	1 1	RS E-file Signature Authorization for a Tax Exempt Entity	L L	OMB No. 1545-0047
orm 00/9-1E	En alla da una 2003	or fiscal year beginning, 2023, and ending		0000
	For calendar year 2023,	Do not send to the IRS. Keep for your records.		2023
epartment of the Treasury ternal Revenue Service		Go to www.irs.gov/Form8879TE for the latest information.		
ame of filer			EIN or SSN	
PHINE	AS W. SPRAG	UE MEMORIAL FOUNDATION	04-60	43554
ame and title of officer or p		ELIZA H S ROWE		
		TRUSTEE		
Part I Type of	Return and Ret	urn Information		
10a below, and the an	hount on that line for t blank (do not enter -0- here	b Total revenue, if any (Form 990-EZ, line 9)	9, 2b, 3b, 4b, 5b, icable line below 2)	6b, 7b, 8b, 9b, or 10b, Do not complete more 1b2b
4a Form 990-PF ch	eck here	 b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 20) 	no 5)	4b 3 510.
5a Form 8868 chec	k here	b Balance due (Form 8868, line 3c)		5h
6a Form 990-T che		b Total tax (Form 990-T, Part III, line 4)	******	6b
7a Form 4720 chec	k here	b Total tax (Form 4720, Part III, line 1)		7b
8a Form 5227 chec	k here	 b FMV of assets at end of tax year (Form 5227, Item D) b Tax due (Form 5330, Part II, line 19) 		8b
9a Form 5330 chec	k here	b Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-CP	check here	b Amount of credit payment requested (Form 8038-CP, Par	t III, line 22)	10b
Part II Declara	ation and Signati	ure Authorization of Officer or Person Subject to I am an officer of the above entity or L I am a person subjec	Tax	
ter than 2 business day	oit the entry to this ac	lectronic return originator (ERO) to send the return to the IRS arc ction of the transmission, (b) the reason for any delay in process 5. Treasury and its designated Financial Agent to initiate an elec ited in the tax preparation software for payment of the federal ta count. To revoke a payment, I must contact the U.S. Treasury It (settlement) date. I also authorize the financial institutions invo	-Inancial Agent a	I 1-888-353-4537 no
ater than 2 business day advertight of taxes to rece bersonal identification nu PIN: check one box onli	v vs prior to the paymer vive confidential inform umber (PIN) as my sig	to revoke a payment, i must contact the U.S. Treasury i it (settlement) date. I also authorize the financial institutions invi- nation necessary to answer inquiries and resolve issues related nature for the electronic return and, if applicable, the consent to	-inancial Agent a olved in the proc to the payment. o electronic funds	n the IRS (a) an refund, and (c) the date drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic I have selected a s withdrawal.
ancial institution to de ater than 2 business day ayment of taxes to rece ersonal identification nu PIN: check one box onli	v vs prior to the paymer vive confidential inform umber (PIN) as my sig	to revoke a payment, i must contact the U.S. Treasury i it (settlement) date. I also authorize the financial institutions invi- nation necessary to answer inquiries and resolve issues related nature for the electronic return and, if applicable, the consent to	-inancial Agent a olved in the proc to the payment. o electronic funds	n the IRS (a) an refund, and (c) the date drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic I have selected a s withdrawal.
ater than 2 business day advertight of taxes to rece bersonal identification nu PIN: check one box onli	v vs prior to the paymer vive confidential inform umber (PIN) as my sig	count. To revoke a payment, I must contact the U.S. Treasury in the treasury interest of the second	-inancial Agent a olved in the proc to the payment. o electronic funds	n the IRS (a) an refund, and (c) the date drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic I have selected a s withdrawal.
as my signatur with a state ag on the return's As an officer o return. If I have IRS Fed/State	bit the entry to this ac sprior to the paymer ive confidential inform umber (PIN) as my sig y ENNESSEY TA e on the tax year 202 ency(ies) regulating c disclosure consent s r person subject to ta a indicated within this program, I will enter	Count. To revoke a payment, i must contact the U.S. Treasury i the (settlement) date. I also authorize the financial institutions invi- nation necessary to answer inquiries and resolve issues related nature for the electronic return and, if applicable, the consent to <u>X SERVICES, LLC</u> <u>ERO firm name</u> 3 electronically filed return. If I have indicated within this return harities as part of the IRS Fed/State program, I also authorize th	to enter my P that a copy of the eaforementione to the payment. b electronic funds to enter my P that a copy of the eaforementione on the tax year 2 y(ies) regulating	n the IRS (a) an refund, and (c) the date drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic I have selected a s withdrawal. IN 13554 Enter five numbers, bur do not enter all zeros e return is being filed d ERO to enter my PIN 023 electronically filed
As an officer or person sub- light at a final set of a s	bit the entry to this ac sprior to the paymer ive confidential inform umber (PIN) as my sig y ENNESSEY TA e on the tax year 202 ency(ies) regulating c disclosure consent s r person subject to ta a indicated within this program, I will enter	X SERVICES, LLC RRO firm name 3 electronically filed return. If I have indicated within this return harities as part of the IRS Fed/State program, I also authorize the return that a copy of the return is being filed with a state agence YEIN on the return's disclosure consent screen. X Difference X Diffe	Inancial Agent a blowd in the proc to the payment. b electronic funds to enter my P that a copy of the that a copy of the a aforementione on the tax year 2 y(ies) regulating	n the IRS (a) an refund, and (c) the date drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic l have selected a s withdrawal. IN 13554 Enter five numbers, buy do not enter all zeros e return is being filed id ERO to enter my PIN 023 electronically filed charities as part of the
As an officer or person sub Part III Certific Part III Certific Part III Certific Part III Certific	bit the entry to this ac sprior to the paymer ive confidential inform umber (PIN) as my sig y ENNESSEY TA e on the tax year 202 ency(ies) regulating c disclosure consent s r person subject to ta e indicated within this program, I will enter pet to tax ation and Authe	X SERVICES, LLC RRO firm name A electronically filed return. If I have indicated within this return harities as part of the IRS Fed/State program, I also authorize th return that a copy of the return is being filed with a state agence Y EIN on the the entry filed science of the consent screen. X with respect to the entity, I will enter my PIN as my signature of return that a copy of the return is being filed with a state agence Y EIN on the time filed science of the consent screen. K Course of the consent screen. A entry of then	to enter my P that a copy of the eaforementione to the payment. b electronic funds to enter my P that a copy of the eaforementione on the tax year 2 y(ies) regulating	n the IRS (a) an refund, and (c) the date drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic l have selected a s withdrawal. IN 13554 Enter five numbers, buy do not enter all zeros e return is being filed id ERO to enter my PIN 023 electronically filed charities as part of the
As an officer or person sub PIN: check one box only as my signatur with a state ag on the return's As an officer or return. If I have IRS Fed/State Bignature of officer or person sub Part III Certific ERO's EFIN/PIN. Enter y	bit the entry to this ac sprior to the paymer ive confidential inform imber (PIN) as my sig y ENNESSEY TA e on the tax year 202 ency(ies) regulating c disclosure consent s r person subject to ta e indicated within this program, I will enter piect to tax ation and Authe your six-digit electroni	Account. To revoke a payment, i must contact the U.S. Treasury i to settlement) date. I also authorize the financial institutions invitations invitations invitations. Account (settlement) date. I also authorize the financial institutions invitations invitations invitations. Account for the electronic return and, if applicable, the consent to ERO firm name Selectronically filed return. If I have indicated within this return is a part of the IRS Fed/State program, I also authorize the creen. x with respect to the entity, I will enter my PIN as my signature of return that a copy of the return is being filed with a state agence of the invitation is consent screen. Mathematication c filing identification d filing identification d filing identification d filing identification	to enter my P that a copy of the eaforementione to the payment. electronic funds that a copy of the that a copy of the eaforementione on the tax year 2 y(ies) regulating 0 5 / (Date	n the IRS (a) an refund, and (c) the date drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic l have selected a s withdrawal. IN 13554 Enter five numbers, buy do not enter all zeros e return is being filed id ERO to enter my PIN 023 electronically filed charities as part of the
As an officer or person sub PIN: check one box only as my signatur with a state ag on the return's As an officer or return. If I have IRS Fed/State Bignature of officer or person sub Part III Certific ERO's EFIN/PIN. Enter y	bit the entry to this ac sprior to the paymer ive confidential inform imber (PIN) as my sig y ENNESSEY TA e on the tax year 202 ency(ies) regulating c disclosure consent s r person subject to ta e indicated within this program, I will enter piect to tax ation and Authe your six-digit electroni	Count. To revoke a payment, i must contact the U.S. Treasury i to settlement) date. I also authorize the financial institutions invi- nature for the electronic return and, if applicable, the consent to X SERVICES , LLC ER0 firm name 3 electronically filed return. If I have indicated within this return harities as part of the IRS Fed/State program, I also authorize th creen. x with respect to the entity, I will enter my PIN as my signature e return that a copy of the return is being filed with a state agence wy PIN on the state agence wy PIN on the state agence mication c filing identification	to enter my P that a copy of the eaforementione to the payment. electronic funds that a copy of the that a copy of the eaforementione on the tax year 2 y(ies) regulating 0 5 / (Date	n the IRS (a) an refund, and (c) the date drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic l have selected a s withdrawal. IN 13554 Enter five numbers, buy do not enter all zeros e return is being filed id ERO to enter my PIN 023 electronically filed charities as part of the
A contrainstitution to de parter than 2 business day payment of taxes to rece personal identification nu PIN: check one box only I authorize Hi as my signatur with a state ag on the return's As an officer of return. If I have IRS Fed/State Part III Certific ERO's EFIN/PIN. Enter y humber (EFIN) followed to certify that the above no submitting this return in Business Returns.	bit the entry to this ac sprior to the paymer ive confidential inform umber (PIN) as my sig y ENNESSEY TA re on the tax year 202 ency(ies) regulating c disclosure consent s r person subject to ta indicated within this program, I will enter spect to tax cation and Authe your six-digit electroni by your five-digit self-s umeric entry is my PII	Account. To revoke a payment, i must contact the U.S. Treasury interpretent of the lase authorize the financial institutions invitations invitations invitations. Account (settlement) date. I also authorize the financial institutions invitations invitations invitations invitations invitations invitations. Account (settlement) date. I also authorize the financial institutions invitations invitations invitations. Account (settlement) date. I also authorize the financial institutions invitations invitations. Account (settlement) date. I also authorize the financial institutions invitations invitations. Account (settlement) date. I also authorize the financial institutions invitations invitations as part of the IRS Fed/State program, I also authorize the creen. Account (settlement) (settlement) is being filed with a state agence by EIN on the return (settlement) (sett	- to enter my P that a copy of the aforementione to the tax year 2 y(ies) regulating 0 5 5 4 eros	n the IRS (a) an r refund, and (c) the dati- drawal (direct debit) s return, and (c) the dati- drawal (direct debit) s return, and the to 1-888-353-4537 no essing of the electronic have selected a s withdrawal. IN <u>13554</u> Enter five numbers, bu do not enter all zeros e return is being filed id ERO to enter my PIN 023 electronically filed charities as part of the 0.3 / 2 0 2 4 confirm that I am
A contrainstitution to de parter than 2 business day payment of taxes to rece personal identification nu PIN: check one box only I authorize Hi as my signatur with a state ag on the return's As an officer of return. If I have IRS Fed/State Part III Certific ERO's EFIN/PIN. Enter y humber (EFIN) followed to certify that the above no submitting this return in a Business Returns.	bit the entry to this ac sprior to the paymer ive confidential inform umber (PIN) as my sig <u>y</u> ENNESSEY TA e on the tax year 202 ency(ies) regulating c disclosure consent s r person subject to ta indicated within this program, I will enter a indicated within this program, I will enter to tax a indicated within this program, I will enter ation and Authe your six-digit electronic by your five-digit self-s umeric entry is my PII accordance with the reference at the second second second second accordance with the reference at the second second second second accordance with the reference at the second second second second second accordance with the reference accordance accordance accordance accordance accordance accordance ac	Count. To revoke a payment, i must contact the U.S. Treasury in the second of the s	Inancial Agent a Solved in the proc to the payment. • electronic funds 	n the IRS (a) an refund, and (c) the dati drawal (direct debit) s return, and (c) the dati drawal (direct debit) s return, and the to 1-888-353-4537 no essing of the electronic have selected a s withdrawal. IN 13554 Enter five numbers, bu do not enter all zeros e return is being filed id ERO to enter my PIN 023 electronically filed charities as part of the 0.3 / 2 0 2 4 confirm that I am
A control of the second	bit the entry to this ac sprior to the paymer ive confidential inform umber (PIN) as my sig <u>y</u> ENNESSEY TA e on the tax year 202 ency(ies) regulating c disclosure consent s r person subject to ta indicated within this program, I will enter your six-digit electronic by your five-digit self-s umeric entry is my PII accordance with the re- bo Not Su	Count. To revoke a payment, i must contact the U.S. Treasury in the second of the s	Inancial Agent a Solved in the proc to the payment. • electronic funds 	n the IRS (a) an r refund, and (c) the date drawal (direct debit) s return, and (c) the date drawal (direct debit) s return, and (the the date drawal (direct debit) s withdrawal. IN <u>13554</u> Enter five numbers, but do not enter all zeros e return is being filed dd ERO to enter my PIN 023 electronically filed charities as part of the D 3 / 2 0 2 4 confirm that I am RS e-file Providers for
As an officer or person sub Part III Certific as my signatur with a state ag on the return's As an officer or return. If I have IRS Fed/State Part III Certific ERO'S EFIN/PIN. Enter y humber (EFIN) followed to certify that the above ni Business Returns. ERO's signature	bit the entry to this ac sprior to the paymer ive confidential inform umber (PIN) as my sig <u>y</u> ENNESSEY TA e on the tax year 202 ency(ies) regulating c disclosure consent s r person subject to ta indicated within this program, I will enter your six-digit electronic by your five-digit self-s umeric entry is my PII accordance with the re- bo Not Su	Count. To revoke a payment, i must contact the U.S. Treasury in the second of the s	Inancial Agent a Solved in the proc to the payment. • electronic funds 	n the IRS (a) an refund, and (c) the dati drawal (direct debit) s return, and (c) the dati drawal (direct debit) s return, and the to 1-888-353-4537 no essing of the electronic have selected a s withdrawal. IN 13554 Enter five numbers, bu do not enter all zeros e return is being filed id ERO to enter my PIN 023 electronically filed charities as part of the 0.3 / 2 0 2 4 confirm that I am
As an officer or person sub Part III Certific as my signatur with a state ag on the return's As an officer or return. If I have IRS Fed/State Part III Certific ERO'S EFIN/PIN. Enter y humber (EFIN) followed to certify that the above ni Business Returns. ERO's signature	bit the entry to this ac sprior to the paymer ive confidential inform umber (PIN) as my sig <u>y</u> ENNESSEY TA e on the tax year 202 ency(ies) regulating c disclosure consent s r person subject to ta indicated within this program, I will enter your six-digit electronic by your five-digit self-s umeric entry is my PII accordance with the re- bo Not Su	Count. To revoke a payment, i must contact the U.S. Treasury in the second of the s	Inancial Agent a Solved in the proc to the payment. • electronic funds 	n the IRS (a) an refund, and (c) the dat drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic have selected a s withdrawal. IN <u>13554</u> Enter five numbers, bu do not enter all zeros e return is being filed id ERO to enter my PIN 023 electronically filed charities as part of the 03 / 2 0 2 4 confirm that I am RS e-file Providers for

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Form 8879-TE		IRS E-file Signa for a Tax F	ture Authorizatio xempt Entity	n	OMB No. 1545-0047
			, 2023, and ending		2022
Development of the Treeseway	,		S. Keep for your records.	·	2023
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form88	79TE for the latest information	n.	
Name of filer				EIN or SS	N
PHINE	AS W. SPRA	GUE MEMORIAL FO		04-6	043554
Name and title of officer or p	erson subject to tax	ELIZA H S ROWE TRUSTEE			
Part I Type of	Return and Re	turn Information			
Form 5330 filers may enter or 10a below, and the arr	er dollars and cents nount on that line for	. For all other forms, enter wh the return being filed with th	nd enter the applicable amount, ole dollars only. If you check th is form was blank, then leave lir the return, then enter -0- on the	e box on line 1a, 2a ne 1b, 2b, 3b, 4b, 5 b	, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 5, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check	here	b Total revenue, if any (F	orm 990, Part VIII, column (A), li	ine 12)	1b
2a Form 990-EZ ch		b Total revenue, if any (F	orm 990-EZ, line 9)		2b
3a Form 1120-POL		b Total tax (Form 1120-P	OL, line 22)		3b
4a Form 990-PF ch	eck here X	b Tax based on investm	OL, line 22) ent income (Form 990-PF, Part	V, line 5)	4b 3,510.
5a Form 8868 chec	k here	b Balance due (Form 886	68, line 3c)		5b
6a Form 990-T chee		b Total tax (Form 990-T,	Part III, line 4)		6b
7a Form 4720 chec	k here	b Total tax (Form 4720, F	Part III, line 1)		7b
8a Form 5227 chec	k here	b FMV of assets at end	of tax year (Form 5227, Item D)		8b
9a Form 5330 chec	k here	b Tax due (Form 5330, P	art II, line 19)		9b
10a Form 8038-CP c		b Amount of credit payn	nent requested (Form 8038-CP	, Part III, line 22)	
			Officer or Person Subject		
Under penalties of perjury	y, I declare that X		entity or Left I am a person su , (EIN)		
entry to the financial insti financial institution to deb later than 2 business day payment of taxes to rece	tution account indic bit the entry to this a s prior to the payme ive confidential info	ated in the tax preparation su account. To revoke a paymen ent (settlement) date. I also au mation necessary to answer	d Financial Agent to initiate an oftware for payment of the fede t, I must contact the U.S. Treas uthorize the financial institutions inquiries and resolve issues rela um and, if applicable, the conse	ral taxes owed on th sury Financial Agent s involved in the pro- ated to the payment	his return, and the at 1-888-353-4537 no cessing of the electronic . I have selected a
PIN: check one box only					
X I authorize HI	ENNESSEY T	AX SERVICES, LI	JC	to enter my l	PIN 13554
		ERO firm nam	9		Enter five numbers, but do not enter all zeros
with a state ago on the return's As an officer or	ency(ies) regulating disclosure consent person subject to t	charities as part of the IRS For screen. ax with respect to the entity,	If I have indicated within this ret ed/State program, I also authori I will enter my PIN as my signat	ize the aforemention	ed ERO to enter my PIN 2023 electronically filed
		s return that a copy of the ret my PIN on the return's disclo	curn is being filed with a state ago osure consent screen.	gency(ies) regulating	charities as part of the
Signature of officer or person sub	ect to tax ation and Auth	entication		Dat	e
ERO's EFIN/PIN. Enter y number (EFIN) followed b	-	-	040045 Do not enter		
•	• •		the 2023 electronically filed retu Modernized e-File (MeF) Informa		
ERO's signature			Date	05/03/24	
		ERO Must Retain This	Form - See Instruction	s	
			e IRS Unless Requested		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	MMII=VV	Тах	MORIAL FOUN on Unrelate r Tax-Exemp	d Business		3554	
(Wo	ksheet) (and	on Inv	estment Income for F ords. Do not send to	Private Foundations)	FORM 990-3	PF	2024
1	Unrelated business taxable income expected in the tax y					1	
2	Tax on the amount on line 1					2	
3	Alternative minimum tax for trusts					3	
4	Total. Add lines 2 and 3					4	
5	Estimated tax credits					5	
6	Subtract line 5 from line 4					6	
	Other taxes					7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels					9	
b	Subtract line 9 from line 8. Note: If less than \$500, the o estimated tax payments Enter the tax shown on the 2023 return. Caution: If zero or the tax year was for less than 12 months, skip th and enter the amount from line 10a on line 10c 2024 Estimated Tax. Enter the smaller of line 10a or line	is line		10a 10b	3 , 510 . r the amount		
	from line 10a on line 10c		U	, ,		10c	3,520. (d)
11	Installment due dates	11	05/15/24				_/
12	Installments. Enter 25% of line 10c in columns (a) through (d)	12	3,520.				
13	2023 Overpayment	13					
14	Payment due (Subtract line 13 from line 12)	14	3,520.				

Form **990-W**

Form **990-PF** Department of the Treas

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2023

Interr	al Re	venue Service		Go to www.irs	.gov/Form990PF for instru	uctions and th	e latest info	mation.	Open to Public Inspection
For	caler	ndar year 2023	or tax year beginning			, and ei	nding		
Na	ne of	f foundation						A Employer identificatio	n number
Ρ	HI	NEAS W.	SPRAGUE M	IEMORIA	L FOUNDATION			04-6043554	1
Nur		and street (or P.O. BOX 14	box number if mail is not d	elivered to street	address)		Room/suite	B Telephone number $617 - 624 - 08$	300
	/ or t		ovince, country, and Z	IP or foreign p 3 – 0140	ostal code			C If exemption application is	
		c all that apply:	Initial retur		Initial return of a fo	rmer nublic c	harity	D 1. Foreign organization	s check here
u	nicor	that apply.	Final return		Amended return		nanty		
			Address cl		Name change			Foreign organizations m check here and attach c	eeting the 85% test,
H (heck	type of organiz		•	empt private foundation			E If private foundation sta	
	_				Other taxable private founda	ation		under section 507(b)(1	
I Fa		() (assets at end of year		ng method: X Cash	Accr	Jal	F If the foundation is in a	
		Part II, col. (c), I	•		her (specify)			under section 507(b)(1	
	\$		4,355,531.	(Part I, colun	nn (d), must be on cash bas	is.)			
Pa	art I	(The total of am necessarily equ	evenue and Expenses ounts in columns (b), (c), and al the amounts in column (8 nd (d) may not a).)	(a) Revenue and expenses per books	(b) Net inv inco		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions,	gifts, grants, etc., rece	ived				N/A	
	2	Check X	if the foundation is not require	d to attach Sch. B					
	3	Interest on savin cash investment	gs and temporary s		527.		527.		STATEMENT 1
	4	Dividends and	interest from securitie	S	61,282.	6	1,282.		STATEMENT 2
	b	Net rental income	e or (loss)						
ē	6a	Net gain or (loss)	from sale of assets not on 265	line 10	206,761.				
enu	b	assets on line 6a	265	o,691.					
Revenue	7		ncome (from Part IV, line 2)			20	6,761.		
	8		capital gain						
	9 10a	Income modifi Gross sales less and allowances	cations						
		Less: Cost of goo							
	C		(loss)						
	11				260 570	26	0 570		
	12		es 1 through 11		268,570. 0.	20	8,570.		0.
	13		f officers, directors, trustee		0.		0.		<u> </u>
	14		e salaries and wages emplovee benefits						+
ŝ	15	· · · · · · · · · · · · · · · · · · ·	,						+
SUS	10a	Accounting for	es SI	יאיד 3	6,275.		3,138.		3,137.
ă	ן ה	• Other professi	onal fees ST	יאיז 4	24,373.		2,187.		12,186.
бĒ	17	Interest					_,		
Operating and Administrative Expenses	18	Taxes	SI	MT 5	646.		646.		0.
listr	19	Depreciation a	nd depletion						
лiг	20								
Ρq	21	Travel, confere	ences, and meetings						
and	22	Printing and p	ublications						
ŋg	23	Other expense	s S1	IMT 6	48.		48.		0.
rati	24	Total operatin	g and administrative			_			
)pel		-	d lines 13 through 23		31,342.	1	6,019.		15,323.
0	25		gifts, grants paid		192,500.				192,500.
	26		s and disbursements.				C 010		
			nd 25		223,842.	1	6,019.		207,823.
		Subtract line 2			11 700				
			e over expenses and disbu It income (if negative, en		44,728.	25	2,551.		
			ncome (if negative, en			20	<u>, , , , , , , , , , , , , , , , , , , </u>	N/A	
		י העומסוטע ווכרו	mound (in negative, eiller	✓ /				-1/	

323501 12-20-23

For	m 99	00-PF (2023) PHINEAS W. SPRAGUE MEMO	RIAL FOUNDATION	r 04–6	5043554 Page 2
	art	II Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	αιι	II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	55,684.	72,024.	72,024.
	2	Savings and temporary cash investments			
		Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 7	1,506,469.	1,532,604.	4,275,507.
		Investments - corporate bonds	, ,	, ,	
		Investments - land, buildings, and equipment: basis 8 , 000 .			
	· ·	Less: accumulated depreciation	8,000.	8,000.	8,000.
	12	Investments - mortgage loans			
		Investments - other			
		Land, buildings, and equipment: basis			
	'	Less: accumulated depreciation			
	15	Other assets (describe)			
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	1,570,153.	1,612,628.	4,355,531.
	17	Accounts payable and accrued expenses	1,570,1550	1,012,0200	4,555,5510
		Grants payable			
6		Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ilidi		Mortgages and other notes payable			
Lia		Other liabilities (describe)			
	~				
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	20	Foundations that follow FASB ASC 958, check here			
s		and complete lines 24, 25, 29, and 30.			
ice.	24	Net assets without donor restrictions			
alar					
Ä	20	Foundations that do not follow FASB ASC 958, check here			
ŭ		and complete lines 26 through 30.			
Ē	26	Capital stock, trust principal, or current funds	0.	0.	
ន		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	28	Retained earnings, accumulated income, endowment, or other funds	1,570,153.	1,612,628.	
Į Aŝ	29	Total net assets or fund balances	1,570,153.	1,612,628.	
Net	29		1,570,1550	1,012,020.	
	30	Total liabilities and net assets/fund balances	1,570,153.	1,612,628.	
P	art			1/012/0200	
				· · ·	
		I net assets or fund balances at beginning of year - Part II, column (a), line			1 670 160
		st agree with end-of-year figure reported on prior year's return)			1,570,153.
		r amount from Part I, line 27a			44,728.
		r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	1,614,881.

4 Add lines 1, 2, and 3	4	1,614,881.
5 Decreases not included in line 2 (itemize) 2023 DIVIDENDS POSTED 2022	5	2,253.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	1,612,628.
		Form 990-PF (2023)

Form 990-PF (2023) PHI	NEAS W. SPRAGUE	MEMORIAL FOUN	IDAT]	ION		04-6	043554	Page 3
Part IV Capital Gains	and Losses for Tax on Ir	vestment Income	1					
	the kind(s) of property sold (for exa arehouse; or common stock, 200 sh		(b) Н Р- D-	low acquire · Purchase - Donation	d ((c) Date acquire (mo., day, yr.)	d (d) Da (mo., d	te sold ay, yr.)
1a								
b SEE ATTACHED	STATEMENT							
C								
d								
е								
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale			((h) Gain or ((e) plus (f) mir		
a								
b								
C								
d								
e 265,691.		58,9	930.				206	,761.
Complete only for assets showir	ng gain in column (h) and owned by	the foundation on 12/31/69.			(I) (Gains (Col. (h) g	gain minus	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			coi. (i l	k), but not less Losses (from c	than -0-) or col. (h))	
a								
b								
C								
d								
е							206	,761.
2 Capital gain net income or (net ca	apital loss)		}[2			206	,761.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) ar	nd (6):						
	column (c). See instructions. If (los							
Part I, line 8			J	3			/A	
	sed on Investment Incon				948 - 9	see instru	ctions)	
	described in section 4940(d)(2), che						_	F 4 0
Date of ruling or determination		tach copy of letter if necessa		instruction	s)	1	3	,510.
	enter 1.39% (0.0139) of line 27b. E							
4% (0.04) of Part I, line 12, col	. (b)				J			0
	tic section 4947(a)(1) trusts and tax	able foundations only; others	, enter -0	-)		2	<u> </u>	
						3	3	,510.
	stic section 4947(a)(1) trusts and tax		s, enter -0)-)		4		<u> </u>
	ome. Subtract line 4 from line 3. If ze	ro or less, enter -0-				5	3	,510.
6 Credits/Payments:				2	107			
	and 2022 overpayment credited to 20			3,4	-	4		
	tax withheld at source				0.	4		
	tension of time to file (Form 8868)				0.	4		
	ly withheld				• •		2	107
7 Total credits and payments. Ad	ld lines 6a through 6d					7	5	<u>,497.</u>
	/ment of estimated tax. Check here					8		12
	and 8 is more than line 7, enter amo					9		
	than the total of lines 5 and 8, enter	ule amount overpaid				10		
11 Enter the amount of line 10 to I	be: Credited to 2024 estimated tax			Ket	unded	11		

Form 990-PF (2023) PHINEAS W. SPRAGUE MEMORIAL FOUNDATION Part VI-A Statements Regarding Activities

			Var	
1:	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a	<u> </u>	X
I	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, 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?	1c		X
(I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$ O .			
(e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing 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
	b If "Yes," has it filed a tax return on Form 990-T for this year? <u>N/A</u>	4b		
	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 XIV	7	X	
8	a Enter the states to which the foundation reports or with which it is registered. See instructions.			
	ME			
I	If 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 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10		10		X
	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?	<u> </u>		
	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?	13	x	<u> </u>
10	Website address N/A			
1/	The books are in care of ELIZA H. S. ROWE Telephone no. 617 62	24 0	800)
14		2110		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
10	and enter the amount of tax-exempt interest received or accrued during the year 15	N	/A	. –
16		1	Yes	No
10	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority over a bank,	10	105	X
	securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	16	L	
	foreign country	orm 99		(2022)
	FC	າມສອ	0-FF	(2023)

Form 990-PF (2023) PHINEAS W. SPRAGUE MEMORIAL FOUNDATION Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

Part VI-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
1a 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?		1a(1)		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
a disqualified person?		1a(2)		Х
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		Х
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)		Х
(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)?		1a(5)		Х
(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.)		1a(6)		Х
b If any answer is "Yes" to 1a(1)-(6), did any 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	N/A	1b		
c Organizations relying on a current notice regarding disaster assistance, check here				
d 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 2023?		1d		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)):				
a At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines				
6d and 6e) for tax year(s) beginning before 2023?		2a		Х
If "Yes," list the years,,				
b Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach				
statement - see instructions.)	N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
, , ,				
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the year?		3a		Х
b If "Yes," did it have excess business holdings in 2023 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 disp	ose			
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,				
Schedule C, to determine if the foundation had excess business holdings in 2023.)	N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose the				
had not been removed from jeopardy before the first day of the tax year beginning in 2023?	<u></u>	4b		Х
	г.	000		(0000)

Form 990-PF (2023) PHINEAS W. SPRAGUE MEMORIAL FOUNDATION

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)			
5a During the year, did the foundation pay or incur any amount to:		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,			
any voter registration drive?	5a(2)		Х
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		Х
(4) Provide a grant to an organization other than a charitable, etc., organization described in section			
4945(d)(4)(A)? See instructions	5a(4)		Х
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for			
the prevention of cruelty to children or animals?	5a(5)		Х
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instructions <u>N/A</u>	5b		
c Organizations relying on a current notice regarding disaster assistance, check here			
d 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?N/A	5d		
If "Yes," attach the statement required by Regulations section 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?	6a		Х
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		Х
If "Yes" to 6b, file Form 8870.			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		Х
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	. 7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
excess parachute payment(s) during the year?	8		Х

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CATE S. GILBANE	PRESIDENT			
226 BOWERY BEACH ROAD				
CAPE ELIZABETH, ME 04107	0.00	0.	0.	Ο.
F. WHITTINGTON FOSTER	VICE PRESIDEN	Г		
12501 BONITA AVENUE				
REISTERSTOWN, MD 21136	0.00	0.	0.	Ο.
ELIZA H. S. ROWE	TREASURER			
42 JEFFERSON ROAD				
CHESTNUT HILL, MA 02467	0.00	0.	0.	0.
TILSLEY H. KELLY	SECRETARY			
96 BREAKWATER FARM ROAD				
CAPE ELIZABETH, ME 04107	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). 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	(e) Expense account, other allowances
NONE				
	1			
	1			
	1			
	1			
Total number of other employees paid over \$50,000	•	•		0

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

Five highest-paid independent contractors for professional services. If none, enter (-) Nome and address of each parson paid more than \$50,000		(-) Companyatio
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensatio
NONE		
otal number of others receiving over \$50,000 for professional services		
Part VIII-A Summary of Direct Charitable Activities		
ist the foundation's four largest direct charitable activities during the tax year. Include relevant statis	stical information such as the	_
number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
N/A		
Part VIII-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	lines 1 and 2	Amount
		Amount
N/A		
Il other program-related investments. See instructions.		
otal. Add lines 1 through 3		0

	PHINEAS	W.	SPRAGUE	MEMORIAL	FOUNDATION
--	---------	----	---------	----------	------------

Ρ	Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	4,015,948.
	Average of monthly cash balances	1b	123,084.
C	Fair market value of all other assets (see instructions)	1c	8,000.
d	Total (add lines 1a, b, and c)	1d	4,147,032.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,147,032.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	62,205.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	4,084,827.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	204,241.
Ρ	Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations, check here and do not complete this part.)	and certair	1
1	Minimum investment return from Part IX, line 6	1	204,241.
	Tax on investment income for 2023 from Part V, line 5 2a 3, 510.	•	
	Income tax for 2023. (This does not include the tax from Part V.) 2b		
	Add lines 2a and 2b	2c	3,510.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	<u>3,510.</u> 200,731.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	200,731.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	200,731.
Ρ	Part XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	207,823.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	207,823.
			Form 990-PF (2023)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X,				200,731.
line 7 2 Undistributed income, if any, as of the end of 2023:				200,731.
a Enter amount for 2022 only			0.	
b Total for prior years:			0.	
		0.		
3 Excess distributions carryover, if any, to 2023:				
aFrom 2018				
cFrom 2020 2,916.				
15 0004 24 620				
f Total of lines 3a through e	53,397.			
4 Qualifying distributions for 2023 from	5575574			
Part XI, line 4: \$ 207,823.				
a Applied to 2022, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Flootion required loss instructions)	0.			
d Applied to 2023 distributable amount				200,731.
e Remaining amount distributed out of corpus	7,092.			2007/010
5 Excess distributions carryover applied to 2023	,,0520			
(If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below;				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 \dots	60,489.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		•••		
amount - see instructions		0.		
e Undistributed income for 2022. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2023. Subtract			-	
lines 4d and 5 from line 1. This amount must				
be distributed in 2024				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	Ο.			
8 Excess distributions carryover from 2018				
not applied on line 5 or line 7	8,023.			
9 Excess distributions carryover to 2024.	· ·			
Subtract lines 7 and 8 from line 6a	52,466.			
10 Analysis of line 9:				
a Excess from 2019 15, 152.				
b Excess from 2020 2,916.				
c Excess from 2021 24,638.				
dExcess from 2022 2,668.				
e Excess from 2023 7,092.				

Form 990-PF (2023) PHINEAS	S W. SPRAGUE	MEMORIAL F	OUNDATION	04-60	43554 Page 10
Part XIII Private Operating I	Foundations (see in	structions and Part VI-	A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter that	t it is a private operating			
foundation, and the ruling is effective f	or 2023, enter the date of t	he ruling			
b Check box to indicate whether the four	idation is a private operatii	ng foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2023	(b) 2022	(c) 2021	(d) 2020	(e) Total
investment return from Part IX for					
each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI,					
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					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part IX, 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 XIV Supplementary Info			if the foundation	n had \$5,000 or me	ore in assets
at any time during	the year-see inst	ructions.)			

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ANDROSCOGGIN BANK'S MAIN STREET		PC	PRIMARY PURPOSE OF THE	
FOUNDATION			FOUNDATION TO MEET IRS	
PO BOX 1407			MINIMUM DISTRIBUTION	
LEWISTON, ME 04243			REQUIREMENTS	3,500.
AMERICAN CHESTNUT FOUNDATION		PC	PRIMARY PURPOSE OF THE	
		FC		
50 N MERRIMON AVE, SUITE 115			FOUNDATION TO MEET IRS	
ASHEVILLE, NC 28804			MINIMUM DISTRIBUTION REQUIREMENTS	10,000.
				10,000
CAMP KETCHA OUTDOORS		PC	PRIMARY PURPOSE OF THE	
336 BLACK POINT RD			FOUNDATION TO MEET IRS	
SCARBOROUGH, ME 04074			MINIMUM DISTRIBUTION	
			REQUIREMENTS	7,500.
CAPE ELIZABETH HIGH SCHOOL		PC	PRIMARY PURPOSE OF THE	
345 OCEAN HOUSE RD		r c	FOUNDATION TO MEET IRS	
			MINIMUM DISTRIBUTION	
CAPE ELIZABETH, ME 04107			REQUIREMENTS	10,000.
			~	
CAMP SUSAN CURTIS		PC	PRIMARY PURPOSE OF THE	
1321 WASHINGTON AVE #104			FOUNDATION TO MEET IRS	
PORTLAND, ME 04103			MINIMUM DISTRIBUTION	
			REQUIREMENTS	2,000.
Total SEE COI	TINUATION SHEE	ST(S)		192,500.
b Approved for future payment				
NONE				
Total				0

Part XV-A Analysis of Income-Producing Activities

Enter grace emounts uplace attenuise indicated	Unrelate	ed business income	Exclud	led by section 512, 513, or 514	(a)
Enter gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
•	COUC		couc		
a					
с					
4					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			01	527.	
4 Dividends and interest from securities			01	61,282.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			01	6,640.	200,121.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
ç					
ч С					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		68,449.	200,121.
13 Total . Add line 12, columns (b), (d), and (e)					268,570.
(See worksheet in line 13 instructions to verify calculations.)					
				_	
Part XV-B Relationship of Activities to	o the Acco	omplishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which incor the foundation's exempt purposes (other than			contribu	ited importantly to the accomp	lishment of
1 LONG TERM CAPITAL GAINS		,			
	-				

Form	990-PF	(2023)
------	--------	--------

Part	XVI	Information Re Exempt Organ		sfers to a	Ind Transactions a	nd Relations	nips With Nor	ncharitable)	
1 Did	the or			of the followin	ig with any other organization	on described in secti	on 501(c)		Yes	No
					g to political organizations?					
		from the reporting founda								
				-	•			1a(1)		х
										Х
		sactions:								
(1)	Sales	of assets to a noncharital	ble exempt organizat	tion				1b(1)		X
(2)	Purch	ases of assets from a nor	ncharitable exempt o	rganization $_{}$				1b(2)		
(3)	Renta	l of facilities, equipment, o	or other assets					1b(3)		
(4)	Reimt	oursement arrangements						1b(4)		
(5)	Loans	s or loan guarantees						1b(5)		
(6) • Ch	Pertol	rmance of services or me	mbership or fundrals	sing solicitatio	ons				+	
					ployees				L	л
ors	services		oundation. If the four	ndation receiv	ed less than fair market valu	-			5013,	
(a)Line n	0.	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactio	ons, and sharing ar	rangeme	nts
				N/A						
	_									
	_									
	_								x x x x	
	_							Ib(4) X 1b(5) X 1b(6) X 1c X f the goods, other assets, rangement, show in nsactions, and sharing arrangements		
	_									
						<u> </u>				
					or more tax-exempt organ					٦
				ction 52/?				Yes	Δ	
U II	153, 60	mplete the following sche (a) Name of org			(b) Type of organization		(c) Description of re	elationship		
		N/A					()			
0.					ling accompanying schedules an an taxpayer) is based on all info			e May the IRS return with th shown below	discuss f	this
Sign Here					1			shown below	/? See in:	
nere	Sign	ature of officer or trustee			Data	TRUSTEE		_ X Yes	; [_ No
	July	Print/Type preparer's na		Preparer's s	Date ignature	Date	Check X if	PTIN		
							self- employed			
Paid		DAVID HENNE	SSEY	DAVID	HENNESSEY	05/03/24	. ,	P01085	605	
Prepa			ESSEY TAX				Firm's EIN 46	-404313		
Use (-					
		Firm's address P O	BOX 140							
		MAN	SFIELD, M	A 0204	8		Phone no. (5	08) 337	-92	66

	describe the kind(s) of property sold ick warehouse; or common stock, 20		P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a ALPHABET INC			Р	02/21/14	10/23/23
b ALPHABET INC/C	A		P	02/21/14	10/23/23
c APPLE COMPUTER	INC COM		P		05/11/23
d APPLE COMPUTER	INC COM		Р		05/18/23
e APPLE COMPUTER	INC COM		Р		07/14/23
f STRYKER CORP					05/18/23
g 3M CO					05/11/23
h CLASS ACTION -	BNY MELLON ADR	FX	Р		05/31/23
i CAPITAL GAINS I	DIVIDENDS				
j					
k					
1					
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale) Gain or (loss) lus (f) minus (g)	
a 27,434.		6,021.			21,413.
b 27,186.		6,022.			21,164.
c 34,440.		737.			33,703.
d 34,892.		737.			34,155.

e 38,062.		737.		37,325.
f 56,948.		13,461.		43,487.
g 40,088.		31,215.		8,873.
h 1.				1.
i 6,640.				6,640.
j				
k				
1				
m				
n				
0				
Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69		(I) Losses (from 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		Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a				21,413.
b				21,164.
C				33,703.
d				34,155.
е				37,325.
f				43,487.
g				8,873.
h				1.
i				6,640.
j				
k				
1				
m				
n				
0				
2 Capital gain net income or (net ca	apital loss) { If gain, also enter If (loss), enter "-C	r in Part I, line 7)-" in Part I, line 7)	2	206,761.
3 Net short-term capital gain or (los				
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8	column (c).		3	N/A

Part XIV Supplementary Information	or (Continuation)		I	
3 Grants and Contributions Paid During the Ye	ear (Continuation)	1		
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
· · · ·				
CAPE ELIZABETH LAND TRUST		PC	PRIMARY PURPOSE OF THE	
330 OCEAN HOUSE RD			FOUNDATION TO MEET IRS	
CAPE ELIZABETH, ME 04107			MINIMUM DISTRIBUTION	
			REQUIREMENTS	5,000
CHILDREN'S MUSEUM & THEATRE OF MAINE		PC	PRIMARY PURPOSE OF THE	
142 FREE STREET			FOUNDATION TO MEET IRS	
PORTLAND, ME 04101			MINIMUM DISTRIBUTION	
I OKTEMBE, ME OVIOI			REQUIREMENTS	2,000
CENTRAL MAINE MEDICAL CENTER		PC		
300 MAIN ST		PC	PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS	
LEWISTON, ME 04240			MINIMUM DISTRIBUTION	
LEWISION, ME 04240			REQUIREMENTS	3,500
GOOD SHEPHERD FOOD BANK		PC	PRIMARY PURPOSE OF THE	
3121 HOTEL RD			FOUNDATION TO MEET IRS	
AUBURN, ME 04210			MINIMUM DISTRIBUTION	
			REQUIREMENTS	8,000
GREATER PORTLAND LANDMARKS		PC	PRIMARY PURPOSE OF THE	
93 HIGH STREET			FOUNDATION TO MEET IRS	
PORTLAND, ME 04101			MINIMUM DISTRIBUTION	
			REQUIREMENTS	2,000
GULF OF MAINE RESEARCH INSTITUTE		PC	PRIMARY PURPOSE OF THE	
350 COMMERCIAL ST		r C	FOUNDATION TO MEET IRS	
PORTLAND, ME 04101			MINIMUM DISTRIBUTION	
			REQUIREMENTS	2,000
KIDS CONNECT INC.		PC	PRIMARY PURPOSE OF THE	
43 N MAIN ST			FOUNDATION TO MEET IRS	
NATICK, MA 01760			MINIMUM DISTRIBUTION	
			REQUIREMENTS	2,000
LEWIGMON AUDIDN ADEA DECDONCE FUND		PC	DETWARY DURDORE OF THE	
LEWISTON-AUBURN AREA RESPONSE FUND -		PC	PRIMARY PURPOSE OF THE	
MAINE COMMUNITY FOUNDATION			FOUNDATION TO MEET IRS	
245 MAIN STREET FLISWORTH ME 04605			MINIMUM DISTRIBUTION REQUIREMENTS	3 500
ELLSWORTH, ME 04605			LEVOILENENIS	3,500
MAINE AUDUBON SOCIETY		PC	PRIMARY PURPOSE OF THE	
20 GILSLAND FARM RD			FOUNDATION TO MEET IRS	
FALMOUTH, ME 04105			MINIMUM DISTRIBUTION	
			REQUIREMENTS	3,000
MAINE BEHAVORIAL HEALTHCARE		PC	PRIMARY PURPOSE OF THE	
165 LANCASTER STREET			FOUNDATION TO MEET IRS	
PORTLAND, ME 04101			MINIMUM DISTRIBUTION	
,			REQUIREMENTS	4,000
Total from continuation sheets		1		159,500

dation is of bient Purpose of grant or contribution PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	Amount 2,000. 2,000.
IS OF CONTRIBUTION PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION	2,000
PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION	i
FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION	2,000
FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION	
	3,000
PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	2,000,
PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	3,000
PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	2,500.
PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	40,000
PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	4,000.
PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	2,500.
PRIMARY PURPOSE OF THE	2,000.
_	FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS

Part XIV Supplementary Information 3 Grants and Contributions Paid During the Y			i	
3 Grants and Contributions Paid During the Y Recipient	If recipient is an individual,	1		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
POND COVE PARENTS ASSOCIATION		PC	PRIMARY PURPOSE OF THE	
12 SCOTT DYER RD			FOUNDATION TO MEET IRS	
CAPE ELIZABETH, ME 04107			MINIMUM DISTRIBUTION	
			REQUIREMENTS	1,000
PORTLAND COMMUNITY SQUASH		₽C	PRIMARY PURPOSE OF THE	
66 NOYES ST			FOUNDATION TO MEET IRS	
PORTLAND, ME 04103			MINIMUM DISTRIBUTION	
			REQUIREMENTS	3,000
PALAVER STRINGS		PC	PRIMARY PURPOSE OF THE	
380 CUMBERLAND AVE, FLOOR 2			FOUNDATION TO MEET IRS	
PORTLAND, ME 04101			MINIMUM DISTRIBUTION	
			REQUIREMENTS	3,000
PLANNED PARENTHOOD OF NEW ENGLAND		PC	PRIMARY PURPOSE OF THE	
784 HERCULES DRIVE, SUITE 110			FOUNDATION TO MEET IRS	
COLCHESTER, VT 05446			MINIMUM DISTRIBUTION	
			REQUIREMENTS	6,000
PORTLAND MUSEUM OF ART		PC	PRIMARY PURPOSE OF THE	
7 CONGRESS STREET			FOUNDATION TO MEET IRS	
PORTLAND, ME 04101			MINIMUM DISTRIBUTION	
			REQUIREMENTS	4,000
PORTLAND SCHOOL OF BALLET		PC	PRIMARY PURPOSE OF THE	
517 FOREST AVE, STE 2			FOUNDATION TO MEET IRS	
PORTLAND, ME 04101			MINIMUM DISTRIBUTION	
			REQUIREMENTS	3,000
PROUTS NECK HISTORICAL SOCIETY		PC	PRIMARY PURPOSE OF THE	
12 LIBRARY LN			FOUNDATION TO MEET IRS	
SCARBOROUGH, ME 04074			MINIMUM DISTRIBUTION	
			REQUIREMENTS	1,000
PROUTS NECK LIBRARY		PC	PRIMARY PURPOSE OF THE	
12 LIBRARY LN			FOUNDATION TO MEET IRS	
SCARBOROUGH, ME 04074			MINIMUM DISTRIBUTION	
-			REQUIREMENTS	1,000
RIDING TO THE TOP THERAPEUTIC RIDING		PC	PRIMARY PURPOSE OF THE	
CENTER			FOUNDATION TO MEET IRS	
14 LILAC DR			MINIMUM DISTRIBUTION	
WINDHAM, ME 04062			REQUIREMENTS	6,000
SAIL MAINE		PC	PRIMARY PURPOSE OF THE	
58 FORE STREET			FOUNDATION TO MEET IRS	
PORTLAND, ME 04101			MINIMUM DISTRIBUTION	
·			REQUIREMENTS	4,000
Total from continuation sheets				

Part XIV Supplementary Information			İ	
3 Grants and Contributions Paid During the Y	If recipient is an individual,	1		
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SAILING SHIPS MAINE PO BOX 517 PORTLAND, ME 04112		PC	PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	4,000
SCARBOROUGH LAND TRUST 7 OAK HILL TERRACE, SUITE 202 SCARBOROUGH, ME 04074		PC	PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	5,000
SOUTHERN MAINE AGENCY ON AGING 30 BARRA RD BIDDEFORD, ME 04005		₽C	PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	3,000
SURF FOR LIFE PO BOX 2596 SOUTH PORTLAND, ME 04106		PC	PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	2,500
TATE HOUSE MUSEUM 1267 WESTBROOK STREET PORTLAND, ME 04102		PC	PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	4,000
THE SALVATION ARMY 297 CUMBERLAND AVE PORTLAND, ME 04101	G	₽C	PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	3,000
UNITED WAY OF SOUTHERN MAINE 550 FOREST AVE, SUITE 100 PORTLAND, ME 04101		₽C	PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	2,000
VICTORIAN MANSION 109 DANFORTH STREET PORTLAND, ME 04101		₽C	PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	1,000
WAYFINDER SCHOOLS 215 GLOUCESTER HILL ROAD NEW GLOUCESTER, ME 04260		PC	PRIMARY PURPOSE OF THE FOUNDATION TO MEET IRS MINIMUM DISTRIBUTION REQUIREMENTS	5,000
NEW GLOUCESTER, ME 04260				5,00

-

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY CASH	I INVESTMENTS	STATEMENT 1	
SOURCE BOSTON FAMILY OFFICE TOTAL TO PART I, LINE 3		(A REVE PER B	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
			527.			
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SE	CURITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENU			
BOSTON FAMILY OFFICE	67,922	. 6,64	0. 61,2	282. 61,2	82.	
TO PART I, LINE 4	67,922	. 6,64	0. 61,2	282. 61,2	82.	
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
HENNESSEY TAX SERVICES LLC		6,275.	3,13	38.	3,137.	
TO FORM 990-PF, PG 1, LN 16B		6,275.	3,13	38.	3,137.	
FORM 990-PF	C	THER PROFES	SIONAL FEES	3	STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
BLACK POINT CAPITAL	MGMT	24,373.	12,18	37.	12,186.	
TO FORM 990-PF, PG	1, LN 16C	24,373.	12,18	37.	12,186.	
	=					

PHINEAS W. SPRAGUE MEMORIAL FOUNDATION

TOTAL TO FORM 990-PF, PART II, LINE 10B

(B) (A) (C) (A) (B) (C) EXPENSES NET INVEST- ADJUSTED CHARITABLE PER BOOKS MENT INCOME NET INCOME DESCRIPTION PURPOSES 48. 48. ADR CHARGE TO FORM 990-PF, PG 1, LN 23 48. 48. FORM 990-PF CORPORATE STOCK STATEMENT FAIR MARKET BOOK VALUE DESCRIPTION VALUE CORPORATE STOCK 4,275,507. 1,532,604.

(A) (B) (C) (D) ADJUSTED EXPENSES NET INVEST-CHARITABLE PER BOOKS MENT INCOME NET INCOME DESCRIPTION PURPOSES FOREIGN TAX W/H ON 646. 646. DIVIDENDS TO FORM 990-PF, PG 1, LN 18 646. 646. FORM 990-PF OTHER EXPENSES STATEMENT

STATEMENT(S) 5, 6, 7

1,532,604.

04 - 6043554

STATEMENT

5

0.

0.

6

0.

0.

7

(D)

4,275,507.

FORM 990-PF

TAXES