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## Form **990-PF**

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

OMB No 1545-0052

2015

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For cal	endar year 2015, or tax year beginning	, 2015	, and ending	<u> </u>
113.00	ID HECMON EQUIDARTON			A Employer identification number
	LD WESTON FOUNDATION R FOSTER 177 TEN STONES CIRC	TP		11-3559712  B Telephone number (see instructions)
		1.E		(646) 468-3511
CHAR	LOTTE, VT 05445			(040) 400 3311
				C If exemption application is pending, check here
G Che	eck all that apply: Initial return	Initial return of a form	ner public charity	<b>5.1</b> 5
<b>Q</b> 0	Final return	Amended return	paone onany	D 1 Foreign organizations, check here
	Address change	Name change		2 Foreign organizations meeting the 85% test, check
u Ch		(c)(3) exempt private f	ioundation	here and attach computation 🔪 🕒 📗
n Cili	Section 4947(a)(1) nonexempt charitable t			E If private foundation status was terminated
				under section 507(b)(1)(A), check here
	market value of all assets at end of year m Part II, column (c), line 16)	- ,,	asri Maccruai	1777
(,,,o		Other (specify)		If the foundation is in a 60-month termination under section 507(b)(1)(B), check here.
	5/200/1001	column (d) must be or	r casri basis )	<del></del>
Part		(a) Revenue and	(b) Net investmer	t (c) Adjusted net (d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	expenses per books	income	iricome for charitable purposes
	sarily equal the amounts in column (a)			(cash basis only)
	(see instructions))			
	Contributions, gifts, grants, etc, received (attach schedule)			
	2 Ck X If the foundation is not required to attach Sch 8			
	2 Interest on anything and tour-recover such security	0.51	0.5	1 251
	3 Interest on savings and temporary cash investments 4 Dividends and interest from securities	251.	25	
	5a Gross rents	5,338.	5,33	8. 5,338.
	<b>b</b> Net rental income	<del></del>		
_	or (loss).	25 260	G+ - + + 3	
R E	6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all	33,369.	Statement 1	<del></del>
Ë	assets on line 6a 110, 557.			0.
E N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		<b></b>	<u> </u>
Ü	9 Income modifications	-13		
Ě	9 Income modifications 10 a Gross sales less returns and			<del></del>
	returns and allowances	(Q)		<b>}</b>
	b Less Cost of Goods sold NOV 18 20			
	3000 0010		<del></del>	<del></del>
	C Gross profit or (loss) (attach schedule)	157		
	ि (अर्ग्यामध्ये, र	99 (		1
	12 Total. Add lines 1 through 11	40,958.	5,58	9. 5,589.
	13 Compensation of officers, directors, trustees, etc	0.	3,50	3,303.
	14 Other employee salaries and wages			
1	15 Pension plans, employee benefits.			
А	16a Legal fees (attach schedule) See St 2	250.	5	5. 225.
D M	<b>b</b> Accounting fees (attach sch)		<del>-</del>	
ı	c Other prof fees (attach sch).			
O I	17 Interest		<u></u>	
O IST	18 Taxes (attach schedule)(see instrs) See Stm 3	250.		225.
R R A A	19 Depreciation (attach			
1 j	schedule) and depletion	562.		
N V G E	20 Occupancy			
_	21 Travel, conferences, and meetings 22 Printing and publications	1,185.	26	2. 1,067.
A E N X D P	23 Other expenses (attach schedule)			
N E D b	See Statement 4	13,415.	2 00	9 10 077
N S	24 Total operating and administrative	13,413.	2,96	8. 12,073.
S E S	expenses. Add lines 13 through 23	15,662.	3,28	5. 13,590.
•	25 Contributions, gifts, grants paid	20,002.	3,20	<del></del>
	26 Total expenses and disbursements.			<del></del>
	Add lines 24 and 25	15,662.	3,28	5. 0. 13,590.
	27 Subtract line 26 from line 12:			
	a Excess of revenue over expenses and disbursements	0E 00C		
	b Net investment income (if negative, enter -0-)	25,296.	0.30	<del></del>
	C Adjusted net income (if negative, enter -0-)	·····	2,30	
DAA E	or Panerwork Reduction Act Notice coe inc	<u> </u>		5,589.

TEEA0504L 12/04/15

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Par	t II	Balance Sheets Attached scriedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	Ena o	
		(See Instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	12,505.	73,440.	73,440.
	2	Savings and temporary cash investments .	26,205.	73,547.	73,547.
	3				
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			
		Less. allowance for doubtful accounts ▶			
	5		<u> </u>		
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
S		Less <sup>®</sup> allowance for doubtful accounts ▶			
Ş	8				<u></u>
A S E T	9	, ,	ļ		
S	10	<ul> <li>Investments — U.S. and state government obligations (attach schedule)</li> </ul>			
		<b>b</b> Investments — corporate stock (attach schedule)			
		c Investments — corporate bonds (attach schedule) Statement 5	76,880.	38,892.	3,975.
	11	Investments – land, buildings, and equipment: basis			_
		Less. accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule) Statement 6	26,345.	26,345.	33,092.
	14	Land, buildings, and equipment. basis - 9,565.			
		Less. accumulated depreciation (attach schedule) See Stmt 7 ►	2,250.	1,688.	1,120.
	15	Other assets (describe ► See Statement 8 )	2,473,816.	2,429,385.	2,968,582.
	16	see the instructions. Also, see page 1, item l)	2,618,001.	2,643,297.	3,153,756.
Ļ	17				
À	18				
В	19				
Ļ	20				
ť	21	Mortgages and other notes payable (attach schedule)	<u> </u>	······································	
į	22	Other liabilities (describe)			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F	24	Unrestricted	<b> </b>		
ÊÜ	25	Temporarily restricted			
D	26	Permanently restricted			
A B A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
ĔĹ	27	Capital stock, trust principal, or current funds	2,618,001.	2,643,297.	
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund.			
O E	29	Retained earnings, accumulated income, endowment, or other funds			
ŘŠ	30		2,618,001.	2,643,297.	
	31	Total liabilities and net assets/fund balances (see instructions)	2,618,001.	2,643,297.	
Par	t III I	Analysis of Changes in Net Assets or Fund Balance	es	2,043,231.	<del></del>
	Tota	il net assets or fund balances at beginning of year – Part II, colu			
2		of-year figure reported on prior year's return) er amount from Part I, line 27a		1	2,618,001.
3		increases not included in line 2 (itemize)		2	25,296.
-		lines 1, 2, and 3			2 642 207
		eases not included in line 2 (itemize)		5	2,643,297.
		Il net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), II		2,643,297.

	Losses for Tax on Investmen				
(a) List and describ 2-story brick warehou	e the kind(s) of property sold (e.g., se; or common stock, 200 shares M	real estate, LC Company)	(b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a 15,000.0000 ARCH C	OAL INC 9.875%19		P	4/23/14	7/07/15
b 15,000.0000 FOREST	OIL CORP 7.25%19		P	8/08/13	3/17/15
c 10,000.0000 SANDRI	DGEENERGY 7.5%21		P	9/25/14	11/10/15
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or (e) plus (f) m	
a 2,648.		1	3,185.		-10,537.
<b>b</b> 2,098.			4,846.		-12,748.
c 1,988.	,		9,957.		-7,969 <i>.</i>
d		L			
е	<u> </u>				
	wing gain in column (h) and owned i			(I) Gains (Col	(h)
(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		gain minús col. (k), t nan -0-) <b>or</b> Losses (f	
as 01 12/31/09	as 01 12/31/09	Over coil (j), it ally		Idil -0-) of Losses (I	TOTTI COL. (11))
a					-10,537.
b					-12,748.
С					-7,969 <i>.</i>
d					
е					
2 Capital gain net income or (n	et capital loss).	enter in Part I, line 7 ter -0- in Part I, line 7	. 2		-31,254.
3 Net short-term capital gain or	(loss) as defined in sections 1222(5		<del>-</del>		31,231.
•		_			
If gain, also enter in Part I, Iii in Part I, Iine 8	ne 8, column (c) (see instructions). I	f (loss), enter -0-	-   3		0.
	er Section 4940(e) for Reduce	d Tay on Net Investm		<u></u>	<u></u>
	foundations subject to the section 4940				
(i ci cpiiciiai acc by cometine pintare	·	(4) 14/10/11/11	,		
If section 4940(d)(2) applies, leave	this part blank. N/A				
Was the foundation liable for the se	ection 4942 tax on the distributable a	emount of any year in the b	ase period?	∏Yes	∏No
	alify under section 4940(e) Do not o		<b>,</b>	L.,	
<del></del>	each column for each year; see the in		entries	··	
(a)	(b)			(d)	
Base period years Calendar year (or tax year	Adjusted qualifying distributions	(c) Net value of		Distribution	ratio (
beginning in)	<u> </u>	noncharitable-use as	sets (co	. (b) divided by	coi (c))
2014					
2013					
2012	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del></del>	
2011					
2010				·	
				T	<del></del>
2 Total of line 1, column (d)			2	1	
3 Average distribution ratio for t	the 5-year base period – divide the	total on line 2 by 5, or by t	ne 🗀	1	
number of years the foundation	the 5-year base period – divide the on has been in existence if less than	5 years	3		
4 Enter the net value of noncha	ritable-use assets for 2015 from Par	t X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investment in	come (1% of Part I, line 27b)		6	<u> </u>	
7 Add lines E and C				1	
7 Add lines 5 and 6			[ .		
			7	ļ	
8 Enter qualifying distributions f	rom Part XII. line 4				<del></del>
8 Enter qualifying distributions f	rom Part XII, line 4 an line 7, check the box in Part VI, line		8		

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	ıs)		
1 8	Exempt operating foundations described in section 4940(d)(2), check here X and enter 'N/A' on line 1			
	Date of ruling or determination letter. 8/22/01_ (attach copy of letter if necessary — see instrs)			
ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,			N/A
	check here. ► and enter 1% of Part I, line 27b			
•	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			-
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6	Credits/Payments.			
8	2015 estimated tax pmts and 2014 overpayment credited to 2015			
ŀ	Exempt foreign organizations – tax withheld at source			
•	: Tax paid with application for extension of time to file (Form 8868).			
	Backup withholding erroneously withheld			_
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax			
Par	t VII-A   Statements Regarding Activities			
1 8	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u></u>	Yes	No
	participate or intervene in any political campaign?	1 a		X
ŀ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1 b		х
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
	: Did the foundation file Form 1120-POL for this year?	1 c	-	X
•	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
•	(1) On the foundation			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
-	If 'Yes,' attach a detailed description of the activities	<u> </u>		<u> </u>
_				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	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 either.			
	● By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV	7	X	<u> </u>
8 8	Enter the states to which the foundation reports or with which it is registered (see instructions)  NY			
t	off the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		
			<u> X</u>	$\vdash$
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		x
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	t VII-A Statements Regarding Activities (continued)	1		<del></del>
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions).	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address  * www.harold weston.org	13	Х	
14	The books are in care of ► REBECCA FOSTER Telephone no ► (646)  Located at ► 177 TEN STONES CIRCLE CHARLOTTE VT ZIP + 4 ► 05445	468	-35	11_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year	_N/X	<u>_</u>	-     N/I
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
_	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 &	During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  [Yes   X  No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes X No			
t	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b	N	A
	Organizations relying on a current notice regarding disaster assistance check here	1		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1 c	-	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
8	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If 'Yes,' list the years ▶ 20 , 20 , 20			}
	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer 'No' and attach statement — see instructions )	2 b	N	/A_
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  20 , 20 , 20 , 20			
3 <i>a</i>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			
b	If 'Yes,' did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015)	3ь	<b>N</b> T	A.
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its		IN,	Λ.
	charitable purposes?	4 a		Х

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**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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Part VIII   Statements Regarding Activities for Which Form 4720 May Be Required (continued)	Form 990-PF (2015) HAROLD WESTON FOU				59712	Page 6
(1) Carry on propaganda, or otherwise element to influence legislation (section 4845(e))?  (2) Influence the outcome of any specific public closton (see section 4855); or to carry or directly, any voter registration drive?  (3) Provide a grant to an organization ofter has a bernalative, sci., organization disserbled in section 4945(e)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)			1 4720 May Be Req	uired (continued)		
(d) Provide a grant to an organization of travel, study, or other similar purposes?  (d) Provide a grant to an individual for travel, study, or other similar purposes?  (d) Provide a grant to an organization of travel, study, or other similar purposes?  (e) Provide a grant to an organization of travel, study, or other similar purposes?  (f) Provide a grant to an organization of travel, study, or other similar purposes?  (g) Provide or grant purposes other than religious, chantable, etc., organization described in section 945(c)(5)(4)(2) day of the transactions fall to quality under the exceptions described in regulations solid on 5495 or in a current robber legal and glassiter assistance (see in the similar in regulator) solid on 5495 or in a current robber legal and glassiter assistance (see in the similar in regulator) solid on 5495 or in a current robber legal and glassiter assistance (see in the similar in regulator) solid on 5495 or in a current robber legal and glassiter assistance (see in the similar regulator) of the grant of the similar disciplination of the similar disciplination of the similar solid organizations relying on a current notice regarding disaster assistance check here  c) If the answer is Yes to question 5495 or in a current notice regarding disaster assistance (see in the similar disciplination) organizations religiously the grant of the similar disciplination organization o	· · · · · · · · · · · · · · · · · · ·	_			,	1
con, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, subty, or other similar purposes?  (4) Provide a grant to a moderal value of the similar purposes?  (5) Provide for any purpose other than a charitable, etc., organization described in section 495(d)(4)(4)(5) (see institutions)  (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruely to direction or animals?  bill any snawer is Yes to So(1)(-6), did any of the transactions fail to qualify under the exceptions (see instructions)?  Organizations relying on a current notice regarding disaster assistance diseaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance diseaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions)?  Organizations relying on a current notice regarding disaster assistance (see instructions).  If Yes (a) Chief the Gundation of the transaction (see instructions).  Organization in the state of the foundation case or have any net moderal exhibition on a personal benefit contract?  Organization of the foundation case was proceeds or have any net moderal exhibition (see instructions).  Organization of the foundation case was proceeds or have any net moderal exhibition (see instructions).  Organization of the foundation of the foun	(1) Carry on propaganda, or otherwise attem	pt to influence legislatio	n (section 4945(e))?	∐ Yes \X	No	1
(4) Provide a grant to an organization other than a charitable, etc., organization described    Yes   No	(2) Influence the outcome of any specific put on, directly or indirectly, any voter registr	ilic election (see section ation drive?	1 4955); or to carry	Yes	] No	
in section 3945(c)(4)(A)? (see instructions)  (S) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  (b) Finding answer is "Yes" to \$(1.50), 60 at any of the transactions fall to qualify under the exceptions (see instructions?  Organizations relying on a current notice regarding dissater assistance. See instructions?  Organizations relying on a current notice regarding dissater assistance check here  c) If the answer is "Yes" to question 53,4945 or in a current notice regarding dissater assistance.  c) If the answer is "Yes" to question 52,49, does the foundation claim exemption from the fax because it maintained expenditure responsibility for the grant?  If "Yes," affaich the statement required by Regulations section 53,4945-5(a)  6 a Did the foundation, during the year, peave any furpose on a personal benefit contract?  If "Yes is 6.6, the Form 8870  At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  It is all officers, directors, trustees, proceeds or have any net income attributable to the transaction?  It is all officers, directors, frustees, proceeds or have any net income attributable to the transaction?  (a) Name and address  (b) Title, and average (h) Compensation (see instructions)  (a) Name and address  (b) Title, and average (h) Compensation (see instructions)  (a) Name and address (b) Title, and average (h) Compensation (see instructions)  (b) Title, and average (h) Compensation (see instructions)  (c) CHARLOTTE, VT 0.5445  BARGARA BESTON (b) TO STER (c) (c) Compensation (d) Contributions to employee paid more than \$30,000  (d) Title, and average (e) Compensation (d) Contributions to plans and deferred compensation (d) Contribution	(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	
educational purposes, or for the prevention of cruelty to children or animals?  If yes I if any insert is "Yes" is all (1)," (b), and any of the transactions fell to qualify under the exceptions described in Regulations section 53,4945 or in a current notice regarding disaster assistance check here  c if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53,4945-5(d)  8 Dot the foundation, during the year, premiums, directly or indirectly, to pay premiums on a personal benefit contract?  If "Yes," for the foundation are year, was the foundation a party to a prohibited tax shelter transaction? Tyes No.  1 No.  1 Yes to 60, the Form 8870  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Tyes No.  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address (b) Title, and average (c) Compensation (finite back, denter 4-).  1.77 TEN STONES CIRCLE. 1.00  REBECCA FOSTER. Treasure 0. 0. 0. 0.  1.177 TEN STONES CIRCLE. 1.00  REBECCA FOSTER 1.00  Personal denter the properties of the foundation of the highest paid employees (b) Title, and average (c) Compensation of the highest paid employees (b) Title, and everage (c) Compensation (finite back, denter 4-).  2 Compensation of five highest-paid employees (other than those included on fine 1 – see instructions). If none, enter NONE:  (a) Name and address of each employee (b) Title, and everage hours per week develoted to position (c) Compensation (c) Contributions to plants and deferred compensation of the highest paid employees (c) Title, and everage hours per week develoted to position (c) Compensation (c) Contributions (c) Compensation (d) Contributions (c) Compensation (d) Contributions (d) Contributions (d) Contributions (d) Compensation (e) Contributions (e) Compensation (e) Contribut	(4) Provide a grant to an organization other t in section 4945(d)(4)(A)? (see instruction	han a charitable, etc, or s)	rganization described	Yes	] No	
See instructions ?   Crganizations relying on a current notice regarding disaster assistance check here	(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientific on of cruelty to children	:, literary, or or animals?	Yes	] No	,
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  6 b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  6 b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  6 b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Tyes No. bif "Yes" to 6b, file Form 8870  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Tyes No. bif "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? Ny. A 7b    Part VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average of the first of the properties of the properti	<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of described in Regulations section 53.4945 or ii (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	5 b	N/A
tax because it maintained expenditure responsibility for the grant?  If Yes artach the statement required by Regulations socion 53 4945-5(d)  6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  b) Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If Yes to 6b, file Form 8870  7a At any time during the law year, was the foundation a party to a prohibited tax shelter transaction?  b) If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  I List all officers, directors, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1. List all officers, directors, trustees, foundation managers and their compensation (eei instructions).  (a) Name and address  (b) Itile, and average hours per week devoled to position  PREBECCA FOSTER  Treasurer  0. 0. 0. 0.  CHARLOTTE, VT 05445  RARBARA MESTON FOSTER  President  0. 0. 0.  0. 0.  QOINSTON DRIVE  10.00  ARRELEHEAD, MA 01945  2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter NONE: other allowances hours per week devoled to position  (a) Name and address of each employee hours per week devoled to position of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter NONE: other allowances hours per week devoled to position of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter NONE: other allowances hours per week devoled to position of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter NONE: other allowances hours per week devoled to position of five highest-paid employees (other than those included on line 1 - see instructions).	Organizations relying on a current notice rega	ardıng disaster assistand	ce check here	▶ [		
6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  In yes to be, the Form 8870  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 A at any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 List all officers, directors, princetors, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devoted to position devoted to position devoted to position for the paids and deferred compensation.  REBECCA FOSTER  177 TEN STONES CIRCLE  17.00  CHARLOTTE, VT 05445  BARBARA WESTON FOSTER  President  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respor	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No	
on a personal benefit contract?  bid the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  bid the foundation gible year, pay premiums, directly or indirectly, on a personal benefit contract?  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  8 a Y a Y a Y a year year, was the foundation a party to a prohibited tax shelter transaction?  9 a Y a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  1 List all officers, directors, frustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average the foundation (c) (c) Compensation (point foundation to employee benefit plans and deferred compensation of the allowances of the allowance of the allowanc	If 'Yes,' attach the statement required by Reg	ulations section 53 4945	5-5(d)		_	
If Yes' to 6b, file Form 8870   Ta At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?   Yes   X No   bif Yes; did the foundation receive any proceeds or have any net income attributable to the transaction?   N/A   7b	on a personal benefit contract?			∐Yes ∑	<b>→</b>	
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No b if Yes, "did the foundation receive any proceeds or have any net income attributable to the transaction? No 7b   Yes No No 7b   Yes Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? No		iiums, directly or indirec	tly, on a personal bene	fit contract?	6 b	— <del>  X</del>
Bit Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?   N/A   7b		dation a party to a prob	thited tay chalter trans	action? Type T	INO	
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).    (a) Name and address   (b) Title, and average flours per week devoted to position with paid, enter 0.   (c) Compensation (tl not paid, enter 0.   0.   0.   0.   0.   0.   0.   0.					<b>-</b>	1 - 1
Table Contractors  1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).  (a) Name and address  (b) Title, and average hours per week devided to position  (c) Compensation  (fl not paid, enter -0-)  PEBECCA FOSTER  Treasurer  1 . 00  Treasurer  1 . 00  Treasurer  1 . 00  Test STONES CIRCLE  1 . 00  Test STONES CIRCLE  1 . 00  Test STONES CIRCLE  1 . 00  Test details with the second of the second	·				-1/	 i.
(a) Name and address (b) Title, and average hours per week devoted to position (f) not paid, enter 4-)  REBECCA FOSTER Treasurer 1.00 1.77 TEN STONES CIRCLE 1.00 CHARLOTTE, VT 05445 BARBARA WESTON FOSTER 10.00 President 10.00 PREST CHESTER, PA 19382 BRUCE WESTON 67 ELM STREET 60 Director  ARBIEHEAD, MA 01945  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter NONE.  (a) Name and address of each employee hours per week devoted to position  None  None  Table are account, other allowances of COCOMPENSATION (I) not paid, enter 4-)  O .  O .  O .  O .  O .  O .  O .  O	and Contractors	,,		<b>9,9,</b>		•
thours per week devoted to position denter 4.) note allowances would be position denter 4.) and address devoted to position denter 4.) and address and address and address are allowances plants and address and address are allowances plants are allowances plants and address are allowances plants are allowances plants are allowances plants and address are allowances plants are allowances plants. The plants are allowances plants. The plants are allowances plants. The plants are allowances plants a	1 List all officers, directors, trustees, foundation	on managers and their o	compensation (see ins	tructions).		
1.00 CHARLOTTE, VT 05445 BARBARA WESTON FOSTER President 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(a) Name and address	hours per week	(If not paid,	employee benefit plans and deferred	other al	
1.00 CHARLOTTE, VT 05445 BARBARA WESTON FOSTER President 0. 0. 0. 0. WEST CHESTER, PA 19382 BRUCE WESTON DIVE 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	REBECCA FOSTER	Treasurer	0.	0.		0.
BARBARA WESTON FOSTER 9 CONISTON DRIVE 10.00  WEST CHESTER, PA 19382 BRICE WESTON 67 ELM STREET 0  MARBLEHEAD, MA 01945  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000  None  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee employee employee to the plans and deferred compensation  (e) Expense account, other allowances  other allowances		1.00				
Second Street	CHARLOTTE, VT 05445					
BRUCE WESTON		President	0.	0.		0.
BRUCE WESTON 0. 0. 0. 67 ELM STREET 0 MARBLEHEAD, MA 01945  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hevoted to position  None (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances  Once (d) Contributions (e) Expense account, other allowances of the religion of the religio		10.00				
ARBLEHEAD, MA 01945  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (n) None  Table a webox of either employee account, enter 'NONE.'  (h) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances of the result of the			·		<u> </u>	<del></del>
MARBLEHEAD, MA 01945  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE:  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (other allowances)  (other allowances)			0.	0.		0.
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.'  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation employee benefit plans and deferred compensation  (ii) Contributions to employee benefit plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plans and deferred compensation  (iii) Title, and average enter the plant and average enter the		0				
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances	MARBLEHEAD, MA 01945					
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances		-	,	J		
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances						
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account, other allowances	2 Compensation of five highest-paid employees (o	ther than those included	on line 1 — see instructio	ns). If none, enter 'NON!	<u>:</u>	
None	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	other all	account, lowances
	None			Compensation	+	
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000						
Total number of other employees paid over \$50,000					1	
Total number of other employees paid over \$50,000					<del> </del>	
Total number of other employees paid over \$50,000				H.		
Total number of other employees paid over \$50,000				<u> </u>	<del> </del>	
Total number of other employees paid over \$50,000 ▶ 0						
Total number of other employees paid over \$50,000 ▶ 0		<del> </del>			<del>                                     </del>	
Total number of other employees paid over \$50,000 ▶ 0			, 			
	Total number of other employees paid over \$50,000			• • • • • • • • • • • • • • • • • • •		0

0.

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Total. Add lines 1 through 3

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Pa	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)					
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'					
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation				
Nor						
2,2						
		ļ				
		)				
		<u></u>				
Tota	I number of others receiving over \$50,000 for professional services					
Pai	Summary of Direct Charitable Activities					
List th	ne foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of izations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses				
1	N/A					
•	N/A					
2						
_		}				
3						
_						
4						
•						
APSES:		<u> </u>				
<u> Kal</u>	Summary of Program-Related Investments (see instructions)					
Des	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount				
1						
	N/A					
		<u> </u>				
2						
	other program-related investments. See instructions.					
3						

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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	1 a	42,500.
<b>b</b> Average of monthly cash balances	1 b	45,600.
c Fair market value of all other assets (see instructions)	1c	43,000.
d Total (add lines 1a, b, and c)	1 d	88,100.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	<del></del>	00,100.
(attach detailed explanation).		
2 Acquisition indebtedness applicable to line 1 assets.	2	0.
3 Subtract line 2 from line 1d .	3	88,100.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,322.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	86,778.
6 Minimum investment return. Enter 5% of line 5	6	4,339.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here \[\int \bar{x}\] and do not complete this part.)	ating found	
1 Minimum investment return from Part X, line 6 N/A	1	
2 a Tax on investment income for 2015 from Part VI, line 5		
<b>b</b> Income tax for 2015. (This does not include the tax from Part VI).	1 1	
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see instructions)	T	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	13,590.
<b>b</b> Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	43,200.
<ul> <li>Amounts set aside for specific charitable projects that satisfy the</li> <li>a Suitability test (prior IRS approval required)</li> </ul>	3a	
<b>b</b> Cash distribution test (attach the required schedule).	3 b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	56,790.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	56,790.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years	undation	
BAA		rm <b>990-PF</b> (2015)

## Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2015 from Part XI, line 7 2 Indictionable access, of apy, as of the end of 2015.  a Enter amount for 2014 only bload for prior years. 20 2 20 3 Excess distributions carryive; if any, to 2015.  a From 2010 b From 2011 c From 2012 d From 2013 f From 2014 f Total of lines 3 a through e 4 Ouelrying distributions for 2015 from Part XII, line 4* P 5 a Applied to 2014, but not more than line 2 to b Applied to 2014, but not more than line 2 to b Applied to 2014, but not more than line 2 to b Applied to 2014, but not more than line 2 to b Applied to 2014, but not more than line 2 to b Applied to 2014, but not more than line 2 to b Applied to 2015 distributions of corpus (Election required — see instructions) d Applied to 2015 distribution of corpus (Election required — see instructions) d Applied to 2015 distribution of to 2015 (I'm amount appears in column (d), the same amount mast be shown in column (a))  6 Enter the net total of each column as indicated below: a topus, All thersity, 4c, and 4c. Saltect line 5 b Prior years' undistributed income. Subtract line 45 from line 25 c Enter the amount of prior years' undistributed income for winch an indice of deficiency has been issued, or on which the section 494(a) tan has been invended, section line 25 c Enter the amount of prior years' undistributed income for winch a notice of deficiency has been issued, or on which the section 494(a) tan has been invended, section line 26 distributed in 2016  4 Amounts treated as distributions out of compus for winch a restriction on my be required—see instructions  9 Excess distributions carrying very from 2010 not applied on line 5 or line 7 (see instructions)  9 Excess distributions on 2012 c Excess from 2012 c Excess from 2013 d Excess from 2015 e Excess from 2015 e Excess from 2015 e Excess from 2015	•	<b>(a)</b> Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015
2. Undershoulder storage, if any, sor of the end of 2015.  a Enter amount for 2014 only b Total for prant years. 20					
b Total for prory years. 20 _ 20 _ 30  3					
3 Exess distributions carryover, if any, to 2015 a From 2010 b From 2011 c From 2011 c From 2013 e From 2014 c From 2013 e From 2014 c From 2015 e From 2015 e From 2016 c Fro	a Enter amount for 2014 only				
a From 2010 b From 2012 d From 2013 d From 2014 f Total of times 3a through e  4. Qualifying distributions for 2015 from Part XII, line 4 * \$ \$ a Applied to 2014, but not more than line 2a b Applied to undistributed income of prior years (cliection required see instructions) c Treated as distributions out of corpus c From 2015 c Treated as distributions out of corpus (Cliection required see instructions) d Applied to 2015 distributable amount e Remaining amount distributed out of corpus 5. Exest distributions carriyee applied to 2015 (if an amount appears in column (a)) 6. Enter the net total of each column as indicated below: a Corpus. Add lines 34, 4, and 4e. Subtact line 5 b Priory years' undistributed income. Subtract line 4b from line 2b c Enter the net total of each column (a) d Subtract line 6c from line 2b d Subtract line 6c from line 6b T avable amount see instructions e Indicated income for 2015. Subtract line 4a from line 2a Tazable amount see instructions in the Subtract line 6c from line 1b T avable amount see instructions if Undistributed income for 2015. Subtract lines d and 5 from line 1. This amount must be distributed in 2016 7. Amounts treated as distributions out of corpus applied on line 2 or line 2 (see instructions) 8. Excess distributions carriyeer from 2016 8. Excess distributions carriyeer from 2016 C Analyses of line 9  a Excess from 2011 b Excess from 2015 b Excess from 2015 c Excess from 2015	<b>b</b> Total for prior years. 20, 20, 20				
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applied on line 5 or line 7 (see instructions)  9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9: a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015	may be required — see instructions)				
Subtract lines 7 and 8 from line 6a  10 Analysis of line 9  a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015	8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015	9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.				
b Excess from 2012 c Excess from 2013 d Excess from 2014 e Excess from 2015	10 Analysis of line 9·	***************************************			
c Excess from 2013 d Excess from 2014 e Excess from 2015	a Excess from 2011		:		
d Excess from 2014 e Excess from 2015					
e Excess from 2015					

1a If the foundation has received a ruling or dete	ermination letter that i				0.400.400
is effective for 2015, enter the date of the b Check box to indicate whether the founda		rating foundation de	acaribad in caatian	X 4942(j)(3) or	8/22/01 4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year	rating foundation de	Prior 3 years	A 4942()(3) 01	1 4942()(3)
income from Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	<b>(d)</b> 2012	(e) Total
investment return from Part X for each year listed	4,339.	3,566.	1,735.	1,212.	10,852
<b>b</b> 85% of line 2a	3,688.	3,031.	1,475.	1,030.	9,224
c Qualifying distributions from Part XII, line 4 for each year listed	56,790.	10,132.	3,785.	2,297.	73,004
d Amounts included in line 2c not used directly for active conduct of exempt activities.					C
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2d.</li> </ul>	56,790.	10,132.	3,785.	2,297.	73,004
3 Complete 3a, b, or c for the alternative test relied upon.			,		
a 'Assets' alternative test — enter:	2 152 756	2 725 006	0 705 202	2 002 450	11 477 500
<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under</li></ul>	3,153,756.	2,735,986.	2,785,382.	2,802,458.	11,4//,584
section 4942(j)(3)(B)(i)  b 'Endowment' alternative test — enter 2/3 of	2,968,582.	2,620,402.	2,644,550.	2,635,456.	10,868,990
minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter.			i		1
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					L
Part XV Supplementary Information assets at any time during the	(Complete this se year — see ins	part only if the	foundation had	\$5,000 or more	in
Information Regarding Foundation Mana     A List any managers of the foundation who have close of any tax year (but only if they have None	gers:	an 2% of the total co	ontributions received section 507(d)(2).)	by the foundation be	fore the
<b>b</b> List any managers of the foundation who own a partnership or other entity) of which the None	n 10% or more of the strong to the strong to 10% or more of the strong to	stock of a corporation 1% or greater intere	n (or an equally large est.	portion of the owne	rship of
2 Information Regarding Contribution, Gra Check here X if the foundation only make requests for funds. If the foundation make complete items 2a, b, c, and d.	akes contributions to pes gifts, grants, etc (	preselected charitable see instructions) to	e organizations and o individuals or orga	nizations under oth	licited er conditions,
<b>a</b> The name, address, and telephone number of	or e-mail address of th	e person to whom ap	oplications should be	addressed:	
<b>b</b> The form in which applications should be	submitted and inform	mation and material	s they should inclu	de.	· · · · · · · · · · · · · · · · · · ·
c Any submission deadlines					<del> </del>
d Any restrictions or limitations on awards,	such as by geograph	nical areas, charitat	ole fields, kinds of i	nstitutions, or other	factors:

Page 11

3 Grants and Contributions Paid During the Ye	ear or Approved for Fut	ure Paymen	nt	N/A
` Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
Name and address (home or business)  a Paid during the year	substantial contributor	recipient		
Total			► 3a	
b Approved for future payment  Total			► 3b	

#### Part XVI-A Analysis of Income-Producing Activities

inter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by	section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions.)
a		····			
b					
c		· · · · · · · · · · · · · · · · · · ·			
d			ļļ		
e	ļ				
f	<u> </u>		<u> </u>		
g Fees and contracts from government agencies		<del></del>	<u> </u>		
2 Membership dues and assessments	\	<del></del>	<b>_</b>		
3 Interest on savings and temporary cash investments			14	251.	·
4 Dividends and interest from securities	<b></b>		14	5,338.	·
5 Net rental income or (loss) from real estate:	L				
a Debt-financed property					<u></u>
<b>b</b> Not debt-financed property	ļ		$\bot$		
6 Net rental income or (loss) from personal property	<u> </u>		<del> </del>		<u></u>
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory	ļ	· <del></del>	18	35,369.	
9 Net income or (loss) from special events	<b> </b>				
10 Gross profit or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
11 Other revenue:	<b> </b>				
a	<del>                                     </del>		<del></del>		
b	<del>                                     </del>		<del>  </del>		
С	<del> </del>		<del></del>		
d	<del>                                     </del>				·
e	<del>                                     </del>			40.050	
12 Subtotal. Add columns (b), (d), and (e)				40,958.	10.050
13 Total. Add line 12, columns (b), (d), and (e)See worksheet in line 13 instructions to verify calculate				13	40,958.

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

<b>Line 140.</b> ▼	accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
N/A	
<del></del>	
<del></del>	

No

Yes

# 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) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

<b>a</b> Trans	fers from the reporting	j foundation to a n	ioncharitable exem	ipt organization	of:				
(1) C							1 a (1)	<u> </u>	
	ther assets						1a (2)	X	
	transactions.							!	
` '	ales of assets to a nor	•	•				1 b (1)	<u> X</u>	
` '	urchases of assets fro		· -	ion			1 b (2)	X	
<b>(3)</b> R	(3) Rental of facilities, equipment, or other assets								
(4) R	eimbursement arrange	ements					1 b (4)	Х	
<b>(5)</b> Lo	oans or Ioan guarantee	es					1 b (5)	X	
<b>(6)</b> P	erformance of services	s or membership o	r fundraising solic	ıtatıons			1 b (6)	X	
c Sharır	ng of facilities, equipm	ient, mailing lists,	other assets, or p	aid employees			1 c	Х	
d If the the go any tr	answer to any of the a ods, other assets, or se ansaction or sharing a (b) Amount involved	arrangement, show	nplete the followin reporting foundation in column (d) the ncharitable exempt organization.	value of the go	ods, other assets	ways show the farm fair market value on or services receinners, transactions, a	ved.	<del></del>	
	(b) Alloulit illvolveu	(C) Name of no	ilcilai itable exempt orga	anization	(d) Description or the	misiers, transactions, a	ilu silatiliy arranye	ments	
N/A		<del></del>							
		<u> </u>					<u>.                                    </u>		
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		<del> </del>							
		<del> </del>							
	<del></del>	<del> </del>			· <del></del>	<del> </del>	<del></del>		
descri	foundation directly or in ibed in section 501(c) s,' complete the follow	of the Code (other	th, or related to, one than section 501(	e or more tax-exe c)(3)) or in sect	empt organizations ion 527?	•	Yes	X No	
	(a) Name of organizat	ion	(b) Type of or	ganızatıon		c) Description of r	elationship		
N/A									
						<u> </u>			
							· · · · · · · · · · · · · · · · · · ·	<del> </del>	
Sign Unde	er penalties of perjury, I declared, and complete Declaration	re that I have examined to of preparer (other than	this return, including acc taxpayer) is based on a	ompanying scheduler i information of which	s and statements, and in preparer has any kno	to the best of my knowle wledge	May the IRS this return w preparer sho (see instruct	discuss ith the	
Sig	gnature of officer or trustee		Date		Title	<del></del>	(See Instruct	1 1	
	Print/Type preparer's nai	me	Preparer's Signatur	· ///	T	Check If	PTIN		
Paid	LAURENCE LUC	CKMAN	6		11/7/16	self-employed	P001717	72	
Preparer		/ida Tax Ser	wice	<del></del>		Firm's EIN	11.001.11.	, ,	
Use Only	_			<del></del>	. <del>_</del>	Lam 2 CuA			
USE OINY			11510	······································		Phone no 212	_525.2400		
BAA	<u> </u>	CALCINATIO, INI	TTOTO			Transfer Z12	-535-3482		
-m							Form <b>990-F</b>	<b>1</b> (2015)	

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#### **HAROLD WESTON FOUNDATION**

11-3559712

S	tatement 1
F	orm 990-PF, Part I, Line 6a
	et Gain (Loss) from Noninventory Sales Per Books
	ssets Not Included in Part IV

Description:

Date Acquired: How Acquired:

Date Sold: To Whom Sold: Gross Sales Price:

Cost or Other Basis:

Basis Method:

Depreciation:

W-12Blades of the Sea 1/01/2002

Purchase 1/12/2015

E-48Kitten

Purchase 2/24/2015

1/01/2002

"private collector" 2,333.

Cost

0.

1,800.

Gain (Loss)

533.

Description: Date Acquired: How Acquired:

Date Sold: To Whom Sold:

Gross Sales Price: Cost or Other Basis:

Basis Method: Depreciation: "private collector"

Cost

0.

Gain (Loss)

760.

Description:

Date Acquired: How Acquired: Date Sold:

To Whom Sold: Gross Sales Price:

Cost or Other Basis:

Basis Method: Depreciation: W-478October Snow on Range 1/01/2002

1,260.

500.

Purchase 2/24/2015

"private collector" 4,550.

3,000.

Cost

0.

Gain (Loss)

1,550.

Description: Date Acquired:

How Acquired: Date Sold:

To Whom Sold: Gross Sales Price: Cost or Other Basis:

Basis Method: Depreciation: W-417Sawteeth 1/01/2002 Purchase

2/24/2015 "private collector"

3,150. 2,000.

0.

Cost

Gain (Loss)

1,150.

Description:

Date Acquired: How Acquired: Date Sold:

To Whom Sold: Gross Sales Price: Cost or Other Basis:

Basis Method: Depreciation:

W-460Pine and Mountain

1/01/2002 Purchase 5/11/2015

"private collector" 6,000. 2,500.

Cost

0.

Gain (Loss)

3,500.

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#### HAROLD WESTON FOUNDATION

11-3559712

Statement 1 (continued) Form 990-PF, Part I, Line 6a Net Gain (Loss) from Noninventory Sales Per Books Assets Not Included in Part IV

Description:

0520Dix Range Winter

Date Acquired: How Acquired:

1/01/2002 Purchase 5/20/2015

Date Sold: To Whom Sold:

"private collector" 9,180.

Gross Sales Price: Cost or Other Basis:

Basis Method:

Cost

Depreciation:

0.

3,000.

Gain (Loss)

6,180.

Description:

E-75Love Series, Plate I

Date Acquired: How Acquired: Date Sold:

1/01/2002 Purchase 8/25/2015

To Whom Sold: Gross Sales Price: "private collector"

Cost or Other Basis:

3,200. 700.

Basis Method:

Cost

Depreciation:

0.

Description: Date Acquired: How Acquired:

E-80Love Series, Plate VI 1/01/2002 Purchase

Date Sold: To Whom Sold:

8/25/2015 "private collector"

Gross Sales Price: Cost or Other Basis: 3,200. 700.

Basis Method:

Cost

Depreciation:

0.

Gain (Loss)

Gain (Loss)

2,500.

2,500.

Description:

W-761Holding Rose 1/01/2002

Date Acquired: How Acquired: Date Sold:

Purchase 8/25/2015

To Whom Sold:

"private collector" 4,500.

Gross Sales Price: Cost or Other Basis:

1,800.

Basis Method: Depreciation:

Cost

0.

Gain (Loss) 2,700.

Description:

W-29Rhodes Seaview

Date Acquired: How Acquired:

1/01/2002 Purchase 9/10/2015

Date Sold: To Whom Sold: Gross Sales Price:

"private collector"

Cost or Other Basis:

8,200. 2,000.

Basis Method: Depreciation:

Cost

0.

Gain (Loss)

6,200.

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#### HAROLD WESTON FOUNDATION

11-3559712

6,300.

Statement 1 (continued) Form 990-PF, Part I, Line 6a Net Gain (Loss) from Noninventory Sales Per Books Assets Not Included in Part IV

Description:

Date Acquired: How Acquired:

Date Sold: To Whom Sold:

Gross Sales Price: Cost or Other Basis:

Basis Method:

Depreciation:

Description:

W-912Peleponesus

1/01/2002 Purchase 9/10/2015

Cost

"private collector" 8,500. 2,200.

0.

Gain (Loss)

W-459Noonmark and Gothics from Round 1/01/2002

Date Acquired: Purchase How Acquired: 9/10/2015 Date Sold:

To Whom Sold: "private collector" Gross Sales Price: 15,000. 2,500. Cost or Other Basis: Cost Basis Method:

Depreciation:

0.

Gain (Loss) 12,500.

W-459Noonmark and Gothics from Round Description:

Cost

Date Acquired: 1/01/2002 How Acquired: Purchase 9/10/2015 Date Sold:

"private collector" To Whom Sold: Gross Sales Price: 18,000. Cost or Other Basis: 5,500.

Basis Method:

Depreciation:

0.

Gain (Loss) 12,500.

Description: E-33(5) Poet Date Acquired: 1/01/2002 How Acquired: Purchase Date Sold: 10/15/2015

"private collector" To Whom Sold: Gross Sales Price: 2,200.

Cost or Other Basis: Basis Method:

Depreciation:

Cost

1,000.

0.

Gain (Loss) 1,200.

Description: E-34(1)Sweet Peas Date Acquired: 1/01/2002 How Acquired: Purchase

Date Sold: 10/15/2015 To Whom Sold: "private collector" Gross Sales Price: 1,800. Cost or Other Basis: 500.

Basis Method:

Depreciation:

Cost

0. Gain (Loss) 1,300.

015	Federal Statements	Page 4
	HAROLD WESTON FOUNDATION	11-355971
Statement 1 (continued) Form 990-PF, Part I, Line 6a Net Gain (Loss) from Noninve Assets Not Included in Part I	entory Sales Per Books V	
Description: Date Acquired: How Acquired: Date Sold: To Whom Sold: Gross Sales Price: Cost or Other Basis: Basis Method: Depreciation:	W-100Moss Sprouts 1/01/2002 Purchase 10/15/2015 "private collector" 12,750. 7,500. Cost 0. Gain (Lo	oss) 5,250. otal <u>\$ 66,623.</u>
Statement 2 Form 990-PF, Part I, Line 16a Legal Fees		
tax preparation	(a)       (b) Net       (c)         Expenses       Investment       Adjust         Per Books       Income       Net Income         \$ 250.       \$ 55.         Total       \$ 250.       \$ 55.	
Statement 3 Form 990-PF, Part I, Line 18 Taxes		
STATE FEE	(a) (b) Net (c) Expenses Investment Adjust per Books Income Net Inc  \$ 250. Total \$ 250. \$ 0. \$	(d) Charitable Come Purposes  \$ 225 0. \$ 225

#### Statement 4 Form 990-PF, Part I, Line 23 Other Expenses

	(a) Expenses er Books	II	(b) Net nvestment Income	(c) Adjusted Net Income	 (d) Charitable Purposes
BANK CHARGES framing INSURANCE OFFICE expense office supplies ORGANIZATIONAL REPORTING	\$ 1,684. 7,257. 229. 347. 305.	\$	373. 1,605. 51. 77. 67.		\$ 1,515. 6,532. 206. 312. 275.
painting appraisal	145. 800.		32. 177.		131. 720.

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#### HAROLD WESTON FOUNDATION

11-3559712

Statement 4 (continued) Form 990-PF, Part I, Line 23 Other Expenses

	-	(a) Expenses per Books	(b) Net Investment <u>Income</u>	(c) Adjusted <u>Net Income</u>	(d) Charitable <u>Purposes</u>	
POSTAGE SHIPPING STORAGE	Total	\$ 198. 408. 2,042. \$ 13,415.	\$ 44. 90. 452. \$ 2,968.	<u>\$ 0.</u>	\$ 178 367 1,837 \$ 12,073	

Statement 5 Form 990-PF, Part II, Line 10c Investments - Corporate Bonds

Corporate Bonds	Valuation	Book	Fair Market
	<u>Method</u>	Value	Value
EXCO RESOURCES IN 8.5%22 10,000.0000 SANDRIDGE ENERGY 7.5%21 15,000.0000 SWIFT ENERGY CO 7.125%17 10,000.0000 SWIFT ENERGY CO 7.875%22 15,000.0000	Cost	\$ 8,939.	\$ 1,750.
	Cost	4,979.	475.
	Cost	9,978.	700.
	Cost	14,996.	1,050.
	Total	\$ 38,892.	\$ 3,975.

Statement 6 Form 990-PF, Part II, Line 13 Investments - Other

	Valuation Book <u>Method Value</u>		Fair Market Value		
Other Publicly Traded Securities	_	1			
!SHARES TR MSCI EAFE 94.0000 !SHARES TR RUSSELL 2000 100.0000 SPDRS&P500ETFTR 80.0000	Cost Cost Cost	\$	\$ 7,593. \$ 6,867. 11,885.	\$	5,520. 11,262. 16,310.
	Tota	al 💲	26,345.	\$	33,092.

Statement 7 Form 990-PF, Part II, Line 14 Land, Buildings, and Equipment

Category		Basis	 Accum. Deprec.	 Book Value	F	air Market Value
Machinery and Equipment Miscellaneous	\$	3,965. 5,600.	\$ 2,277. 5,600.	\$ 1,688. 0.	\$	1,120. 0.
Tota	ıl <u>\$</u>	9,565.	\$ 7,877.	\$ 1,688.	\$	1,120.

2015

## **Federal Statements**

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HAROLD WESTON FOUNDATION

11-3559712

Statement 8 Form 990-PF, Part II, Line 15 Other Assets

ARTWORK-HAROLD WESTON COLLECTION

 Fair Market

 Book Value
 Value

 \$ 2,429,385.
 \$ 2,968,582.

 Total
 \$ 2,429,385.
 \$ 2,968,582.