Form **990-PF**

EXTENDED TO AUGUST 17, 2015 Return of Private Foundation

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

OMB No. 1545-0052

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.lrs.gov/form990pf.

Open to Public Inspection

For cale	endar year 2014 or tax year beginning OCT	3, 2014	, and ending	DEC 31, 201	4
	of foundation			A Employer identification	n number
	E FORMAN S. ACTON EDUCAT	IONAL			
_	JNDATION, INC.	- · · · · · · · · · · · · · · · · · · ·	.,	47-199789	1
	and street (or P.O. box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	SOUTH ROAD			207-685-3	171
-	town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here
REA	ADFIELD, ME 04355		=		
G Chee	ck all that apply: X Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here
	Final return	Amended return		2 Foreign prognizations n	neeting the 85% test
	Address change	Name change		Foreign organizations n check here and attach or	computation
	ck type of organization: X Section 501(c)(3) ex			E If private foundation st	
	Section 4947(a)(1) nonexempt charitable trust			under section 507(b)(1)(A), check here
	narket value of all assets at end of year J Accounti		Accrual	F If the foundation is in a	
	Part II, col. (c), line 16)	her (specify)		under section 507(b)(1)(B), check here
\$	148,865. (Part I, colu	mn (d) must be on cash b	pasis.)		-
Part	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	253,100.		N/A	
2	Check if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	12.	12.		STATEMENT 1
4		1,669,623.	1,669,623.		STATEMENT 2
5	a Gross rents				
	b Net rental income or (loss)				
	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
Revenue	D assets on line 6a		0.		
& &					-
9	Income modifications Gross sales less returns				
10					
	b Less: Cost of goods sold			-	
	c Gross profit or (loss)				
11	***************************************	1,922,735.	1,669,635.		
13	·	58,445.	8,766.		49,679.
14		6,476.	971.		5,505.
15		11,973.	1,796		10,177.
φ	Sa Legal fees	11,575.			101277
Sus	b Accounting fees			 	
Operating and Administrative Expense	c Other professional fees STMT 3	11,928.	1,789.		10,139.
9 17 8 17		11/5201	±,,05.	 	1 20,200
15 15 15 15 15 15 15 15 15 15 15 15 15 1		"		-	
1st 1st		-			1
E 20					
V Z		2,540.	0.		2,540.
2					
© 23	•	2,885.	0.	,	2,885.
atin 2		2,000			
] jer	expenses. Add lines 13 through 23	94,247.	13,322		80,925.
Ö 2	5 Contributions, gifts, grants paid	10,000.			10,000.
20					
[-`	Add lines 24 and 25	104,247.	13,322		90,925.
2	7 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	1,818,488.			
	b Net investment income (if negative, enter -0-)		1,656,313		
_	c Adjusted net income (if negative, enter -0-)			N/A	
423501				· · · · · · · · · · · · · · · · · · ·	222 55

Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of y	year
_ are	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			·
2	Savings and temporary cash investments		61,491	61,491.
3	Accounts receivable			
	Less: allowance for doubtful accounts			
4	Pledges receivable ►			
	Less: allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and foans receivable			
	Less: allowance for doubtful accounts ▶			
<u>ه</u> ا	Inventories for sale or use			 -
ssets 6	Prepaid expenses and deferred charges			
₹ _{10a}	Investments - U.S. and state government obligations			
	Investments - corporate stock			<u></u>
	Investments - corporate bonds			
11	Investments - land, buildings, and equipment: basis			·
''	Less: accumulated depreciation			
12	Investments - mortgage loans			-
13	Investments - other			
14	Land, buildings, and equipment: basis ▶			·
'4	Less: accumulated depreciation			
145		0.	87,374.	87,374.
f	Other assets (describe DEPOSITS	U•	01,314.	01,314.
10	Total assets (to be completed by all filers - see the	0	140 065	1/0 065
	instructions. Also, see page 1, item I)	0.	148,865.	148,865.
	Accounts payable and accrued expenses			
18	Grants payable			
Liabilities 51 52 52 52 52 52 52 52 52 52 52 52 52 52	Deferred revenue			
<u>≅</u> 20	Loans from officers, directors, trustees, and other disqualified persons			
E 21	Mortgages and other notes payable			
_ 22	Other liabilities (describe)			
23_	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
ري دي	and complete lines 24 through 26 and lines 30 and 31.		440.055	
일 24	Unrestricted	0.	148,865.	
<u>ig</u> 25	Temporarily restricted			
<u>6</u> 26	Permanently restricted			
or Fund Balance	Foundations that do not follow SFAS 117, check here	İ		
꾸	and complete lines 27 through 31.			
	Capital stock, trust principal, or current funds			
Net Assets	Paid-in or capital surplus, or land, bldg., and equipment fund			
₹ 29	Retained earnings, accumulated income, endowment, or other funds			
울 30	Total net assets or fund balances	0.	148,865.	
31_	Total liabilities and net assets/fund balances	0.	148,865.	
Part	III Analysis of Changes in Net Assets or Fund B	alances		
1 Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
				Δ
g Ento	st agree with end-of-year figure reported on prior year's return)		1	1 010 400
a Oth	r amount from Part I, line 27a	••••••••••••••••••••••••	2	1,818,488.
3 Othe	r increases not included in line 2 (itemize)			1 010 400
	lines 1, 2, and 3	m 300mm 35777	4	1,818,488.
	reases not included in line 2 (itemize) BOOK TO TAX NE			1,669,623.
6 Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	oiumn (b), linė 30	6	148,865.

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MŁC Co.)					(b) How P - Pu D - Do	acquired irchase ination	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<u>a</u>								
b NO	NE				ļ			
<u> </u>					 			
<u> </u>					ļ			
<u> </u>	I		T					<u> </u>
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		t or other basis opense of sale			(h) Gain or (los (e) plus (f) minus	
a b								
c								
d								
·								
Complete only for assets showing	ng gain in c	column (h) and owned by	the foundation	on 12/31/69			(I) Gains (Col. (h) gai	n minus
(i) F.M.V. as of 12/31/69		j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		(ol. (k), but not less the Losses (from col.	an -0-) or (h))
1								_
<u> </u>								-
c								-
d								
<u> </u>								_
<u></u>			u in Double line i	7	$\overline{}$			
Capital gain net income or (net ca	apital loss)	If gain, also ente If (loss), enter -0	or in Part I, line Or in Part I, line	, 7	} 2			
Net short-term capital gain or (lo If gain, also enter in Part I, line 8,	, column (d	:).			}			
If (loss), enter -0- in Part I, line 8								
	II O	1: 4040/-1 4	. Dad. aad	Tare an Mar				
		ection 4940(e) for	r Reduced			tment li	ncome	
		ection 4940(e) for	r Reduced			tment li	ncome	N/A
or optional use by domestic privat	e foundation	ection 4940(e) for ons subject to the section	r Reduced			tment li	ncome	N/A
or optional use by domestic privat	e foundation	ection 4940(e) for ons subject to the section	r Reduced			tment li	ncome	
or optional use by domestic privat section 4940(d)(2) applies, leave t as the foundation liable for the sec	e foundation this part blaction 4942	ection 4940(e) for one subject to the section ank. tax on the distributable ar	r Reduced 4940(a) tax on mount of any ye	net investment i ar in the base pe	ncome.)		ncome	N/A
or optional use by domestic private section 4940(d)(2) applies, leave to as the foundation liable for the secon "Yes," the foundation does not qua	e foundation this part blaction 4942 alify under	ection 4940(e) for one subject to the section ank. tax on the distributable are section 4940(e). Do not c	r Reduced 4940(a) tax on mount of any yeomplete this pa	net investment i ar in the base pe rt.	ncome.) eriod?			
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or optional use by domestic private section 4940(d)(2) applies, leave to section 4940(d) applies, leave to section 4940(d). Base period years Calendar year (or tax year beginn 2013 2012 2011 2010 2009 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existed Enter the net value of noncharita Multiply line 4 by line 3	this part blaction 4942 alify under : each colur ing in) e 5-year basence if less able-use as:	ection 4940(e) for one subject to the section ank. tax on the distributable are section 4940(e). Do not common for each year; see the (b) Adjusted qualifying distributed for each year; see the see period - divide the total than 5 years. Seets for 2014 from Part X	r Reduced 4940(a) tax on mount of any yeomplete this painstructions before the stributions on line 2 by 5, , line 5	net investment i ar in the base pe rt. ore making any Net value of n or by the numbe	ncome.) eriod? entries. (c) oncharital	ple-use asse	2 3 4 5 6	(d)
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10

NJ

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

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

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses ... STMT

of each state as required by General Instruction G? If "No," attach explanation

year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV

Х

X

3b

4a

b If "Yes," did it have excess business holdings in 2014 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 2014.)

N/A

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2014?

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

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	
· · · · · · · · · · · · · · · · · · ·	
Total number of others receiving over \$50,000 for professional services	(
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
•]
SEE STATEMENT 7	67,610
2	=
	10 000
SEE STATEMENT 8	10,000
3	4
	1
4	-
]
Part IX-B Summary of Program-Related Investments	A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>	
	_
2	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
All other program-related investments. See instructions.	
3	_
	_
Total Add lines 1 through 3	0
Total, Add lines 1 through 3	Form 990-PF (2014

FOUNDATION, INC.

1 Fa	ir market value of assets not used (or held for use) directly in carrying out charitable, o	etc., purpos	es:		_
	rerage monthly fair market value of securities			1a	
b A	verage of monthly cash balances			1b	107,351.
c Fa	ir market value of all other assets			1c	
	otal (add lines 1a, b, and c)			1d	107,351.
	eduction claimed for blockage or other factors reported on lines 1a and	1			
10	c (attach detailed explanation)	le	0.		
2 A	equisition indebtedness applicable to line 1 assets			2	0.
	ubtract line 2 from line 1d			3	107,351.
4 C	ash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, se	ee instructio	ns)	4	1,610.
	et value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on P			5	105,741.
	inimum investment return. Enter 5% of line 5 ADJUSTED FOR SHOI			6	<u>1,304.</u>
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here ▶ ☐ and do not complete this part.)	(j)(5) privato	e operating foundations an	d certain	
1 N	inimum investment return from Part X, line 6			1	1,304.
2a T	ax on investment income for 2014 from Part VI, line 5	2a	33,126.		-
b Ir	come tax for 2014. (This does not include the tax from Part VI.)	2b		Ì	
	dd lines 2a and 2b			2c	33,126.
	istributable amount before adjustments. Subtract line 2c from line 1			3	0.
	ecoveries of amounts treated as qualifying distributions			4	0.
	dd lines 3 and 4			5	0.
	eduction from distributable amount (see instructions)			6	_0.
	istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XI			7	0.
Par	Qualifying Distributions (see instructions)				
1 A	mounts paid (including administrative expenses) to accomplish charitable, etc., purpo	ses:			
a E	xpenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	90,925.
b P	rogram-related investments - total from Part IX-B			1b	
2 A	mounts paid to acquire assets used (or held for use) directly in carrying out charitable	e, etc., purpo	oses	2	· · · · · · · · · · · · · · · · · · ·
3 A	mounts set aside for specific charitable projects that satisfy the:				
a S	uitability test (prior IRS approval required)			3a_	
b C	ash distribution test (attach the required schedule)			3b	
	ualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and			4	90, <u>9</u> 25.
5 F	oundations that qualify under section 4940(e) for the reduced rate of tax on net invest	ment			
iı	come. Enter 1% of Part I, line 27b		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5	
6 A	djusted qualifying distributions. Subtract line 5 from line 4			6	90,925.
٨	ote. The amount on line 6 will be used in Part V, column (b), in subsequent years who 4940(e) reduction of tax in those years.	en calculatir	ng whether the foundation (qualifies for th	e section

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

a Excess from 2010		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
2 Understanding count, if any, at the west of 2014. Earlier amount for 2013 only in 16 to					0 -
a Enter amount for 2013 only b Total for prior years: D a Excess distributions carryover, if any, to 2014; a From 2009 b From 2010 e From 2011 d From 2012 e From 2012 e From 2013 d From 2012 e From 2013 d From 2014 d From 2012 e From 2013 d From 2014 e From 2015 e From 2015 e From 2015 e From 2015 d From 2016 e From 2016 e From 2017 e From 2017 e From 2017 e From 2017 e From 2018 d From 2018 d From 2019 e Septembrooks out of compus g (Election required - see instructions) D a Compus (Election required - see instructions) D a Compus (Election required - see) instructions D a Compus Antique (Election Required - see) D a Compus (Election required - see) instructions D a Compus Antique (Election Required - see) D a Compus Antique (El					<u> </u>
\$ Total for prior years: 3 Excess distributions carryover, if any, to 2014; a From 2019 From 2010 From 2011 Grown 2012 From 2013 Total of lines 3a through e 4 Qualifying distributions for 2014 from Part XII, line 4; P \$ 90, 925, Applied to a Polis Juli not not rest than line 2a. Applied to a Polis Juli not not rest than line 2a. Applied to a Polis Juli not not rest than line 2a. Applied to a Polis Juli not not rest than line 2a. Applied to a Polis Juli not not rest than line 2a. Applied to a Polis Juli not not rest than line 2a. 4 Applied to 2014 distributions not of corpus (Relection required - sale instructions) 4 Applied to 2014 distributions and of corpus 6 Remaining amount distributed out of corpus 5 Feezes distributions and to State 1 and 1 an				0.	
3 Excess distributions carryover, if any, to 2014; a from 2009 b From 2010 from 2011 from 2012 from 2013 from 10 lanes 3a through e 0.4 Qualifying distributions to 2014 from PATIXI, like 4; P \$					
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c Excess from 2012					
d Excess from 2013 90,925.					
e Excess from 2014 90,925.				•	
e Excess from 2014 90,925.					
423581 Form 900PF (2014)	e Excess from 2014 90,925.				

FOUNDATION, INC.

Part XIV Private Operating Fo		tructions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	it is a private operating		-	<u> </u>
foundation, and the ruling is effective for	2014, enter the date of the	he ruling	>		
b Check box to indicate whether the found	ation is a private operatin	g foundation described in	section	4942(j)(3) or 49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	411.001.1	
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					·
c Qualifying distributions from Part XII,	ļ				
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 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					
(4) Gross investment income Part XV Supplementary Info					
			if the foundation	had \$5,000 or m	ore in assets
at any time during t	he year-see insti	ructions.)			·
Information Regarding Foundation a List any managers of the foundation whyear (but only if they have contributed of the no have contributed more	than 2% of the total cont section 507(d)(2).)	ributions received by the	foundation before the clo	ose of any tax	
NONE	400/			n of the oursership of a	artaerabia ar
b List any managers of the foundation who ther entity) of which the foundation ha			(or an equally large portic	n or the ownership of a p	partnership of
NONE					
2 Information Regarding Contribut Check here If the foundation the foundation makes gifts, grants, etc.	only makes contributions	to preselected charitable	organizations and does n		
a The name, address, and telephone num	tber or e-mail address of	the person to whom appl	ications should be addres	ssed:	
SEE STATEMENT 9					
b The form in which applications should	be submitted and informa	ation and materials they s	hould include:		
c Any submission deadlines:				_	
d Any restrictions or limitations on award	ds, such as by geographic	cal areas, charitable fields	, kinds of institutions, or o	other factors;	_
423601 11-24-14					Form 990-PF (2014

Form 990-PF (2014) FOUNDATION, INC.

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual,	1	Purpose of grant or contribution	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	contribution	Amount
a Paid during the year				
NEED BASED SCHOLARSHIPS	NONE	INDIVIDUAL	THE SCHOLARSHIP IS AWARDED TO STUDENTS TO PURSUE HIGHER EDUCATION,	10,000.
Total	L		▶ 3a	10,000.
b Approved for future payment				
NONE				
NONE				
			}	
				· · · · · ·
Total			▶ 3b	0

Part XVI-A Analysis of Income-Producing Activities

ter gross amounts unless otherwise indicated.		ousiness income	(C) Excluded	by section 512, 513, or 514	(e) Related or exempt
Dragram garijina rovanjija	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	function income
Program service revenue:	Code	·	+		
ab		·			
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments			1		
Interest on savings and temporary cash	ì				
investments			14	12.	
Dividends and interest from securities			14	1,669,623.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
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			_		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
	I I				
b			_	<u> </u>	
b	_				
b	_				
b d e			0.	1,669,635.	
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.)		,			
b c d d d d d columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	to the Acco	mplishment o	f Exempt	Purposes	1,669,63
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.} Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	mplishment o	f Exempt	Purposes	1,669,63
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.} Tart XVI-B Relationship of Activities ne No. Explain below how each activity for which income	to the Acco	mplishment o	f Exempt	Purposes	1,669,63
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Ine No. Explain below how each activity for which ine	to the Acco	mplishment o	f Exempt	Purposes	1,669,63
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.} Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	mplishment o	f Exempt	Purposes	1,669,6
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.} Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	mplishment o	f Exempt	Purposes	1,669,6
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.} Tart XVI-B Relationship of Activities ne No. Explain below how each activity for which income	to the Acco	mplishment o	f Exempt	Purposes	1,669,6
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Ine No. Explain below how each activity for which ine	to the Acco	mplishment o	f Exempt	Purposes	1,669,6
b c d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.} Part XVI-B Relationship of Activities line No. Explain below how each activity for which income	to the Acco	mplishment o	f Exempt	Purposes	1,669,6

990-PF (2014)	nformation Reg	TION, INC	fers To and	d Transactions and	Relationships With No	oncharitable	9	
							Yes	No
Did the organi	zation directly or indirec	tly engage in any o	f the following w	with any other organization of	escribed in section 501(c) of ions?			
the Code Lothe	or than section $501(c)(3)$) organizations) or	in section 527, 1	elating to political or gamzat	101131			
Transfers fron	n the reporting foundation	on to a noncharitab	le exempt organ	ization of.		1a(1)		X
(1) Cash						1a(2)		X
							を表し続	37
Other transact	tions:	a avampt organizat	ion			1b(1)		X
Access to the contract of the		pharitable exempt of	rnanization					X
	e nur lamant o	r other accete					_	X
2022					***************************************		-	X
							-	X
		- harabin or fundrais	cina colleitations				4	+ X
							sets.	
d If the answer	to any of the above is "	Yes," complete the tundation. If the four	following schedi ndation received		in any transaction or sharing arrar	ngement, show in		
	he value of the goods, o	(c) Name o	f noncharitable e	exempt organization	(d) Description of transfers, transa	actions, and sharing	arranger	nents
L)Line no. (b) Amount involved	(3) ((4))	N/A					
			*)					
	4		la la la la la la la la la la la la la l					
					-			
				ar mare toy exempt organi	zations described			
2a Is the foun	dation directly or indire	ctly affiliated with, o	or related to, one	or more tax-exempt organi	zationo document	🔲 Y	'es	X
in section 5	501(c) of the Code (oth	er than section 50 i	(c)(3)) or in seci	HOII 5274				
b If "Yes," co	mplete the following sc	hedule.		(b) Type of organization	(c) Description	of relationship		
	(a) Name of o	rganization		(4).),				
	N/A							
				F Comments		uladas		
Under	penalties of perjury, I decla	re that I have examine	d this return, includ	ing accompanying schedules and	d statements, and to the best of my know mation of which preparer has any knowle	May the return w	th the n	repare
Sign and be	elief, it is true, forrect, and	complete. Declaration of	of preparer (other th	an taxpayer) is based on all the		shown b		e instr
Here	Taskers	7/ Mel		6/29/20	PRESIDENT		162	
	nature of officer or trus	tee		Date	Title Check	if PTIN		
	Print/Type preparer's		Preparer's	signature	Date Check self- employ	1		
			ULM) <u> </u>	6/26/5	P006	167	82
Paid	HOLLY SAE	BO, CPA	Hall	y salo	Firm's FIN	▶ 22-327	171	2
Preparer	Firm's name ► ME	RCADIEN,	P.C.	0	LIIII 2 CIV			
Use Only								,000
	Firm's address ▶ I	.o. BOX	7648	E 12 76 10	Phone no.	609-689	-97	00
	I	PRINCETON	I, NJ 08	343-1040	11 110110 1101	Form	990-	PF

Schedule B (Form 990, 990-EZ, or 990-PF)

Internal Revenue Service

Department of the Treasury

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.lrs.gov/form990

Employer identification number

OMB No. 1545-0047

THE FORMAN S. ACTON EDUCATIONAL FOUNDATION. INC. 47-1997891 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 EZ or on its Form 990 PF, Part I, line 2, to certify that it does not meet 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) (2014)

Name of organization

THE FORMAN S. ACTON EDUCATIONAL

FOUNDATION, INC.

Employer identification number

47-1997891

Part I	Contributors (see instructions). Use duplicate copies of Part 11	n additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	THE FORMAN S. ACTON ESTATE 107 WEST BROADWAY SALEM, NJ 08079	\$ 253,100.	Person X Payroll		
(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.)		

15

Name of organization

THE FORMAN S. ACTON EDUCATIONAL

FOUNDATION, INC.

Employer identification number

<u>47-1997891</u>

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II Nonc	eash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. irom 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 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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
.23453 11-05-14		Schedule B (Form	990, 990-EZ, or 990-PF) (

THE	FORMAN	S.	ACTON	EDUCATIONAL
	T OILLE 21.1	~ •	110 1 011	

	RMAN S. ACTON EDUCATION	NAL	47-1997891
Part III	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or I	n section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No	Use duplicate copies of Part III if addition:	al space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee
(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, al	nd 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	
-	Transferee's <u>name, address, a</u>	nd 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	t ·
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2014
423454 11-05	- 14	4 =	Ocheunie B (Fulli 990, 990-E2, 01 990-11) (201

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) THE FORMAN FOUNDATION	S. ACTON EDUC	CATIONAL		Identifying Numb	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
· · · · · · · · · · · · · · · · · · ·		-0-			
12/15/14	33,126.	33,126.	151	.000082192	411.
			·		
		-			
					
Penalty Due (Sum of Co	dumn F)				411

412511 05-01-14

^{*} Date of estimated tax payment, withholding credit date or installment due date.

FORM 990-PF INTERE	ST ON SAVIN	IGS AND TEM	PORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE		(A) REVEI PER BO	NUE		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOM	
INTEREST INCOME- CH	ECKING		12.	-	12.		
TOTAL TO PART I, LI	NE 3	<u> </u>	12.		12.		
FORM 990-PF	DIVIDENDS	S AND INTERI	EST FRO	OM SEC	URITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS		(A) EVENUE R BOOK			
FORMAN ACTON ESTATE	1,669,623	. (0. 1,	669,62	3. 1,669,62	23.	
TO PART I, LINE 4	1,669,623		0. 1,	669,62	3. 1,669,62	23.	
FORM 990-PF	0'	THER PROFES:	SIONAL	FEES		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME			
CONTRACT SERVICES	_	11,928.		1,789	•	10,1	.39.
TO FORM 990-PF, PG	1, LN 16C	11,928.		1,789	· ·	10,1	39.
FORM 990-PF		OTHER E	XPENSE	S		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME			
OPERATIONS		2,885.		C).	2,8	885.
TO FORM 990-PF, PG	1, LN 23	2,885.		C),	2,8	385.

FORM 990-PF LIST OF	STATEMENT			
NAME OF CONTRIBUTOR	ADDRESS			
THE FORMAN S. ACTON ESTATE	107 WEST BROA SALEM, NJ 080			
	- LIST OF OFFICERS, D S AND FOUNDATION MANA		STATI	EMENT 6
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
J. HERBERT FITHIAN 11 SOUTH ROAD READFIELD, ME 04355	CHAIRMAN 4.00	0.	0.	0.
KATHRYN MARKOVCHICK 11 SOUTH ROAD READFIELD, ME 04355	PRESIDENT & CE 26.40	18,015.	0.	0.
PAMELA FLOOD 11 SOUTH ROAD READFIELD, ME 04355	TREASURER 40.00	25,575.	0.	0.
ELIZABETH BORDOWITZ 11 SOUTH ROAD READFIELD, ME 04355	SECRETARY 36.00	14,855.	0.	0.
GREGORY DUNHAM 11 SOUTH ROAD READFIELD, ME 04355	TRUSTEE 1.00	0.	0.	0.
KAREN ROOTS 11 SOUTH ROAD READFIELD, ME 04355	TRUSTEE 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, F	PAGE 6, PART VIII	58,445.	0.	0.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES ACTIVITY ONE	STATEMENT	 7
ACTIVITY ONE		
THE FOUNDATION WAS INCORPORATED IN OCTOBER 2014, PROVIDING A SHORT FIRST YEAR FOR THE FOUNDATION. EFFORTS FOCUSED ON ORGANIZATIONAL MATTERS, INCLUDING PUTTING IN PLACE GOVERNANCE AND ADMINISTRATION INFRASTRUCTURE, DEVELOPING GRANTMAKING POLICIES AND GATHERING INFORMATION FROM LOCAL ORGANIZATIONS TO INFORM THE FOUNDATION'S GRANTMAKING INITIATIVES.		
	EXPENSES	
TO FORM 990-PF, PART IX-A, LINE 1	67,6	10.
FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT	 8

ACTIVITY TWO

TWO SPRING 2015 SEMESTER SCHOLARSHIPS IN THE AMOUNT OF \$5,000 EACH WERE AWARDED TO SALEM CITY SCHOOL DISTRICT GRADUATES WHO WERE ADVISED BY THE REPRESENTATIVES OF THE ESTATE OF DR. ACTON IN MARCH 2014 THAT THEY WERE RECEIVING A \$10,000 SCHOLARSHIP FOR THE 2014-2015 ACADEMIC YEAR AND HAD RECEIVED FALL SEMESTER SCHOLARSHIPS FUNDS FROM THE DR. ACTON'S ESTATE.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 2	10,000.
	······································

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BETH BORDOWITZ 11 SOUTH ROAD READFIELD, ME 04355

TELEPHONE NUMBER

207-685-3171

FORM AND CONTENT OF APPLICATIONS

THE FOUNDATION REQUIRES THE GRANTEE TO COMPLETE A GRANT APPLICATION ON A FORM PROVIDED BY THE FOUNDATION. THE GRANT APPLICATION REQUIRES THE GRANTEE TO IDENTIFY THE PURPOSES OF THE GRANT, THE PROBLEM IT IS MEANT TO ADDRESS, THE RESEARCH SUGGESTING THE GRANT WILL BE SUCCESSFUL IN ADDRESSING THE PROBLEM AND THE INDICATORS TO BE STUDIED TO DEMONSTRATE SUCCESS.

ANY SUBMISSION DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION ANTICIPATES THAT THE MAJORITY OF ITS GRANTS IN THE FIRST TWO YEARS OF OPERATION WILL BE DEVOTED TO GRANTS DIRECTLY TO THE SALEM CITY SCHOOL DISTRICT FOR PROFESSIONAL DEVELOPMENT AND SCHOOL-BASED INITIATIVES; CONTRIBUTIONS TO SECTION 529 COLLEGE SAVINGS PLANS FOR CHILDREN ATTENDING A SCHOOL IN THE SALEM CITY SCHOOL DISTRICT; SCHOLARSHIPS FOR HIGHER EDUCATION FOR SALEM CITY HIGH SCHOOL GRADUATES; SCHOLARSHIPS FOR SUMMER PROGRAM OPPORTUNITIES FOR STUDENTS ATTENDING A SCHOOL IN THE SALEM CITY SCHOOL DISTRICT; AND SUPPLEMENTAL GRANTS TO SCHOLARSHIP RECIPIENTS OF UP TO \$750 IN CASH OR EQUIPMENT TO MEET SPECIFIC EDUCATIONAL NEEDS OF THE INDIVIDUAL.

Form **8868** (Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

ernal Revenue Service	Information about Form 6808 a	110 110 1110	I III-la have			▶ [X]	
If you are filing for an	Automatic 3-Month Extension, complete o	nly Part I	and check this box	is form).	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ur filing for 20	Additional INGLAUTOMANO, C. M.C.	-	· · · · · · · · · · · · · · · · · · ·	r hieri Formi oo	JO.		
I-to Dart II .	unlace VOII RAVE alleady booti grant-			s to tile in more	ths for a c	orporation	
	VALUE AN ELECTION NOW THE COLOR			S FAIM MAAG IL	16000000	an extension	
to file Form 99	n.The or an application at the determinant		a amount townships Dotum for T	ransters Assoc	IGIGOL AND	. 001	
time to file any of the	forms listed in Part I or Part II with the excep	otion of Fo	rm 8870, information recently o	n the electronic	c filing of	this form,	
Donofit Contri	acte which must be sent to the mine and	format (se	se instructions). For more details a				
ersonal benon estina	and click on e-file for Charities & Nonprofits.	<u> </u>	broit original (no copies nee	eded).			
Part I Auton	and click on e-file for Charities & Nonprofits. natic 3-Month Extension of Time.	Only su	omit Original the copies	complete	_,		
parparation required	natic 3-Month Extension of Time. to file Form 990-T and requesting an automa	itic 6-mont	h extension - check this box and			▶ └	
art I only	to file Form 990-T and requesting an automa		Las Form 7004 to reques	t an extension	of time		
art rolly	including 1120-C filers), partnerships, REMIC	s, and tru	sts must use room 7004 to 154-1-	Enter filer's I	centifyiii	1 Hullioci	
. Tilo income Tax Tetul.	IIS.			Emolover ide	ntification	number (EIN) or	
Name of e	exempt organization or other filer, see instruct	tions.		ì			
			0	1 4	47 <u>-1997891</u>		
rint ਆਮਲ ਸ	ORMAN S. ACTON EDUCATI	ONAL_	FOUNDATI	Social securi			
ie by the	street, and room or suite no. If a P.O. box, se	e instructi	ons.	000127	_		
eturn See	N or post office, state, and ZIP code. For a for	reign addr	ess, see instructions.				
nstructions. City, town	1, NJ 08079						
SAUGI	1, NO 0001					0 4	
	e for the return that this application is for (file	a separat	e application for each return)		,		
Enter the Heturn cod	6 IOI (He terrait the time the					Return	
		Return	Application			Code_	
Application		Code	ls For			07	
ls For	20.57	01	Form 990-T (corporation)			08	
Form 990 or Form 99	90·EZ	02	Form 1041-A	· · · · · · · · · · · · · · · · · · ·	·	09	
Form 990-BL		03	Form 4720 (other than individua	<u> </u>		10	
Form 4720 (individu	ai)	04	Form 5227			11	
Form 990-PF	400(a) trust)	05	Form 6069			12	
Form 990-T (sec. 40	11(a) or 406(a) (1050)	06_	Form 8870				
Form 990-T (trust of	THE FOUNDATION		00070				
	the care of 107 WEST BROAD	WAY -	SALEM, NJ 080/9				
The books are in	o 56 935 - 2244		Fax No. ►			. ▶ □	
Telephone No.	► 856-935-2244 On does not have an office or place of busine	ss in the U	Inited States, check this box	If this is for	the whole	group, check this	
 If the organization 	on does not have an office or place of busine oup Return, enter the organization's four digitation of the second state of the	t Group E	xemption Number (GEN)	_ of all membe	rs the ext	ension is for.	
• If this is for a Gr	oup Return, enter the organization's four digities for part of the group, check this box	and at	tach a list with the names and EIN	S Of all Therribe	10 0.0		
box ▶ . If it	is for part of the group, check this box L automatic 3-month (6 months for a corporation 15 2015 to file the exer	on require	d to file Form 990-T) extension of t	ime urkii	he exten	sion	
1 request an	automatic 3-month to months in the exem	npt organia	d to file Form 990-1) extension of t zation return for the organization r	amed above.	(IC OMO)		
AUGU							
is for the org	ganization's return for:						
► X cale	ndar year <u>2014</u> or year beginning	(and ending		 '		
▶ tax	year beginning				_		
		. check re	ason: Initial return	Final retur	[]		
2 If the tax ye	ar entered in line 1 is for less than 12 months	, •			Γ		
Chan	ge in accounting period	20 or 606	9, enter the tentative tax, less any	' }		0	
3a If this appli	ge in accounting period cation is for Forms 990-BL, 990-PF, 990-T, 47	_5, 5, 556		3a	<u> </u>		
nonrefunda	able credits. See instructions. cation is for Forms 990-PF, 990-T, 4720, or 60	069 enter	any refundable credits and	ļ		_(
b If this appli	cation is for Forms 990 PF, 990 1, 4720, or or	Jernavmer	nt allowed as a credit.	3b	\$		
estimated !	cation is for Forms 990-PF, 990-1, 4720, or or tax payments made. Include any prior year or	r navment	with this form, if required,	1		(
				3c	<u> </u>		
by using E	ue. Subtract line 3b from line 3a. Indices yet FTPS (Electronic Federal Tax Payment Syste are going to make an electronic funds withdra	wal (dirac	t debit) with this Form 8868, see F	orm 8453-EO a	ind Form	001 A-EO IOI haying	
Caution, If you a	are going to make an electronic funds withdra	twai foriac					
instructions.					Fo	rm 8868 (Rev. 1-20	