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# Form 990: PF

**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.

2013

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. JUN 4, 2013 DEC 2013 For calendar year 2013 or tax year beginning and ending 31, Name of foundation A Employer identification number (\*\*-\*<u>\*</u>\*907)4 LOCONTI FAMILY CHARITABLE TRUST number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 126 PINNACLE FARM ROAD 802-849-2300 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here JEFFERSONVILLE, VT 05464 Check all that apply X | Initial return initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test check here and attach computation Address change Name change H**≤**Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here Legar market value of all assets at end of year | J | Accounting method: Accrual If the foundation is in a 60-month termination ffrom Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 944,056. (Part I. column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 1,009,221 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 13,345 9,515 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 37,974. 6a Net gain or (loss) from sale of assets not on line 10 89,343. 37,974 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold • >\*>> '\* c Gross profit or (loss) 11 Other income 47.489 060,540 Total Add lines 1 through 11 0. 0 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 1,425 0 1,425. STMT 16a Legal fees STMT 3 3,100. 0. 3,100. b Accounting fees c Other professional fees RECEIVED and Administrative 17 Interest 18 Š 19 Depreciation and depletion Õ MAY 1 9 2014 20 Occupancy Ķ 21 Travel, conferences, and meetings OGDEN UT 22 Printing and publications 23 Other expenses STMT 4 850. 0 850. Operating 24 Total operating and administrative 5,375 0 5,375. expenses Add lines 13 through 23 58,000. 58,000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 63,375 0 63,375. Add lines 24 and 25 Subtract line 26 from line 12. 997,165 a Excess of revenue over expenses and disbursements 47,489 b Net investment income (if negative, enter -0-) , , ×

Adjusted net income (if negative, enter -0-)

N/A

TRUST

LOCONTI FAMILY CHARITABLE

Form 990-PF (2013)

\*\*-\*\*\*9014

Form **990-PF** (2013)

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

See the Part VI instructions.

orm	990-PF (2013) LOCONTI FAMILY CHARITABLE TRUS	T.					***9			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940	D(a),	49	40(b), 4940(e),	or 49	948 -	- see i	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here \ and er	nter "N/	/A" (	on line 1.						
	Date of ruling or determination letter (attach copy of letter if nec			1			<b>l</b> .			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here				L	1			9	50.
	of Part I, line 27b				ı					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Par	rt I,	line 12, col. (b).	1					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	hers e	nter	-0-)	L	22				0.
3	Add lines 1 and 2				L	3			9	50.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers e	ente	· <b>-</b> 0-)	L	4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-					5			9	<u>50.</u>
6	Credits/Payments <sup>-</sup>				İ					
a	2013 estimated tax payments and 2012 overpayment credited to 2013	6a	$\perp$							
b	Exempt foreign organizations - tax withheld at source	6b								
C	Tax paid with application for extension of time to file (Form 8868)	6c								
d	Backup withholding erroneously withheld	6d					_			
7	Total credits and payments Add lines 6a through 6d					7				<u>0.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack.	ched			1	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					9	<u> </u>		9	<u>50.</u>
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			1		10	ļ			
	Enter the amount of line 10 to be: Credited to 2014 estimated tax			Refunded		11	<u> </u>			
Pa	rt VII-A Statements Regarding Activities							1	<u> </u>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation	or d	id it participate or inter	vene	ın			Yes	No
	any political campaign?							1a_		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos							1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d cop	ies	of any matenals put	olishe	d or		,	_	
	distributed by the foundation in connection with the activities									
	Did the foundation file Form 1120-POL for this year?							1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the				_				4	
	(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers				<u>0.</u>					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendi	ture ta	EX III	iposed on foundation						
_	managers. ▶ \$	200								v
2	Has the foundation engaged in any activities that have not previously been reported to the IF	157						2		X
_	If "Yes," attach a detailed description of the activities					_				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing i		пен	, articles of incorporat	ion, o					v
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change							3 4a	<u> </u>	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the yea					N	I/A	4a 4b		
	If "Yes," has it filed a tax return on Form 990-T for this year?  West have a liquidation templation dissolution or substantial contraction during the year?	,				14	1/ A	5		X
IJ	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T									
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ther								İ
Ü	By language in the governing instrument, or									
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandator</li> </ul>	v direc	rtion	s that conflict with the	state	law				
	remain in the governing instrument?	y un co	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	is that commet with the	Julio			6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	nnlete	. Pa	et II col (c) and Pa	n XV			7	X	
•	Did the foundation have at least polycoo in account at any time during the year in 163, con	٠.٥٠٥		, , . ,				<u> </u>		
R۵	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) 🕨	•							1
Ja	VT	,	_							
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorne	v Ge	neral (or designate)						
	of each state as required by General Instruction G? If "No," attach explanation		,	. (				8b	х	i
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ction 4	4942	2(1)(3) or 4942(1)(5) fo	r calei	ndar		<u> </u>		
year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV					9		X			
10	Did any persons become substantial contributors during the tax year? If "Yes " attach a scheduler of the tax year?				S	TMT	. 7	10	Х	
								m <b>99</b> 0		(2013)

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

Form 990-PF (2013) LOCONTI FAMILY CHARITA	BLE TRUST	Daminad (	**-***90	14	Page 6
Part VII-B Statements Regarding Activities for Which	n rorm 4/20 May Be I	requirea (contin	ued)		
5a During the year did the foundation pay or incur any amount to:	40454.335				
(1) Carry on propaganda, or otherwise attempt to influence legislation (se	: :,		es 🗶 No		
(2) Influence the outcome of any specific public election (see section 495)	5); or to carry on, directly or indir			ĺ	
any voter registration drive?	_		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpo		Y <sub>1</sub>	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	ration described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, liter	rary, or educational purposes, or				
the prevention of cruelty to children or animals?		Yı	es 🗶 No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify	under the exceptions described	in Regulations		l	
section 53 4945 or in a current notice regarding disaster assistance (see in	estructions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance che	ck here				
c If the answer is "Yes" to question 5a(4), does the foundation claim exempti	on from the tax because it mainta	ined			
expenditure responsibility for the grant?	Ŋ	1/A 🔙 Y	es No		
If "Yes," attach the statement required by Regulations section 53 4	4945-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly	, to pay premiums on				
a personal benefit contract?		Y	es 🗓 No		
b Did the foundation, during the year, pay premiums, directly or indirectly, or	n a personal benefit contract?			6b	х
If "Yes" to 6b, file Form 8870	•		Γ.	, ,	
7a At any time during the tax year, was the foundation a party to a prohibited	tax shelter transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income at				7 <b>b</b>	
Part VIII Information About Officers, Directors, Tru	<del></del>	anagers. Highl			
Paid Employees, and Contractors	,				
1 List all officers, directors, trustees, foundation managers and th	eır compensation.				
/ Nicros and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	(e)	Expense unt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allo	wances
JAIME MCCUTCHEON	TRUSTEE			1	
126 PINNACLE FARM ROAD					
JEFFERSONVILLE, VT 05464	10.00	0.	0.		0.
JOSEPH D LOCONTI	TRUSTEE				
BOX 515 EAST ROAD					
GREENFIELD, NH 03047	1.00	0.	0.		0.
			!		
			]		
			1		
2 Compensation of five highest-paid employees (other than those	included on line 1). If none,	, enter "NONE."			
1. No. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	(b) Title, and average		(d) Contributions to	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deterred compensation	accoi	unt, other wances
NONE		<u> </u>	V P		
,		1			
		1			
		†	<del>                                     </del>		
			1		
		+	-		
	<del> </del>				
		<del>                                     </del>			
	_				
		<u> </u>	<u> </u>	<u> </u>	
Total number of other employees paid over \$50,000			<u> </u>		0

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Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	_	
	$\dashv$	
	7	•
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 statis		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced in the conference of the conference	luced, etc.	- Exponess
1 <u>N/A</u>	<del></del>	-
		_
0	-	
2		
- <del></del>		
3		
		]
4		
Dot IV B O		<u> </u>
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on	has 1 and 2	Amount
1 N/A	mies I aliu Z.	Amount
I N/A		_
2		
		ĺ
All other program-related investments. See instructions.		
3	<u> </u>	_

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	738,987.
b	Average of monthly cash balances	1b	10,667.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	749,654.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	749,654.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	11,245.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	738,409.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	21,343.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	21,343.
2a	0.50		•
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	950.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,393.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	20,393.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	20,393.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	63,375.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	63,375.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	63,375.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for	the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	( <b>c)</b> 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				20,393.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2013:		<u>U .</u>		
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
· · · · · · · · · · · · · · · · · · ·	0.			
f Total of lines 3a through e	U•			
4 Qualifying distributions for 2013 from Part XII, line 4: ►\$ 63,375.				
			0.	
a Applied to 2012, but not more than line 2a			· · · · · · · · · · · · · · · · · · ·	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	0.			20,393.
d Applied to 2013 distributable amount	42 002			20,393.
e Remaining amount distributed out of corpus	42,982.	·		0.
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below.				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	42,982.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012 Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must	:			
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			•	
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	42,982.			
0 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011	]			
d Excess from 2012				
e Excess from 2013 42,982.				- 000 PE (00.10)

		ARITABLE TR		**_**	*9014 Page 10
Part XIV Private Operating F	<b>oundations</b> (see i	nstructions and Part	/II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter th	at it is a private operating	g		
foundation, and the ruling is effective fo	r 2013, enter the date of	f the ruling	<b>▶</b>		
b Check box to indicate whether the found	fation is a private operat	ing foundation describe	d in section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2013	<b>(b)</b> 2012	(c) 2011	(d) 2010	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a				<u> </u>	
c Qualifying distributions from Part XII,					
line 4 for each year listed		· · · · · · · · · · · · · · · · · · ·		ļ	<u> </u>
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
e Qualifying distributions made directly	Į				
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					ļ
(4) Gross investment income		<u> </u>		1 105 000	<u> </u>
Part XV Supplementary Info at any time during t			y it the toundation	n nad \$5,000 or m	ore in assets
		iructions.)			
1 Information Regarding Foundation	=	than 00/ of the total or	nt-ibiitiana ranguind bii th	o foundation before the sig	one of any tay
a List any managers of the foundation wh year (but only if they have contributed n			intributions received by th	ie roundation before the cic	ise of any tax
NONE		. , , ,			
b List any managers of the foundation wh	o own 10% or more of	the stock of a corporatio	n (or an equally large por	tion of the ownership of a g	partnership or
other entity) of which the foundation has			(e. a e qean) a. ge per		
ONE					
2 Information Regarding Contributi	ion, Grant, Gift, Loai	n, Scholarship, etc.,	Programs:		
Check here <b>X</b> if the foundation of	only makes contributions	to preselected charitab	le organizations and does	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to ind	ividuals or organizations	under other conditions,	complete items 2a, b, c, an	d d.
a The name, address, and telephone num	ber or e-mail address of	the person to whom ap	plications should be addr	essed:	
b The form in which applications should b	e submitted and inform	ation and materials they	should include.		
	Jaan		S. Juliu moluud.		
c Any submission deadlines					
d Any restrictions or limitations on awards	s, such as by geographi	cal areas, charitable field	ls, kınds of institutions, or	other factors:	

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Part XV Supplementary Information (continued)

	** (001/11/1004)			<del></del>
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
•				
NORTH COUNTRY ANIMAL LEAGUE	N/A	PC	SUPPORT NO-KILL ANIMAL SHELPTER	
16 MOUNTAIN VIEW MEADOW ROAD MORRISVILLE VT 05661			Shedfiek	23,000
100001				25,000.
ALL BREED RESCUE, INC	N/A	PC	SUPPORT NO-KILL ANIMAL	
18 LIME ROCK ROAD			SHELTER	25 000
SOUTH BURLINGTON, VT 05403				35,000
Total	<u> </u>	<del></del>	▶ 3a	58,000,
<b>b</b> Approved for future payment				
NONE				
110112				
Total	.1	1	<b>▶</b> 3b	0

n 990-PF (2013) LOCON

Part XVI-A	Analysis	of Income-	<b>Producing</b>	<b>Activities</b>

nter gross amounts unless otherwise indicated.		business income		by section 512, 513, or 514	(e)
Program service revenue.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	code				<del></del>
<u> </u>	_				<del></del>
b	_				
<u> </u>	1 1				
d	— <del>                                    </del>		_		
e	_				
f					
g Fees and contracts from government agencies	<del></del>			-	
Membership dues and assessments		<del></del>	+++	+	
Interest on savings and temporary cash					
investments			1 1	12 245	
Dividends and interest from securities			14	13,345.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					· · · · · · · · · · · · · · · · · · ·
Net rental income or (loss) from personal					
property		····			
Other investment income					
Gain or (loss) from sales of assets other					
than inventory			18	37,974.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a					
b	1 1				·
C					
d	1 1				
e					
Subtotal. Add columns (b), (d), and (e)	_	C	).	51,319.	
Total Add line 12, columns (b), (d), and (e)				13	
ee worksheet in line 13 instructions to verify calculations	S.)				
art XVI-B Relationship of Activitie		mplishment of	Exempt 6	Purposes	
ne No Explain below how each activity for which	income is reported in	column (a) of Part XV	I-A contribute	ed importantly to the accomp	dichment of
the foundation's exempt purposes (other t				cu importantly to the accomp	MISHINICHE OF
<b>V</b>	, , , , , , , , , , , , , , , , , , ,	,			
			<del></del>	<del></del>	·
		····	<del></del>		
					<del></del>
				<del></del>	
				······································	· ·
<b>,</b>					

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) or	of Yes No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	
a Transfers from the reporting foundation to a noncharitable exempt organization of:	
(1) Cash	1a(1) X
(2) Other assets	1a(2) X
b Other transactions.	-
(1) Sales of assets to a noncharitable exempt organization	1b(1) X
(2) Purchases of assets from a noncharitable exempt organization	1b(2) X
(3) Rental of facilities, equipment, or other assets	1b(3) X
(4) Reimbursement arrangements	1b(4) X
(5) Loans or loan guarantees	1b(5) X
(6) Performance of services or membership or fundraising solicitations	1b(6) X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value	
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing	arrangement, show in
column (d) the value of the goods, other assets, or services received.	
	transactions, and sharing arrangements
N/A	
	· · · · · · · · · · · · · · · · · · ·
•	
,	
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described	
in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	Yes X No
b If "Yes," complete the following schedule.	100 22 100
	tion of relationship
N/A	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn	- May the IRS discuss this
Sign and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know	return with the preparer shown below (see instr.)?
Here ). Mc (1) Thom   51514 TRUSTEE	X Yes No
Signature of officer or trustee Date Title	
Print/Type preparer's name Preparer's signature Date Check	ıf PTIN
JOSEPH ROSSI, self-emplo	pyed
Paid C.P.A. 40347 Kmy 05/12/14	*****
Preparer Firm's name ► ROBERT ROSS/I & CO Firm's EIN	N ► **-**5520
Use Only	<del></del>
Firm's address ► 299 MAIN ST - 2ND FLOOR	
OLYPHANT, PA 18447-2326 Phone no	o. (570) 876-2300
	Form <b>990-PF</b> (2013)

## Schedule B

(Farm 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

7 A A A A A A A A A A A A A A A A A A A				
LOCONTI FAMILY CHARITABLE TRU	LOCONTI	FAMILY	CHARITABLE	TRUST

Employer identification number

\*\*-\*\*\*9014

Organization type (check one)						
Filers of	:	Section:				
Form 990	or 990-EZ	501(c)( ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990	)-PF	X 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note. Or General	nly a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule Se				
LXJ	For an organization contributor Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money dete Parts I and II	or property) from any one			
Special	Rules					
	509(a)(1) and 170(b	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulation ()(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greated Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II				
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III					
	contributions for us If this box is checke purpose Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to red, enter here the total contributions that were received during the year for an exclusively religion mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received, etc., contributions of \$5,000 or more during the year	more than \$1,000 gious, charitable, etc ,			
but it mu	st answer "No" on I	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 99 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

#### LOCONTI FAMILY CHARITABLE TRUST

\*\*-\*\*\*9014

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	JOSEPH D. LOCONTI  BOX 515 EAST ROAD  GREENFIELD, NH 03047	\$\$\$\$.	Person Payroll Noncash X (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)		

Name of organization

Employer identification number

#### LOCONTI FAMILY CHARITABLE TRUST

\*\*-\*\*\*9014

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 MAF	RKETABLE SECURITIES	1 005 005	0.00 /12
(a) No. from Part I	(b) Description of noncash property given	\$ 1,006,936.  (c)  FMV (or estimate)  (see instructions)	07/29/13 (d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization Employer identification number LOCONTI FAMILY CHARITABLE TRUST

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

\*\*-\*\*\*9014

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. (Enter this information once) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF DIVIDEN	DS AND INTER	EST FROM SECUR	ITIES ST	CATEMENT 1	
GROSS AMOUNT	CAPITAL GAINS DIVIDEND	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
FIDELITY INVESTMENTS 13,34	5.	0. 13,345.		•	
TO PART I, LINE 4 13,34	5.	13,345.	9,515.		
FORM 990-PF	LEGAL	FEES	Sī	PATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	1,425.	0.		1,425.	
TO FM 990-PF, PG 1, LN 16A	1,425.	1,425. 0.		1,425.	
FORM 990-PF	ACCOUNTI	NG FEES	Si	CATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	3,100.	0.		3,100.	
TO FORM 990-PF, PG 1, LN 16B	3,100.	0.	3,100		
	0.000	OTHER EXPENSES		STATEMENT 4	
FORM 990-PF	OTHER E	APENSES		TAICMENI 4	
FORM 990-PF DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-	(C) ADJUSTED NET INCOME		
	(A) EXPENSES	(B) NET INVEST-	(C) . ADJUSTED	(D) CHARITABLE	

FORM 990-PF U.S. AND	STATE/CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT	5
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE	P
MUTUAL FUNDS	<del></del>	X	225,592.	224,21	.3.
TOTAL U.S. GOVERNMENT OBLIG	ATIONS	•			
TOTAL STATE AND MUNICIPAL G	225,592.	224,21	L3.		
TOTAL TO FORM 990-PF, PART	II, LINE 10A	-	225,592.	224,21	.3.
FORM 990-PF	CORPORATE	STOCK		STATEMENT	6
DESCRIPTION			BOOK VALUE	FAIR MARKET	ŗ
CORPORATE STOCK		-	758,189.	706,45	59.
TOTAL TO FORM 990-PF, PART	II, LINE 10B	-	758,189.	706,45	59.
DRM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10				STATEMENT	7
NAME OF CONTRIBUTOR	ADDRES	S			
JOSEPH D. LOCONTI	_ <del>-</del>	- 5 EAST IELD, N	ROAD H 030 <b>4</b> 7		