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B Sampt under section Main Section Main Section Main Section	A	Check box if	•				ation is a 501(c)(3)	D Emplo (Emplo	yer identification number
X Solic X 3				Nor Hamashira Charitah	10 1	Foundation		l .	•
S29(a) 20(b) VPB 37 Pleasant Street 200 2		•	1					E Unrela	ted business activity codes
Set Concord, NH 03301-4005 541900		408(e) 220(e)		37 Pleasant Street				(See in	structions.)
Section Sect	=					n postal code		5419	900
Bosenible the optimization by primary unalised business starkly FIRO TOME From Partnerships Vest Ve	aten	d of vear			<u> </u>				
During the fax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Ves X No		608,878,722.	G Check	corganization type X 501(c) corporation	<u> </u>				Other trust
									[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
The poles are in care of					nt-subsi	diary controlled group?	> [Yes	s X No
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Not								602	225_6641
1					T				
Description	89955599555	2000000		ie or Business income		(A) IIICUITIC	(b) Expense	3	(O) Not
2 Cast of goods sold (Schedule A, line 7)				a Ralanca	10				
3					 				
48 Capital gain net income (attach Form 8949 and Schedule D) b Not gain (loss) (Form 4787, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts c Capital loss deduction for trusts lincome (loss) from partnerships and S corporations (attach statement) 7 Increased debt-financed income (Schedule E) 7 Increased debt-financed income (Schedule E) 7 Increased debt-financed income (Schedule E) 8 Interest, annutities, royalties, and rents from controlled organizations (Sch. F). 9 Investment income of a section 501 (c/ly7), (9), or (17) organization (Schedule B) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions; attach schedule.) Statement 2 12 547. 13 Total. Combine lines 3 through 12 13 186, 422. Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 19 10. 10 Charlable contributions (See instructions for limitation rules.) Statement 3 20 18,541. 20 Charlable contributions (See instructions for limitation rules.) Statement 4 See Statement 3 20 18,541. 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depelletion 23 Depelletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule I) 28 Excess readership costs (Schedule I) 29 18,551. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Nat operating loss deduction (limited to the amount on line 30) 32 167,871. 33 Specific deduction (Generally \$1,000, but see instructions for exceptions.) 31 Increased business taxable income before septic deduction.									
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13 Total Combine lines 3 through 12 13 186, 422.					-	547.			547.
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34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. 34 166,871.				•					
line 32								00	±,000.
				•				34	166.871.

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

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

			-				
• If you	u are filing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box				
• If you	u are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II (on page 2 of	this form	n).		
Do not	complete Part II unless you have already been granted	an autom	atic 3-month extension on a previou	sly filed f	orm 88	68.	
Electro	onic filing (e-file) You can electronically file Form 8868 if	you need	a 3-month automatic extension of til	me to file	(6 mont	ths for a corp	oration
require	d to file Form 990-T), or an additional (not automatic) 3-mo	onth exten	sion of time. You can electronically	file Form	8868 to	request an e	xtension
ot time	to tile any of the forms listed in Part I or Part II with the ex	ception o	f Form 8870, Information Return for	Transfers	s Associ	ated With Ce	ertain
Person	al Benefit Contracts, which must be sent to the IRS in par	per format	(see instructions). For more details	on the el	ectronic	filing of this t	form,
Part	w.irs.gov/efile and click on e-file for Charities & Nonprofit:	s.					
LATIN VIA	pration required to file Form 990-T and requesting an auto	motic 6 -	submit original (no copies ne	eaea).			
Part I or				complete	Э		T U T
All othe	nly r corporations (including 1120-C filers), partnerships, REN come tax returns.	11Cs, and	trusts must use Form 7004 to reques	st an exte	ension o	f time	<u> </u>
				Enter fi	ler's ide	entifying nun	nber
Type or print				Employ	er identi	fication numb	oer (EIN) or
File by the	New Hampshire Charitable Fo				02	-600562	25
due date f	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social s	ecurity	number (SSN	ŋ
return, Sec Instruction		oreion ado	tress see instructions	<u>. </u>			
	Concord, NH 03301-4005		rood, dee mandenons.				
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)	•••••		••••••	0 7
Applica	tion	Return	Application				Return
Is For		Code	Is For		Code		
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)	0			
Form 990-BL 02 Form 1041-A				···· • • • • • • • • • • • • • • • • •			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			······	09
Form 99	0-PF	04	Form 5227				10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			, , , , , , , , , , , , , , , , , , , 	11
Form 99	0-T (trust other than above)	06	Form 8870				12
	Rebecca Carr					······································	
• The b	pooks are in the care of ► 37 Pleasant Str	ceet -	- Concord, NH 0330	1-400)5		
	hone No. ► (603) 225-6641		Fax No. ► (603) 225-				
• If the	organization does not have an office or place of business	in the Un	ited States, check this box			>	
• Ir triis	is for a Group Heturn, enter the organization's four digit (Group Exe	mption Number (GEN)	this is fo	or the wi	hole group, cl	heck this
00X	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	oers the	extension is	for.
1 ire	equest an automatic 3-month (6 months for a corporation November 15, 2014 , to file the exempt	required t	o file Form 990-T) extension of time	until			
is f	or the organization's return for:	•	The Control of Galification (Icellia	- uooro.	THE CA	101131011	
>	X calendar year 2013 or						
>	tax year beginning	, and	d ending				
0 1/2 11							
2 If t	he tax year entered in line 1 is for less than 12 months, ch Change in accounting period	neck reaso	on: Initial return F	inal retu	rn		
3a If ti	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tay less any		ľ		
nor	nrefundable credits. See instructions.	0, 0000, 0	into the tentative tax, less any	20		237	033
	nis application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credite and	3a	\$	431	<u>,032.</u>
est	imated tax payments made. Include any prior year overpa	oment ell	nued as a credit	2		112	033
c Ba	lance due. Subtract line 3b from line 3a. Include your pay	ment with	this form if required	3b	\$	112	,032.
by	using EFTPS (Electronic Federal Tax Payment System). S	inioni Will See instruc	r una romm, ir required, ctions	2-		125	,000.
Caution.	If you are going to make an electronic funds withdrawal (direct deb	oit) with this Form 8868, see Form 8/	3c 153-FO a	s nd Form	1 Z J	, ooo.
nstructio	ns.		,	LO a	.,	OUT S'EU IUI	Payment

LHA 323841 12-31-13

Form 990-	1(2013) New Hampshire Charitable Foundation		02-6	500562 <u>5</u>	Page 2
Part	Tax Computation			1000000	
35	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here See instructions and	id:			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde	r):			
	(1) \$ (2) \$ (3) \$				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$				
	(2) Additional 3% tax (not more than \$100,000) \$	·			
C	Income tax on the amount on line 34			▶ 35c	48,330.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount				······································
	Tax rate schedule or Schedule D (Form 1041)			▶ 36	
37	Proxy tax. See instructions				
				38	
38	Alternative minimum tax Total, Add lines 37 and 38 to line 35c or 36, whichever applies Sec. 1291		26		48,591.
39			4.9	1.4. 39	40/371.
	Y Tax and Payments	T T			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
	Other credits (see instructions)	1			
	General business credit. Attach Form 3800				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	Total credits. Add lines 40a through 40d				
41	Subtract line 40e from line 39			41	48,591.
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66	Other (attach sched	dule) 42	
43	Total tax. Add lines 41 and 42			43	48,591.
44 a	Payments: A 2012 overpayment credited to 2013	44a	112,03	32.	
	2013 estimated tax payments	44b			
	Tax deposited with Form 8868		125,00	00.	
	Foreign organizations: Tax paid or withheld at source (see instructions)		· · · · · · · · · · · · · · · · · · ·		
	Backup withholding (see instructions)				
	Credit for small employer health insurance premiums (Attach Form 8941)				
	,				
g	Other credits and payments: Form 2439	440			
	Form 4136 Other Total ▶			45	237.032
45	Form 4136 Other Total ► Total payments. Add lines 44a through 44g				237,032.
45 46	Form 4136 Other Total ► Total payments. Add lines 44a through 44g Estimated tax penalty (see instructions). Check if Form 2220 is attached ►			46	237,032.
45 46 47	Form 4136 Other Total ► Total payments. Add lines 44a through 44g Estimated tax penalty (see instructions). Check if Form 2220 is attached ► Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed			→ 46	
45 46 47 48	Form 4136 Other Total ► Total payments. Add lines 44a through 44g Estimated tax penalty (see instructions). Check if Form 2220 is attached ► Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			46 ▶ 47 ▶ 48	188,441.
45 46 47 48 49	Form 4136 Other Total ► Total payments. Add lines 44a through 44g Estimated tax penalty (see instructions). Check if Form 2220 is attached ► Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid Enter the amount of line 48 you want: Credited to 2014 estimated tax ► 188,	441	- Refunded	→ 46	
45 46 47 48 49 Part V	Total payments. Add lines 44a through 44g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid Enter the amount of line 48 you want: Credited to 2014 estimated tax 188, Statements Regarding Certain Activities and Other Information	441 on (see	• Refunded enstructions)	46 47 48 49	188,441.
45 46 47 48 49 Part V 1 At ar	Total payments. Add lines 44a through 44g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid Enter the amount of line 48 you want: Credited to 2014 estimated tax 188, Statements Regarding Certain Activities and Other Information Total Total	441 on (see	Refunded instructions) nority over a finance	46 47 48 49 49 sial account (ba	188,441.
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45 46 47 48 49 Part V 1 At ar	Total payments. Add lines 44a through 44g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid Enter the amount of line 48 you want: Credited to 2014 estimated tax 188, Statements Regarding Certain Activities and Other Information Total Total	441 on (see ther auth	Refunded instructions) ority over a finance	46 47 48 49 49 sial account (ba	188,441. 0. nk, Yes No
45 46 47 48 49 Part V 1 At ar	Total payments. Add lines 44a through 44g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid Enter the amount of line 48 you want: Credited to 2014 estimated tax 188, Statements Regarding Certain Activities and Other Information Total Total	441 on (see ther auth	Refunded instructions) ority over a finance	46 47 48 49 49 sial account (ba	188,441. 0.
45 46 47 48 49 Part V 1 At ar secu Accor 2 Durin if YES 3 Ente	Total payments. Add lines 44a through 44g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid Enter the amount of line 48 you want: Credited to 2014 estimated tax Statements Regarding Certain Activities and Other Information In the during the 2013 calendar year, did the organization have an interest in or a signature or other; or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, but the tax year, did the organization from, or was it the grantor of, or transferor to, a foreign true, a see instructions for other forms the organization may have to file. Total	441 on (see ther autr	Refunded instructions) ority over a finance	46 47 48 49 49 sial account (ba	188,441. 0. nk, Yes No
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Schedule C - Rent Inc	ome (Fr	om Real	Prope	rty and	l Personal	Propert	y Lease	ed With Real P	roper	ty) (see instructions)
1. Description of property								_		
(1)										
(2)										
(3)										
(4)	, , , , , , , , , , , , , , , , , , , ,									
	2	. Rent receiv	ed or accrue	ed .						
(a) From personal property rent for personal proper 10% but not more	ty is more tha	tage of in	(b) F	of rent for p	nd personal proper ersonal property ex t is based on profit	ceeds 50% c	entage or if	3(a) Deductions dire columns 2(a	ctly conr) and 2(b	nected with the income in o) (attach schedule)
(1)					,					
(2)										
(3)										
(4) Total		0.	Total				0.			
**************************************	olumna O/o'		L				· ·	(b) Total deductions		
(c) Total income. Add totals of co							0.	Enter here and on page 1		0.
here and on page 1, Part I, line 6,				- /	·		<u> </u>	Part I, line 6, column (B)		<u></u>
Schedule E - Unrelate	a nept-	Financed	incom	1e (see	nstructions)			0		t tiltitil-
					2. Gross inc	come from		Deductions directly to debt-fin		
1. Description	of debt-financ	ced property			or allocable financed	e to debt-	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(4)									\dashv	
(1)										
(2)										
(3)			·							
(4)					1					_
 Amount of average acquisition debt on or allocable to debt-finant property (attach schedule) 	on ced	debt-fina	adjusted ba illocable to nced proper schedule)		6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)						%	,			
(2)		 				%				
						^ <u>`</u>	- 			
(3)			······································			%				
(4)					<u> </u>					Enter here and on page 1,
								nter here and on page 1, art I, line 7, column (A).		Part I, line 7, column (B).
						,			0.	0.
Totals							- L		. .	0.
Total dividends-received deduc	tions includ	ded in column	<u>8</u>				10	_!		
Schedule F - Interest,	Annuiti	es, Koyaı	ties, ar					nizations (see in	struct	ions)
				Exemp	t Controlled O	rganizatio	ns			
Name of controlled organiza	ition	Employer ide numi		Net ur (loss) (s	3. related income see instructions)	Total o	4. of specified ents made	5. Part of column 4 included in the contorganization's gross	rolling	Deductions directly connected with income in column 5
(1)										
(2)										
(3)				†						
(4)				1					· · · •	
Nonexempt Controlled Organ	izatione	J		L						
	7		- // + \	0.7.			10 0-4-6-	atura O that is included	11	Deductions directly connected
7. Taxable Income		unrelated incom (see instructions		9.10	tal of specified pay made	ments	in the cont	column 9 that is included trolling organization's ross income		Deductions directly connected with income in column 10
(1)										
(2)			,							
(3)										
	1					<u> </u>				
(4)		, , , , , , , , , , , , , , , , , , , ,		<u> </u>			Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	l .	Add columns 6 and 11. er here and on page 1, Part I, line 8, column (B).
Totals						<u></u> ▶ [0.		0.

323721 12-12-13

Form 990-T (2013) New H								02-6	005625)	Page 4
Schedule G - Investm	ent In		Section :	501(c)(7), (9), or (17) O	rganizat	tion				
	scription o			··········	2. Amount of income	directly of	ductions connected schedule)		Set-asides ch schedule)	5. Total dec and set-a (col. 3 plus	sides
(1)						(attach s	schedule)			(col. 3 plus	CO1. 4)
(2)										<u> </u>	
(3)											
(4)						·					
(7)					Enter here and on page 1			1		Enter here and o	on page 1,
otolo					Part I, line 9, column (A).					Part I, line 9, co	lumn (8).
^{rotals} Schedule I - Exploited						1525337122373737	me			31	
(see inst					F					Т	
1. Description of exploited activity	i	2. Gross elated business income from de or business	3. Expe directly cor with prod- of unrela business i	nnected uction ated	Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act	s income tivity that inrelated s income	attri	Expenses butable to olumn 5	7. Excess e expenses (c 6 minus colubut not mor column	olumn umn 5, e than
(1)				***************************************							
(2)											
(3)											
(4)											
<u> </u>	l p	er here and on age 1, Part I, e 10, col. (A).	Enter here page 1, F line 10, co	Part I,		1				Enter here on page Part II, line	: 1,
otals	•	0.		0.							0.
Schedule J - Advertis	ing In	come (see i	nstructions)							
Part I Income From	Perio	dicals Rep	orted on	a Con	solidated Basis	5					
1. Name of periodical		2. Gross advertising income		Direct ising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compucols, 5 through 7.	s 5 . Ci	rculation come		eadership costs	7. Excess read costs (column 6 column 5, but no than column	S minus ot more
(1)											
(2)											
(3)											
(4)											
											^
otals (carry to Part II, line (5))	<u>.</u>		0.	0				<u> </u>			0.
Part II Income From columns 2 throug	P erio h 7 on a	dicals Repo	orted on sis.)	a Sep	arate Basis (For	each perio	odical liste	d in Parl	: II, fill in		
1. Name of periodical		2. Gross advertising income	3.	Direct ising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu	s b .Ci	rculation come		eadership costs	7. Excess read costs (column 6 column 5, but n	3 minus ot more
/#\					cols, 5 through 7.	_				than column	1 4).
(1) (2)											
(3)											
(4)										***************************************	
		(0.	0				1			0.
otals from Part I		Enter here and o page 1, Part I, line 11, col. (A).	n Enter h	nere and on 1, Part I, 1, col. (B).						Enter here a on page 1 Part II, line	and 1,
otals, Part II (lines 1-5)	>	(0.	0							0.
Schedule K - Comper	nsatio	n of Officer	s, Direct	tors, a	nd Trustees (see	e instructio	,				
1.	Name				2. Title		3. Percei time devot busine	ted to		nsation attributab elated business	le
(1)							230,710	%			
(2)				 		······································		%			
(3)								%			
(4)			· · · · · · · · · · · · · · · · · · ·					%			***************************************
f otal. Enter here and on page 1,	Part II li	ne 14									0.
i utat. Entel Hele allu uli page 1,	1 all 11, 11	IIV 17	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. <u> </u>		· · · · · · · · · · · · · · · · · · ·				

Form **990-T** (2013)

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

OMB No. 1545-0175

Nan	ne				Employer identification number
	New Hampshire Charitable Foundation				02-6005625
	Note: See the instructions to find out if the corporation is a small corporation exempt				
	from the alternative minimum tax (AMT) under section 55(e).				
	,				
1	Taxable income or (loss) before net operating loss deduction		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	166,871.
2	Adjustments and preferences:				
	a Depreciation of post-1986 property			2a	
	b Amortization of certified pollution control facilities			2b	
	c Amortization of mining exploration and development costs			2c	
	d Amortization of circulation expenditures (personal holding companies only)			2d	
	e Adjusted gain or loss			2e	
	f Long-term contracts			21	
	Merchant marine capital construction funds			2g	
	h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)			2h	
	Tax shelter farm activities (personal service corporations only)			2i	
	Passive activities (closely held corporations and personal service corporations only)			2j	
	k Loss limitations			2k	
	I Depletion			21	
	m Tax-exempt interest income from specified private activity bonds			2m	
	n Intangible drilling costs			2n	
	·			20	
	Other adjustments and preferences			_	166,871.
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20				100/0/12
4	Adjusted current earnings (ACE) adjustment:	4a	166,871.		
	a ACE from line 10 of the ACE worksheet in the instructions	44	100,011	Ή	
	b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a	4b	0.		
	negative amount (see instructions)	40		4	
	c Multiply line 4b by 75% (.75). Enter the result as a positive amount	46		1	
	d Enter the excess, if any, of the corporation's total increases in AMTI from prior				
	year ACE adjustments over its total reductions in AMTI from prior year ACE				
	adjustments (see instructions). Note: You must enter an amount on line 4d	44			
	(even if line 4b is positive)	4d		-	
	e ACE adjustment.)			
	If line 4b is zero or more, enter the amount from line 4c If line 4b is zero or more, enter the amount from line 4c If line 4b is zero or more, enter the amount from line 4c	}		4-	0.
_	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount			4e	166,871.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT			5	100,071.
6	Alternative tax net operating loss deduction (see instructions)			6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held			_	166,871.
_	interest in a REMIC, see instructions		•••••	7	100,071.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on	line 8c):			
	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled	10-	16 971		
	group, see instructions). If zero or less, enter -0-		16,871. 4,218.	4	
	b Multiply line 8a by 25% (.25)		4,210.	4	
	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a control				35,782.
	group, see instructions). If zero or less, enter -0-			8c	131,089.
9	Subtract line 8c from line 7. If zero or less, enter -0-			9	26,218.
10	Multiply line 9 by 20% (.20)			10	20,210.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)			11	26,218.
12	Tentative minimum tax. Subtract line 11 from line 10			12	48,330.
13	Regular tax liability before applying all credits except the foreign tax credit			13	40,330.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter her			14	0.
11.00	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax returns a property of the corporation of	11		14	Form 4626 (2013)
JW/	For Paperwork Reduction Act Notice, see separate instructions.				FUHH 4020 (2013)

* See also

Statement 5

317001 11-26-13

www.nampshire charicable i		(AOE) \\(\frac{1}{4} = \frac{1}{4} = 1	V	2-0003023
Adju	usted Current Earnings			
	See ACE Worksheet In	ISTRUCTIONS.		
1 Pre-adjustment AMTI. Enter the amount from line 3	of Form 4626		1	166,871.
2 ACE depreciation adjustment:	017 01111 40E0			
		2a		
b ACE depreciation:				
(1) Post-1993 property	2b(1)			
(2) Post-1989, pre-1994 property	'''			
(3) Pre-1990 MACRS property				
(4) Pre-1990 original ACRS property	1 1			
(5) Property described in sections				
168(f)(1) through (4)	2h(5)			
(6) Other property				
(7) Total ACE depreciation. Add lines 2b(1) through		2b(7)		
c ACE depreciation adjustment. Subtract line 2b(7) for		[20(1)]	2c	
3 Inclusion in ACE of items included in earnings and i				
a Tax-exempt interest income		3a		
b Death benefits from life insurance contracts				
c All other distributions from life insurance contracts		1		
d Inside buildup of undistributed income in life insura	,			
e Other items (see Regulations sections 1.56(g)-1(c)				
for a partial list)	• • • •	3e		
f Total increase to ACE from inclusion in ACE of item			3f	
4 Disallowance of items not deductible from E&P:		•		
a Certain dividends received		4a		
b Dividends paid on certain preferred stock of public				
under section 247		4b		
c Dividends paid to an ESOP that are deductible unde		l i		
d Nonpatronage dividends that are paid and deductible	le under section			
1382(c)		4d		
e Other items (see Regulations sections 1.56(g)-1(d)				
partial list)		4e		
1 Total increase to ACE because of disallowance of ite	ems not deductible from E&P. Add	d lines 4a through 4e	41	
5 Other adjustments based on rules for figuring E&P:				
a Intangible drilling costs		5a		
c Organizational expenditures		5c		
d LIFO inventory adjustments	***************************************	5d		
e installment sales		5e		
f Total other E&P adjustments. Combine lines 5a thro			51	
6 Disallowance of loss on exchange of debt pools			6	
7 Acquisition expenses of life insurance companies for			7	

Depletion _____

Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property

Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of

8

9

10

166,871.

Description		ss) from Partnerships S Corporations	Statement 1
Davidson Kempner Institutional Partners Encap Energy Capital Fund IX Encap Energy Capital Fund IX -56,836. Forester Partners, LP Knightsbridge Venture Capital VI Lyme Northern Forest Fund Oaktree Opportunities Fund VIII, LP Oaktree Opportunities Fund VIII, LP Oaktree Opportunities Fund VIIIB, LP Park St. Capital Natural Resource Fund II, LP Park St. Capital Natural Resource Fund III, LP Park St. Capital Natural Resource Fund IV, LP Park St. Capital Natural Resource Fund IV, LP Park St. Capital Natural Resource Fund V, LP Park St. Capital Natural Resource Fund IV, LP Park St. Capital Natural Resource Fund V, LP Postries II, LP 1. TrueBridge-Kauffman Endowment Fund II, LP 1. TrueBridge-Kauffman Endowment Fund II, LP 1. TrueBridge-Kauffman Endowment Fund II, LP 2013. Total to Form 990-T, Page 1, line 5 Description Amount Current Year PFIC Distributions Total to Form 990-T, Page 1, line 12 Description/Kind of Property Method Used to Determine FMV Amount Description/Kind of Property Method Used to Determine FMV Amount	Description		Amount
Form 990-T Other Income Statement 2 Description Amount Current Year PFIC Distributions 547. Total to Form 990-T, Page 1, line 12 547. Form 990-T Contributions Statement 3 Description/Kind of Property Method Used to Determine FMV Amount N/A 31,818,211.	Davidson Kempner Institutional Encap Energy Capital Fund IX Forester Partners, LP Knightsbridge Venture Capital Lyme Northern Forest Fund Oaktree Opportunities Fund VI Oaktree Opportunities Fund VI Park St. Capital Natural Resolvent St. Capital N	III, LP IIIB, LP Durce Fund II, LP Durce Fund III, LP Durce Fund IV, LP Durce Fund V, LP Durce Fund V, LP	27956,836. 336,807. 5119,194. 7,395. 3,57010,81027,50563,73726,217961. 1694403. 15,488. 27,652.
Description Current Year PFIC Distributions Total to Form 990-T, Page 1, line 12 Form 990-T Contributions Statement 3 Description/Kind of Property Method Used to Determine FMV Amount 2013 N/A 31,818,211.	Total to Form 990-T, Page 1,	line 5	185,875.
Current Year PFIC Distributions 547. Total to Form 990-T, Page 1, line 12 547. Form 990-T Contributions Statement 3 Description/Kind of Property Method Used to Determine FMV Amount 31,818,211.	Form 990-T	Other Income	Statement 2
Total to Form 990-T, Page 1, line 12 Form 990-T Contributions Statement 3 Description/Kind of Property Method Used to Determine FMV Amount N/A 31,818,211.	Description		Amount
Form 990-T Contributions Statement 3 Description/Kind of Property Method Used to Determine FMV Amount N/A 31,818,211.	Current Year PFIC Distribution	ons	547.
Description/Kind of Property Method Used to Determine FMV Amount N/A 31,818,211.	Total to Form 990-T, Page 1,	line 12	547.
2013 N/A 31,818,211.	Form 990-T	Contributions	Statement 3
	Description/Kind of Property	Method Used to Determine FMV	Amount
Total to Form 990-T, Page 1, line 20 31,818,211.	2013	N/A	31,818,211.
	Total to Form 990-T, Page 1,	line 20	31,818,211.

atement 4	S-	Contributions Summary	Form 990-T
		ions Subject to 100% Limit	Qualified
		Years Unused Contributions	Carryover
		•	For Tax
			For Tax
		•	For Tax
			For Tax
		30,216,618	For Tax
	147,367,148	The state of the s	Motal Carr
	31,818,211	10% Contributions	Total Carr Total Curr
	179,185,359 18,541	Available tation as Adjusted	
	1.70 1.66 010	-	
	179,166,818		Excess 10%
	179,166,818		Excess 100 Total Exce
	179,100,010	Ductons	TOTAL EXCE
18,54		ions Deduction	Allowable
18,54		Deduction	Total Cont

Form 4626	AMT Contributions		Statement	5
Carryover of Prior Years Un For Tax Year 2008 For Tax Year 2009 For Tax Year 2010 For Tax Year 2011 For Tax Year 2012	nused Contributions	31,043,430 27,866,912 27,621,544 30,630,812 30,216,618		
Total Carryover Current Year Contributions	•		147,379,31 31,818,21	
Total Contributions 10% of Taxable Income as A	djusted		179,197,52 18,54	
Excess Contributions			179,178,98	36
Allowable Contributions			18,54	. 1
AMT charitable deduction Regular contribution deduc	tion		18,54 18,54	
AMT contribution adjustmen	t			0