULINE L CALDERWOOD			23 MORRISON LANE DOVER, NH 03820	

efile GRAPHIC print - De	O NOT PROCESS As Filed Data	- [		DLN: 93491133024311		
Schedule B	Schedule of Contributors			OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.		2020			
Name of the organization WALTER AND PAULINE CA	_DERWOOD FOUNDATION		Employer i	dentification number		
Organization type (chec			46-5416046	5		
organization type (one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number)	) organization				
	4947(a)(1) nonexempt ch	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	☐ 527 political organization	☐ 527 political organization				
Form 990-PF	501(c)(3) exempt private	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt ch	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3) taxable private	501(c)(3) taxable private foundation				
	tion filing Form 990, 990-EZ, or 990 property) from any one contributor.					
Special Rules						
under sections 50 received from any	on described in section 501(c)(3) fil 19(a)(1) and 170(b)(1)(A)(vi), that cl 17 one contributor, during the year, to 18 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 or 9 ot a contributions of the greater of	990-EZ), Part II, line 13	, 16a, or 16b, and that		
during the year, to	on described in section 501(c)(7), (8 otal contributions of more than \$1,0 he prevention of cruelty to children	000 <i>exclusively</i> for religious, charita	able, scientific, literary, e			
during the year, of If this box is check purpose. Don't co	on described in section 501(c)(7), (to ontributions exclusively for religious ked, enter here the total contribution implete any of the parts unless the lete, etc., contributions totaling \$5,000 to the contributions to the contr	s, charitable, etc., purposes, but no ons that were received during the y <b>General Rule</b> applies to this organ	o such contributions tota rear for an <i>exclusively</i> re nization because it rece	aled more than \$1,000. eligious, charitable, etc., eived <i>nonexclusively</i>		
990-EZ, or 990-PF), but	n that isn't covered by the General F t <b>must</b> answer "No" on Part IV, line art I, line 2, to certify that it doesn't r	2, of its Form 990; or check the b	ox on line H of its Form	orm 990, 1 990-EZ		
For Paperwork Reduction Afor Form 990, 990-EZ, or 990	ct Notice, see the Instructions -PF.	Cat. No. 30613X	Schedule B (Form 990	0, 990-EZ, or 990-PF) (2020)		

Employer identification number 46-5416046

Part I ontributors	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAULINE L CALDERWOOD  23 MORRISON LANE  DOVER, NH 03820	\$ 170,000	Person Payroll Noncash
	DOVER, NR 03620		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	1	Outradula D. (F.	000 000 E7 000 DE\ (2000)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 4	
	ganization ND PAULINE CALDERWOOD FOUNDATION			oloyer identification number	
Part III	Exclusively religious, charitable, etc., contri than \$1,000 for the year from any one contri organizations completing Part III, enter the t the year. (Enter this information once. See in Use duplicate copies of Part III if additional spa	butor. Complete columotal of exclusively reliques tructions.)   \$	nns (a) through (e	e) and the following line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP 4		•	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held	
	Transferee's name, address, and ZI	(e) Transfer	•	nip of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP 4			Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held	
	Transferee's name, address, and ZI	(e) Transfer P 4		nip of transferor to transferee	
			Sched	ule B (Form 990, 990-EZ, or 990-PF) (2020)	