efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491189000040

2019

OMB No. 1545-0052

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

For	caler	ndar year 2019, or tax year beginning 01-01-20	)19 , aı	nd ending 12-31-	2019			
		indation R DOBLES & OLIVE G DOBLES CRUT		A Employer id	entification numbe	r		
	THUL	N DOBLES & OLIVE & DOBLES CROT	32-6435321	32-6435321				
		d street (or P.O. box number if mail is not delivered to street address) SQUARE	<b>B</b> Telephone nu	<b>B</b> Telephone number (see instructions)				
		1775		(603) 230-420	7			
		n, state or province, country, and ZIP or foreign postal code NH 03301		<b>C</b> If exemption	application is pending	g, check here		
<b>G</b> Cł	neck al	If that apply: $\Box$ Initial return $\Box$ Initial return of a	former public charity	<b>D 1.</b> Foreign or	ganizations, check he	ere		
		☐ Final return ☐ Amended return			rganizations meeting			
		Address change Name change			k here and attach co	· -		
H C	neck ty	$ \nabla$ pe of organization: $ \nabla$ Section 501(c)(3) exempt private the section $\nabla$	foundation		undation status was t n 507(b)(1)(A), chec			
	Section	1 4947(a)(1) nonexempt charitable trust	e private foundation					
of	year (f	xet value of all assets at end from Part II, col. (c),  ▶\$ 13,048,507   J Accounting method:  □ Other (specify) (Part I, column (d) must			ation is in a 60-montl n 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Bayanya and			(d) Disbursements		
		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	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received (attach				(,		
	2	schedule)  Check ▶ ☐ if the foundation is <b>not</b> required to attach						
		Sch. B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	297,915	297,915				
	5a b	Gross rents  Net rental income or (loss)						
ē	6a	Net gain or (loss) from sale of assets not on line 10	-65,361					
e K	b	- , ,	03,301					
Revenue	7	Gross sales price for all assets on line 6a 2,604,047  Capital gain net income (from Part IV, line 2)		0				
ш	8	Net short-term capital gain			0			
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	ь	Less: Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	232,554	297,915				
	13	Compensation of officers, directors, trustees, etc.	143,340	143,340				
	14	Other employee salaries and wages		0	0			
ses	15	Pension plans, employee benefits		0	0	0		
en	16a					0		
Exp	b	Accounting fees (attach schedule)				0		
and Administrative Expenses	17	Interest				0		
rati	17 18	<del>-</del>	<b>9</b> 11,784	2,650		0		
ni st	19	Depreciation (attach schedule) (see instructions)	0					
Ē	20	Occupancy						
Ad	21	Travel, conferences, and meetings		0	0			
and	22	Printing and publications		0	0			
βį	23	Other expenses (attach schedule)	1,014					
Operating	24	Total operating and administrative expenses.						
ber		Add lines 13 through 23	156,138	145,990	0	0		
0	25	Contributions, gifts, grants paid	637,500			637,500		
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	793,638	145,990	0	637,500		
	27	Subtract line 26 from line 12:	,	, , ,		,		
	a	Excess of revenue over expenses and	E61.004					
	b	disbursements  Net investment income (if negative, enter -0-)	-561,084	151,925				
	c	Adjusted net income (if negative, enter -0-)		131,923	0			
For	L Paper	work Reduction Act Notice, see instructions.	<u> </u>	Cat. No. 11289)	ı	l m <b>990-PF</b> (2019)		

Page 2

Form 990-PF (2019)

Net Assets or Fund Ba

25

26

27

28

29

30

Part III

2

3

Net assets with donor restrictions .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . .

Capital stock, trust principal, or current funds . . .

Total net assets or fund balances at beginning of year—Part

Foundations that do not follow FASB ASC 958, check here ▶

Retained earnings, accumulated income, endowment, or other funds

Total liabilities and net assets/fund balances (see instructions)

Analysis of Changes in Net Assets or Fund Balances

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

Paid-in or capital surplus, or land, bldg., and equipment fund

Total net assets or fund balances (see instructions) .

	2	Savings and temporary cash investments	274,977	136,779	136,779
	3	Accounts receivable			
		Less: allowance for doubtful accounts ▶		О	0
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)	2,311,642	1,156,837	1,171,623
	b	Investments—corporate stock (attach schedule)	7,049,100	7,297,501	9,491,235
	c	Investments—corporate bonds (attach schedule)	1,703,131	2,192,170	2,248,870
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			0
	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)	11,358,850	10,783,287	13,048,507
	17	Accounts payable and accrued expenses			
	18	Grants payable			
jes	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe )			
	23	Total liabilities(add lines 17 through 22)		0	
es		Foundations that follow FASB ASC 958, check here 🕨 🗌			
lances		and complete lines 24, 25, 29 and 30.			
=	24	Net assets without donor restrictions			

11,358,850

11,358,850

11,358,850

10,783,287

10,783,287

10.783,287

11,358,850

10,797,766

10,783,287 Form **990-PF** (2019)

14,479

-561,084

1

2

3

4

5

6

• /	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1aSee Additional Data Table	<u> </u>		B Bonation		
b	<u> </u>				
с					
e	(5)		(-)	<del>                                     </del>	<u> </u>
(e) Gross sales price	( <b>f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	<b>h)</b> r (loss) ) minus (g)
a See Additional Data Tabl	e				
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	I)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> s of col. (i) l. (j), if any	Gains (Col. ( col. (k), but not	h) gain minus less than -0-) <b>or</b> om col.(h))
a See Additional Data Table	e				
b					
С					
d					
· · ·	or (net capital loss)  gain or (loss) as defined in sections or t I, line 8, column (c) (see instructions)	. , , , ,	Part I, line 7	2	-65,361
in Part I, line 8	re 1, mie 6, column (c) (see mstructi	· · · · · · ·	· · · · }	3	
Part V Qualification l	Jnder Section 4940(e) for Re	educed Tax on Net	: Investment In	come	
(For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incon	ne.)	
If section $4940(d)(2)$ applies, let Was the foundation liable for the	eave this part blank. e section 4942 tax on the distributa	ble amount of any year	r in the base period	? 🔲 Y	es 🔽 No
If "Yes," the foundation does no	ot qualify under section 4940(e). Do	not complete this part	•		
1 Enter the appropriate an	nount in each column for each year;	see instructions before	making any entrie	s.	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab		<b>(d)</b> Distribution rat (col. (b) divided by c	ol. (c))
2018	614,299		12,751,235		0.048176
2017	582,521		11,266,503		0.051704
2016	334,250		10,721,281		0.031176
2015					
2014					
2 Total of line 1, column (	d)		2		0.131056
number of years the four	o for the 5-year base period—divide adation has been in existence if less	than 5 years	3		0.043685
	ncharitable-use assets for 2019 fron	•	4		12,692,199
<b>5</b> Multiply line 4 by line 3			5		554,459
	ent income (1% of Part I, line 27b)				1,519
					555,978
	ons from Part XII, line 4 ,			1	637,500
If line 8 is equal to or green instructions.	eater than line 7, check the box in Pa	art VI, line 1b, and com	nplete that part usi	ng a 1% tax rate. Se	e the Part VI

Page **6** 

Yes No

Pai	t VIII-B Sta	itements Regar	ding Activities for	r Which Form 4720	May Be Required	(continue	d)
5a	During the year	did the foundation	pay or incur any amo	unt to:			
	(1) Carry on pr	opaganda, or other	wise attempt to influe	nce legislation (section 4	4945(e))?	Yes	✓ No
	(2) Influence th	ne outcome of any s	specific public election	(see section 4955); or t	to carry	ies	
				_			

	<ul><li>(1) Carry on propaganda, or other</li><li>(2) Influence the outcome of any s</li></ul>	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	Yes 🗸	No	
	on, directly or indirectly, any vo	No				
	(3) Provide a grant to an individual	No No				
	(4) Provide a grant to an organizat in section 4945(d)(4)(A)? See i					
	(5) Provide for any purpose other t	han religious, charitable, scier	ntific, literary, or	· · · Yes 🗸		
b	educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$			∟ Yes 🖭	No	
b	Regulations section 53.4945 or in a	=			5b	
	Organizations relying on a current r	• •		_	, 55	
c	If the answer is "Yes" to question 5					
_	tax because it maintained expendit	• • •	·	п. п		
	If "Yes," attach the statement requi			· ·	No	
6a	Did the foundation, during the year	· -	• •	ıms on		
	a personal benefit contract?			· 🗌 Yes 🗸		
b	Did the foundation, during the year If "Yes" to 6b, file Form 8870.	, pay premiums, directly or inc	directly, on a personal be	nefit contract?	No 6b	No
7a	At any time during the tax year, wa	is the foundation a party to a i	prohibited tax shelter tran	nsaction?		
b	If "Yes", did the foundation receive			I I YES IVI	No 7b	
8	Is the foundation subject to the sec				7.5	
•	excess parachute payment during t					
		Officers, Directors, Trus				
Pa 1	and Contractors  List all officers, directors, truste				пріоусса	
	List an officers, unectors, truste	(b) Title, and average	(c) Compensation (If	(d) Contributions to		
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans and deferred compensation		nse account, llowances
Bank	of New Hampshire	Co-Trustee	101,185			
	e Square rd, NH 03301	3				
Marcia	Hennelly Moran Esq	Co-Trustee	42,155			
	Delta Drive Ste 303	3				
	rd, NH 03301	id ampleyees (ather than t	 	see instructions) If no	no ontor"	NONE "
	Compensation of five highest-pa	lid employees (other than t	nose included on line 1		ne, enter	NONE.
(a)	Name and address of each employee more than \$50,000	paid (b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		se account, lowances
NON						
Tota	I number of other employees paid ov	rer \$50,000		▶		0
	. Harrist of other employees para or					

Form 990-PF (2019)	Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE".
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Evnance
organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
1	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	<b>&gt;</b>
	Farm 000 BE (2010)

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

Page 8

12,885,481

12.692.199

193,282

634.610

634,610

1.519

633.091

633.091

633.091

637,500

637,500

1.519

635.981

Form 990-PF (2019)

2

3

4

5

6

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

Form 990-PF (2019)

Part X

2

3

4

5

6

1

2a

3

4 5

6

1

2

3

4

5

Part XII

Part XI

 a Average monthly fair market value of securities.
 1a
 12,541,938

 b Average of monthly cash balances.
 1b
 343,543

 c Fair market value of all other assets (see instructions).
 1c
 0

 d Total (add lines 1a, b, and c).
 1d
 12,885,481

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

1e

2a |

2b

Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4

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

Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see

organizations check here 

and do not complete this part.)

Tax on investment income for 2019 from Part VI, line 5. . . . . .

Income tax for 2019. (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.

Form 990-PF (2019)				Page <b>9</b>
Part XIII Undistributed Income (see instruc	ctions)			
	(a) Corpus	(b) Years prior to 2018	(c) 2018	<b>(d)</b> 2019
1 Distributable amount for 2019 from Part XI, line 7				633,091
<b>2</b> Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			19,253	
<b>b</b> Total for prior years: 20, 20, 20		0		
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014 0				
<b>b</b> From 2015				
<b>c</b> From 2016 0				
<b>d</b> From 2017 0				
<b>e</b> From 2018 0				
<b>f Total</b> of lines 3a through e	0			
4 Qualifying distributions for 2019 from Part				
XII, line 4: ► \$637,500				
<ul> <li>a Applied to 2018, but not more than line 2a</li> </ul>			19,253	
<b>b</b> Applied to undistributed income of prior years		0		
(Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)	0			
<b>d</b> Applied to 2019 distributable amount				618,247
e Remaining amount distributed out of corpus	0			

14,844

Form **990-PF** (2019)

indicated below:

**5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the 6 Enter the net total of each column as

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b . . . . . . . . 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 2018. Subtract line 4a from line 2a. Taxable amount-see instructions . . . . . . f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . .

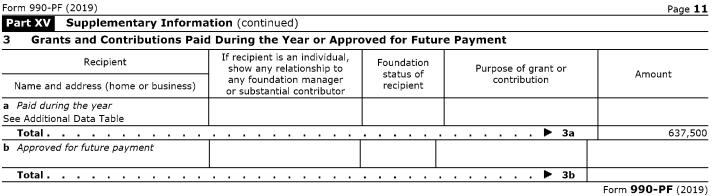
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . .

10 Analysis of line 9: a Excess from 2015. **b** Excess from 2016. c Excess from 2017. . d Excess from 2018. . e Excess from 2019. .

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

Forr	n 990-PF (2019)					Page <b>10</b>
P	art XIV Private Operating Found	ations (see instru	uctions and Part \	/II-A, question 9)		
1a	If the foundation has received a ruling or del foundation, and the ruling is effective for 20			erating		
b	Check box to indicate whether the organizati	on is a private opera	ating foundation des	scribed in section $ {\sf f f f f f f f f f f f f f $	☐ 4942(j)(3) or ☐	] 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) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	(e) rotar
	year listed					
	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					
е	, , ,					
	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:					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>			-		
	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.					
С	"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					
Pa	rt XV Supplementary Information assets at any time during th			foundation had	\$5,000 or more i	in
1	Information Regarding Foundation Mana	agers:				
а	List any managers of the foundation who hav before the close of any tax year (but only if					n
ь	List any managers of the foundation who own	n 10% or more of th	e stock of a corpora	ation (or an equally		
_	ownership of a partnership or other entity) of					
2	Information Regarding Contribution, Gra		-	_		
	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the foundation	es contributions to p	preselected charitab	le organizations and	l does not accept	
	other conditions, complete items 2a, b, c, a	nd d. See instruction	is	iais or organizations	under	
a	The name, address, and telephone number of	or e-mail address of	the person to whon	n applications should	d be addressed:	
	Bank of NH Marcia Moran Co-Trust					
	3 Eagle Square					
	Concord, NH 03301 (603) 230-4207					
ь	The form in which applications should be sub	mitted and informa	tion and materials t	hey should include:		
	Applications are accepted by invitation of the	e Trustees. Visit web	site at www.dobles	foundation.org for n	nore information.	
С	Any submission deadlines:				<u> </u>	
	By October 1st of each year.					
d	Any restrictions or limitations on awards, sur factors:	ch as by geographic	al areas, charitable	fields, kinds of instit	cutions, or other	
	Charitable organizations exempt under IRC strustees annually.	501(c)(3) registered	in the State of NH.	Specific areas of ch	aritable interest will b	pe selected by the



nter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a					
b					
c					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments     Interest on savings and temporary cash					
investments					
Dividends and interest from securities 5  Net rental income or (loss) from real estate:			14	297,915	
a Debt-financed property					
<b>b</b> Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
inventory			18	-65,361	
Net income or (loss) from special events:					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b					
d					
d e					
e				232,554	
e			13	232,554	
	lations.)			<u>_</u>	
2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of the foundation's explain the foundation of the foundatio	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the second by the accomplishment of the foundation's expenses.	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of the foundation's explain the foundation of the foundatio	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the substitution of the foundation of the	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of the foundation's explain the foundation of the foundatio	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the substitution of the foundation of the	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the substitution of the foundation of the	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the ine No.  Explain below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation's explain the foundation's explain the foundation of the foundat	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the substitution of the foundation of the	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculant XVI-B  Relationship of Activities to the second s	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the substitution of the foundation of the	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the substitution of the foundation of the	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the substitution of the foundation of the	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the substitution of the foundation of the	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the substitution of the foundation of the	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the substitution of the foundation of the	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the substitution of the foundation of the	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of the foundation's explain the foundation of the foundatio	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e).  Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B  Relationship of Activities to the substitution of the foundation of the	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	
2 Subtotal. Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the second below how each activity for which the accomplishment of the foundation's explain below how the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation of the foundation's explain the foundation of the foundatio	lations.) ne Accomplish income is report	hment of Exem ted in column (e) o	pt Purposes f Part XVI-A contribut	ted importantly to	232,554

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	_
L Did the organ	sization directly or indirectly engage in any of the following with any other organization described in section 501	Г

. 4147		Exempt Organia	zations										
		anization directly or inc han section 501(c)(3)								tion 501		Yes	No
a Trans	sfers fi	om the reporting found	dation to a n	oncha	ritable exe	empt organization	n of:						
(1)	Cash.									. 1	a(1)		No
		assets									a(2)		No
<b>b</b> Other	r trans	actions:											
		of assets to a nonchari	itable exempi	t orga	nization.					1	b(1)		No
		ases of assets from a n	· · · · · · · · · · · · · · · · · · ·	-						_	b(2)		No
		of facilities, equipmen						•		_	b(3)		No
` '		ursement arrangemen	•							_	b(4)		No
		=								_	<del>`</del>		
. ,		or loan guarantees.								_	b(5)		No_
		nance of services or me			_						b(6)		No_
	-	facilities, equipment, m									1c		No
of the in an	e good y tran:	er to any of the above s, other assets, or serv saction or sharing arra	vices given b ngement, sho	y the ow in	reporting column (d	foundation. If the  i) the value of the	foundation goods, oth	receive ner asse	d less than fair ma ts, or services rece	rket value eived.			
(a) Line N	Vo.	(b) Amount involved	(c) Name of	noncha	aritable exe	mpt organization	(d) Desci	ription of	transfers, transaction	s, and sharin	arrar	ngemen	ts
descr	ribed ii	dation directly or indire n section 501(c) (other mplete the following so (a) Name of organizatio	than section chedule.		c)(3)) or i	·		-					
Sign	of my which	r penalties of perjury, / knowledge and belief, n preparer has any kno *****	, it is true, co				of prepare				infor	matior	of
Here	<b>)</b> -					1	<b>)</b> -			with the below	prepar	er show	/n
	s	ignature of officer or tr	rustee			Date	<b>/</b> ⊤i	tle				l., r	1
										(see inst	.) I <b>V</b>	ı Yes └	· NO
		Print/Type preparer's	name	Prena	arer's Sign	nature	Date			PTIN			
		, , , , , , , , , , , , , , ,					Date		Check if self-				
									employed ▶ □	03:	3-52-	3193	
Paid		WILLIAM J PELLETI	ier ea				2020-0	06-29	' '				
	ror												
repa		Firm's name ► CP T	AX & ACCOU	NTING	LLC					Firm's EIN	▶82-	37764	70
Jse O	עוחי	Cinnala addina 6 01	CTANITE	045 1	CUITE 6								
		Firm's address ► 34	STANIELS R	UAD S	POLIE								
		Lo	udon, NH 03	3307						Phone no.	(603)	369-4	1690
		· · ·	<u> </u>						<u> </u>	Form	990	)-PF (	2019)

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 146. CIGNA CORP NEW 2019-01-11 2018-12-21 1225, APPLIED MATLS INC 2016-11-25 2019-01-30 10. GOLDMAN SACHS GROUP INC COM 2017-01-17 2019-01-30 200. GOLDMAN SACHS GROUP INC COM 2017-01-04 2019-01-30 5000. KENTUCKY HSG CORP HSG REV 3.45% 7/1/2019 2015-11-06 2019-02-01 20000. WALMART STORES INC 4.125% 2/1/2019 2015-11-06 2019-02-01 55000. WALMART STORES INC 4.125% 2/1/2019 2017-04-06 2019-02-01 2019-03-06 66. PHILLIPS 66 COM 2015-11-06 549. PHILLIPS 66 COM 2016-05-06 2019-03-06 235. ENERGY SELECT SECTOR SPDR 2018-10-19 2019-03-06 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 28,245 26.599 1,646 47,370 39,131 8,239 1,999 2,366 -367 39,974 48.577 -8,603 5,000 5,056 -56 20,000 20,000 55,000 55,000 6,410 6,130 280 53,322 43,118 10,204 15,310 17,007 -1,697 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 1,646 8,239 -367 -8,603 -56 280 10,204 -1,697

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2015-11-06 2019-04-17 100000. DEERE JOHN CAP CORP 2.25% 4/17/2019 441. CVS HEALTH CORP COM 2019-01-11 2019-04-18 481, CVS HEALTH CORP COM 2018-11-28 2019-04-18 270. FEDEX CORP COM 2016-11-25 2019-04-18 5000. KENTUCKY HSG CORP HSG REV 3.45% 7/1/2019 2015-11-06 2019-05-01 260000. FEDERAL HOME LOAN BANKS 2.875% 6/28/2021 2018-07-20 2019-05-02 1138. ISHARES MSCI EAFE ETF 2015-11-06 2019-05-02 2017-04-27 2019-05-02 1935. ISHARES MSCI EAFE ETF 1052. ISHARES MSCI EAFE ETF 2017-09-26 2019-05-02 50. BECTON DICKINSON & CO COM 2016-05-06 2019-05-14 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 100,000 100,000 -5,793 23,227 29,020 25,334 38,824 -13,49053,524 51.730 1,794 5,000 5,056 -56 260,000 259,870 130 75,300 69,156 6,144 128,036 123,753 4,283 69,609 71,483 -1,8748.241 11,212 2,971 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -5,793 -13,490 1,794 -56 130 6,144 4,283 -1,8742,971

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 60. BECTON DICKINSON & CO COM 2016-05-06 2019-05-14 295. CHEVRON CORP NEW COM 2017-04-27 2019-05-14 75. JOHNSON & JOHNSON COM 2018-11-20 2019-05-14 310. ENERGY SELECT SECTOR SPDR 2016-09-22 2019-05-14 35. ENERGY SELECT SECTOR SPDR 2017-01-17 2019-05-14 295. ENERGY SELECT SECTOR SPDR 2017-01-04 2019-05-14 100. ENERGY SELECT SECTOR SPDR 2018-10-19 2019-05-14 2015-11-06 2019-05-14 5. UNITEDHEALTH GROUP INC COM 120. UNITEDHEALTH GROUP INC COM 2019-01-11 2019-05-14 1150. HALLIBURTON CO COM 2018-01-22 2019-06-03 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 13,455 12,859 596 35,857 31,173 4,684 10,306 11,032 -726 19,762 21.325 -1,5632,231 2,620 -389 22,452 -3,646 18,806 6,375 7,237 -862 575 617 1,192 28,619 29,515 -896 24,655 64,710 -40,055 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 596 4,684 -726 -1,563 -389 -3,646 -862 617 -896 -40,055

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2015-11-06 2019-06-03 5000. KENTUCKY HSG CORP HSG REV 3.45% 7/1/2019 .587 KONTOOR BRANDS INC COM NPV WI 2017-09-07 2019-06-03 .284 KONTOOR BRANDS INC COM NPV WI 2017-09-26 2019-06-03 2100. SPROUTS FMRS MKT INC 2018-08-15 2019-06-03 1115. TEXTRON INC COM 2017-09-26 2019-06-03 34. KONTOOR BRANDS INC COM NPV WI 2017-09-26 2019-06-18 163. KONTOOR BRANDS INC COM NPV WI 2017-09-07 2019-06-18 2019-06-19 1125. DAVITA INC COM 2018-10-19 580, SKYWORKS SOLUTIONS INC COM 2017-10-06 2019-06-19 2015-11-06 2019-07-01 25000. KENTUCKY HSG CORP HSG REV 3.45% 7/1/2019 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 5.000 5.056 -56 17 16 1 8 8 41,879 50.329 -8,450 51,256 59,354 -8,098 934 918 16 4,475 4,426 49 57,284 78,273 -20,989 43,862 -16,950 60,812 25,000 25,000 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -56 1 -8,450 -8,098 16 49 -20,989 -16,950

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2018-02-28 2019-07-10 5300. IPATH BLOOMBERG COMMODITY INDEX 500. IPATH BLOOMBERG COMMODITY INDEX 2018-08-15 2019-07-10 5275. SPDR BLOOMBERG BARCLAYS INV GR FLOATING 2018-03-09 2019-07-17 75000. BURLINGTON NORTHERN 4.70% 10/1/2019 2015-11-06 2019-07-30 50000. FEDERAL FARM CR BKS 1.95% 12/17/2019 2016-01-28 2019-07-30 425. HCA HEALTHCARE INC COM 2018-02-28 2019-08-14 825. NETAPP INC COM 2016-11-25 2019-08-14 2019-01-30 2019-08-14 85. STARBUCKS CORP COM 25. AMAZON COM INC 2019-04-18 2019-08-27 1155. CORNING INC COM 2016-05-06 2019-08-27 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 119,301 130.278 -10,977 11,255 11,410 -155 161,517 162,563 -1,04675,266 77,380 -2.11449,937 50,538 -601 52,344 42,507 9,837 36,957 30,259 6,698 8,123 5,745 2,378 43,897 46,589 -2,692 31,205 21,437 9,768 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -10,977-155 -1,046-2,114-601 9,837 6,698 2,378 -2,692 9,768

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 230. PEPSICO INC COM 2015-11-06 2019-08-27 340. WALMART INC COM 2017-09-07 2019-08-27 1065. CISCO SYS INC COM 2017-03-01 2019-11-22 80. PEPSICO INC COM 2015-11-06 2019-11-22 225. PEPSICO INC COM 2018-11-20 2019-11-22 200. PFIZER INC COM 2018-10-19 2019-11-22 2019-11-22 850. PFIZER INC COM 2019-01-11 2019-06-03 2019-11-22 1940. REAL ESTATE SELECT SECTOR SPDR 857.107 VANGUARD GNMA FUND - ADM 2016-03-16 2019-11-22 25782.698 VANGUARD GNMA FUND - ADM 2015-11-06 2019-11-22 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 30,988 22,935 8,053 38,228 27,257 10,971 47,573 36,806 10,767 10,721 7,978 2,743 30,153 26,183 3,970 7,660 8,944 -1,28432,556 36,337 -3,781 70,694 73,796 3,102 9,051 8,975 76 272,265 274,844 -2,579 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 8,053 10,971 10,767 2,743 3,970 -1,284 -3,781 3,102 76 -2,579

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P—Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 780. INTERDIGITAL INC 2018-05-23 2019-12-26 CAPITAL GAIN DIVIDENDS Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (h) (e) plus (f) minus (g) (f) (q) plus expense of sale

43,130		61,942	-18,812
			3,279
Form 990PF Part IV - Capital	Gains and Losses for Tax on	<b>Investment Income - Colum</b>	ns i - I
Complete only for assets show	ving gain in column (h) and owned b	y the foundation on 12/31/69	Gains (Col. (h) gain minus
(i) F.M.V. as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69	Excess of col. (i) <b>(k)</b> over col. (j), if any	col. (k), but not less than -0-) <b>or</b> (I) Losses (from col.(h))
			-18,812

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			
COMMUNITY ACTION OF STRAFFORD COUNTY PAMELA BECKER113 CROSBY ROAD		PREVENTION OF HOMELESSNESS	15,000

DOVER, NH 03820			
BELKNAP HOUSE COLLEEN GARRITY200 COURT STREET LACONIA, NH 03246		EXPENSES FOR TRANSITION TO	:

BELKNAP HOUSE COLLEEN GARRITY200 COURT STREET LACONIA, NH 03246		EXPENSES FOR TRANSITION TO	15,000
BRIDGES D&S VIOLENCE SUPPORT		SHELTER AND TRANSITIONAL	15,000

LACONIA, NH 03246			
BRIDGES D&S VIOLENCE SUPPORT SERVICES PAMELA S AUER33 EAST PEARL STREET		SHELTER AND TRANSITIONAL	15,000

ACONIA, NH 03246			
RIDGES D&S VIOLENCE SUPPORT ERVICES AMELA S AUER33 EAST PEARL STREET		SHELTER AND TRANSITIONAL	15,0

SERVICES PAMELA S AUER33 EAST PEARL STREET NASHUA, NH 03060			15,666
Total	 	▶ 3a	637,500

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			
BRIGID'S HOUSE OF HOPE BETHANY COTTRELLPO BOX 3836		PERSONNEL COSTS TO HIRE	2,500

CONCORD, NH 033013836			
CATCH NEIGHBORHOOD HOUSING ROSEMARY M HEARD 105 LOUDON ROAD UNIT 1		I.T. SUPPORT FOR GREATER	20,000

ATCH NEIGHBORHOOD HOUSING OSEMARY M HEARD 05 LOUDON ROAD UNIT 1 ONCORD, NH 03301	I.T. SUPPORT FOR GREATER	20,00
TRAFFORD COUNTY DBA COMMUNITY	RENTAL ASSISTANCE FOR	25,00

105 LOUDON ROAD UNIT 1 CONCORD, NH 03301			
STRAFFORD COUNTY DBA COMMUNITY PARTNERS LAUREN BERMAN577 CENTRAL AVENUE		RENTAL ASSISTANCE FOR	25,000

CONCORD, NH 03301			
STRAFFORD COUNTY DBA COMMUNITY PARTNERS LAUREN BERMAN577 CENTRAL AVENUE		RENTAL ASSISTANCE FOR	25,000

STRAFFORD COUNTY DBA COMMUNITY	RENTAL ASSISTANCE FOR	25,000
PARTNERS		
LAUREN BERMAN577 CENTRAL AVENUE		
DOVER, NH 03820		

PARTNERS			,
LAUREN BERMAN577 CENTRAL AVENUE			
DOVER, NH 03820			
		1	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
CONCORD COALITION TO END HOMELESSNESS ELLEN GROHPO BOX 3933 CONCORD, NH 033033933		RENOVATION OF BUILDING TO	25,000

CONCORD, NH 033033933		
CROSS ROADS HOUSE INC JESSICA PARKER600 LAFAYETTE ROAD PORTSMOUTH, NH 03801	SUPPORT OF EMERGENCY &	15,000
FAMILY PROMISE OF GREATER CONCORD LIANE MALOSSI KERBYSON	CASE MANAGEMENT AND	15,000

PORTSMOUTH, NH 03801			
FAMILY PROMISE OF GREATER CONCORD LIANE MALOSSI KERBYSON 176 LOUDON ROAD SUITE 2 CONCORD, NH 03301		CASE MANAGEMENT AND	15,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

EFILL OWIGHTS HOLIGING ORDODE INTEGE		MARKETING AND DEVELOPMENT	10.000
FAMILY PROMISE OF SOUTHERN NH KAREN BERNICHE180 LOWELL ROAD HUDSON, NH 03051		TRANSITIONAL HOUSING	15,000
a Paid during the year			

110050N, NIT 05051			
FELLOWSHIP HOUSING OPPORTUNITIES INC NANCY EGNER36 PLEASANT STREET CONCORD, NH 03301		MARKETING AND DEVELOPMENT	10,000

INC NANCY EGNER36 PLEASANT STREET CONCORD, NH 03301			·
GRANITE STATE INDEPENDENT LIVING SARAH MELASECCA21 CHENELL DRIVE CONCORD, NH 03301		SUPPORT OF ACCESS	25,000

Total	 	▶ 3a	637,500
GRANITE STATE INDEPENDENT LIVING SARAH MELASECCA21 CHENELL DRIVE CONCORD, NH 03301		SUPPORT OF ACCESS	25,000
CONCORD, NH 03301			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a raid daring the year			
GREATER NASHUA HABITAT FOR HUMANITY SCOTT SLATTERY127 MAIN STREET NASHUA, NH 03060		FUNDS FOR COMPLETION OF	5,000
HAVEN VIOLENCE PREVENTION &		SHELTER AND HOUSING FOR	25,000

11,10110,1,1111 00000			1
HAVEN VIOLENCE PREVENTION & SUPPORT SVCS KATHY BEEBE 20 INTERNATIONAL DRIVE SUITE 300 PORTSMOUTH, NH 03801		SHELTER AND HOUSING FOR	2

SUPPORT SVCS KATHY BEEBE 20 INTERNATIONAL DRIVE SUITE 300 PORTSMOUTH, NH 03801		
HOMELESS CENTER FOR STRAFFORD COUNTY	SUPPORT OF CASE MANAGEMENT	12,5

KATHY BEEBE 20 INTERNATIONAL DRIVE SUITE 300 PORTSMOUTH, NH 03801			
HOMELESS CENTER FOR STRAFFORD COUNTY		SUPPORT OF CASE MANAGEMENT	12,50

20 INTERNATIONAL DRIVE SUITE 300 PORTSMOUTH, NH 03801			
HOMELESS CENTER FOR STRAFFORD COUNTY TRACY HARDEKOPF9 ISLINGLAS DRIVE		SUPPORT OF CASE MANAGEMENT	12,500

HOMELESS CENTER FOR STRAFFORD COUNTY TRACY HARDEKOPF9 ISLINGLAS DRIVE ROCHESTER, NH 03839		SUPPORT OF CASE MANAGEMENT	12,500
Total	 	▶ 3a	637,500

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			
HUNDRED NIGHTS INC MINDY CAMBIAR17 LAMSON ST		HOUSING-FOCUSED CASE	15,000

KEENE, NH 03431			
LACONIA AREA LAND TRUST DBA LAKES REGION		SUPPORT OF EVICTION	15

LACONIA AREA LAND TRUST DBA LAKES REGION		SUPPORT OF EVICTION	15,000
CARMEN LORENTZ193 COURT STREET LACONIA, NH 03246			
•			

CARMEN LORENTZ193 COURT STREET LACONIA, NH 03246			
LIBERTY HOUSE BILL ZARAKOTAS 75 WEST BAKER STREET		RENOVATION OF NEW FACILITY	15,000

ACONIA, NH 03246			
IBERTY HOUSE BILL ZARAKOTAS 15 WEST BAKER STREET		RENOVATION OF NEW FACILITY	15,00

LACONIA, NH 03240			
LIBERTY HOUSE BILL ZARAKOTAS		RENOVATION OF NEW FACILITY	15
75 WEST BAKER STREET			
MANICHECTED NIL 02102			

Total .

MANCHESTER, NH 03103			
75 WEST BAKER STREET	ļ		
BILL ZARAKOTAS	ļ		

637,500

3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or husiness)

ivaline and address (notifie of business)	or substantial contributor		
a Paid during the year			
MANCHESTER NEIGHBORHOOD		SUPPORT OF COMMUNITY	15,000

HOUSING SERVICES ROBERT TOURIGNYPO BOX 3968 MANCHESTER, NH 03105	SUPPORT OF COMMONITY	15,000
MARGUERITE'S PLACE INC	TRAINING AND LAUNCHING OF	15,000

MARGUERITE'S PLACE INC CHRISTA TSECHRINTZIS 87 PALM STREET NASHUA, NH 03060		TRAINING AND LAUNCHING OF	15,00
MONADNOCK AREA TRANSITIONAL		SUPPORT OF WOMEN	7,50

NASHUA, NH 03060			
MONADNOCK AREA TRANSITIONAL SHELTER DENISE FRANKOFFPO BOX 3053		SUPPORT OF WOMEN	7,500

MONADNOCK AREA TRANSITIONAL SHELTER		SUPPORT OF WOMEN	7,50
DENISE FRANKOFFPO BOX 3053			
PETERBOROUGH, NH 03458			

Total .

SHELTER		
ENISE FRANKOFFPO BOX 3053		
ETERBOROUGH, NH 03458		

▶ 3a

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			
MCVP CRISIS & PREVENTION CENTER ROBIN P CHRISTOPHERSON 12 COURT STREET SUITE 103		DIRECT SUPPORT OF HOUSING	25,000

KEENE, NH 03431			
MY FRIEND'S PLACE SUSAN M FORD 368 WASHINGTON STREET		REPLACEMENT OF APPLIANCES,	10,000

MY FRIEND'S PLACE SUSAN M FORD 368 WASHINGTON STREET DOVER, NH 03867		REPLACEMENT OF APPLIANCES,	10,000
NH COMMUNITY LOAN FUND		TRAINING SUPPORT,	25,000

368 WASHINGTON STREET DOVER, NH 03867			
NH COMMUNITY LOAN FUND BETHANY TARBELL7 WALL STREET		TRAINING SUPPORT,	25,000

IH COMMUNITY LOAN FUND SETHANY TARBELL7 WALL STREET CONCORD, NH 03301		TRAINING SUPPORT,	25,00

637,500

3a

H COMMUNITY LOAN FUND		TRAINING SUPPORT,	25,
ETHANY TARBELL7 WALL STREET			
ONCORD, NH 03301			

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 cubetantial contributor

	or substantial contributor		
a Paid during the year			
NH LEGAL ASSISTANCE		LEGAL ASSISTANCE SUPPORT,	

CHERYL STEINBERG 117 NORTH STATE ST CONCORD, NH 03301 SEACOAST FAMILY PROMISE PATI FREW-WATERS27 HAMPTON ROA

EXETER NH 03833

Total .

SUPPORT TO COMPLETE

25,000

12,500

AD			
		RENOVATIONS FOR DISABLED	10,000

EXETER, III 03033			
SOUTHEAST NH HABITAT FOR HUMANITY JESSICA HAMILTON 1 MIDDLE STREET SUITE 200 PORTSMOUTH, NH 03801		RENOVATIONS FOR DISABLED	10,0

		(
1 MIDDLE STREET SUITE 200 PORTSMOUTH, NH 03801		
JESSICA HAMILTON		
HUMANITY		1

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

recipient

▶ 3a

637,500

any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year			
ST GIANNA'S PLACE MONICA RAHILLY5 ISABELLA DRIVE LONDONDERRY, NH 03053		TO SUPPORT MONEY MANAGEMENT	10,000
STARTING POINT NH DEB WEINSTEINPO BOX 1972 CONWAY, NH 03818		SUPPORT OF TRANSITIONAL	15,000

STARTING POINT NH DEB WEINSTEINPO BOX 1972 CONWAY, NH 03818		SUPPORT OF TRANSITIONAL	15,0
THE FRIENDS PROGRAM NANCY M PAUL202 N STATE ST		SUPPORT OF SHELTER FOR	10,0

CONWAY, NH 03818			
THE FRIENDS PROGRAM NANCY M PAUL202 N STATE ST CONCORD, NH 03301		SUPPORT OF SHELTER FOR	10,0

CONWAT, NIT 03010				
THE FRIENDS PROGRAM			SUPPORT OF SHELTER FOR	10,000
NANCY M PAUL202 N STATE ST				
CONCORD NU 02201	l .	l		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor		
a Paid during the year			
THE FRONT DOOR AGENCY INC KARA REEVES7 CONCORD STREET		TRANSFORMATIONAL HOUSING	15,000

NASHUA, NH 03064			
TWIN PINES HOUSING TRUST MICHELLE KERSEY 226 HOLIDAY DR SUITE 20 WHITE RIVER JCT, VT 05001		FUNDS IN NH FOR SUPPORTIVE	20,000

MICHELLE KERSEY 226 HOLIDAY DR SUITE 20 WHITE RIVER JCT, VT 05001		FUNDS IN NH FOR SUPPORTIVE	20,000
UPPER VALLEY HABITAT FOR HUMANITY ANDREW GRIMSONPO BOX 1038		BUILDING COSTS FOR	7,500

226 HOLIDAY DR SUITE 20 WHITE RIVER JCT, VT 05001			
UPPER VALLEY HABITAT FOR HUMANITY ANDREW GRIMSONPO BOX 1038 WHITE RIVER JCT, VT 05001		BUILDING COSTS FOR	7,500

UPPER VALLEY HABITAT FOR HUMANITY ANDREW GRIMSONPO BOX 1038 WHITE RIVER JCT, VT 05001		BUILDING COSTS FOR	7,500

Total .

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			
UPPER VALLEY HAVEN LAURA GILLESPIE713 HARTFORD AVE		OPERATING EXPENSES FOR	5,000

WHITE RIVER JCT, VT 05001			
VISIONS FOR CREATIVE HOUSING SOLUTIONS SYLVIA KLUGE DOW		RENOVATION COSTS FOR	25,000
8 SUNRISE FARM LANE			

SOLUTIONS SYLVIA KLUGE DOW 8 SUNRISE FARM LANE ENFIELD, NH 03748			
CATHOLIC CHARITIES NEW HAMPSHIRE		CASEWORK SERVICES FOR	10,000

8 SUNRISE FARM LANE ENFIELD, NH 03748			
CATHOLIC CHARITIES NEW HAMPSHIRE 215 MYRTLE STREET		CASEWORK SERVICES FOR	10,000

ENTILLD, NIT 03740			
CATHOLIC CHARITIES NEW HAMPSHIRE 215 MYRTLE STREET MANCHESTER, NH 03104		CASEWORK SERVICES FOR	10,000

637,500

CATHOLIC CHARITIES NEW HAMPSHIRE		CASEVVORK SERVICES FOR	10,0
215 MYRTLE STREET			
MANCHESTER,NH 03104			
	•		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
THE GRANITE YMCA 117 MARKET STREET		SUMMER CAMP ASSISTANCE FOR	2,500

MANCHESTER, NH 03037		TOK	
HARBOR HOMES INC VANESSA TALASAZAN 77 NORTHEASTERN BLVD		PERMANENT SUPPORTIVE	25,000

VANESSA TALASAZAN 77 NORTHEASTERN BLVD NASHUA, NH 03062		PERMANENT SUPPORTIVE	23,000
HELPING HANDS OUTREACH CENTER		COSTS OF CASE MANAGER AND	12,500

NASHUA, NH 03062			
HELPING HANDS OUTREACH CENTER LAWRENCE NICE50 LOWELL STREET MANCHESTER, NH 03101		COSTS OF CASE MANAGER AND	12,500

HELPING HANDS OUTREACH CENTER LAWRENCE NICE50 LOWELL STREET MANCHESTER, NH 03101		COSTS OF CASE MANAGER AND	12,500

Total .

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
FAMILIES IN TRANSITION - NEW HORIZONS 122 MARKET STREET MANCHESTER. NH. 03101		EXPENSES TO IMPLEMENT	25,000

122 MARKET STREET MANCHESTER, NH 03101			
DISMAS HOME OF NEW HAMPSHIRE 102 FOURTH STREET		INTENSIVE CASE MANAGEMENT	2

MANCHESTER, NH 03101			
DISMAS HOME OF NEW HAMPSHIRE 102 FOURTH STREET		INTENSIVE CASE MANAGEMENT	25,0
MANCHESTER NH 03102			i

ISMAS HOME OF NEW HAMPSHIRE		INTENSIVE CASE MANAGEMENT	25,000
NO ENLIDTH STREET			· ·

ISMAS HOME OF NEW HAMPSHIRE	INTENSIVE CASE MANAGEMENT	25,00
02 FOURTH STREET		
ANCHECTED NIL 03103		

MANCHESTER, NH 03102		
·		

MANCHESTER, NH 03102		
Total	 ▶ 3a	637,500

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491189000040		
TY 2019 Other Decreases Schedule					
Name:	ARTHUR JR DO	OBLES & OLIVE G DOBLES CR	UT		
EIN:	32-6435321				
De	escription		Amount		
INCOME CASH RECD AFTER YEAR END			14,479		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491189000040		
TY 2019 Other Expenses Schedule						
I						
Name: ARTHUR JR DOBLES & OLIVE G DOBLES CRUT						
<b>EIN:</b> 32-6435321						
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

Other Expenses Schedule	ı	1	1
Description	Revenue and	Net Investment	Adjusted Net

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491189000040		
TY 2019 Taxes Schedule						
Name:	ARTHUR JR	DOBLES & OLIVE (	G DOBLES CRUT			
EIN:	32-6435321					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FEDERAL TAX PAYMENT - PRIOR YE	2,498	0		0		
FEDERAL ESTIMATES - PRINCIPAL	6,636	0		0		
FOREIGN TAXES ON QUALIFIED FOR	2,235	2,235		0		
FOREIGN TAXES ON NONQUALIFIED	415	415		0		