Extended to November 16, 2020 Return of Private Foundation

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

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	Department of the Treasury
	Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB NO 13	45-0047
20 ⁻	19
Open to Public	Inspection

rore	calendar year 2019 or tax year beginning		, and ending		
Nar	me of foundation			A Employer identificatio	n number
W	<u>lind Point Foundation</u>				
C	:/o LeBlanc & Young, PA		27-4254631		
Nun	mber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
Т	Wo Canal Plaza, P.O. Box	7950		(207) 772-	-2800
	y or town, state or province, country, and ZIP or foreign po		<u> </u>	C If exemption application is	pending, check here
	ortland, ME 04112-7950			, , , , , , , , , , , , , , , , , , , ,	
	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s check here
u	Final return	Amended return	minor public charty	2 111 or orgin or gameanon	0, 000
	Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test,
				1	
H (Check type of organization: X Section 501(c)(3) ex		04	E If private foundation sta	
<u> </u>		Other taxable private founda		under section 507(b)(1)(A), check here
	air market value of all assets at end of year J Accounting	-	X Accrual	F If the foundation is in a	. —
		her (specify)		under section 507(b)(1)(B), check here
	\$ 2,238,228. (Part I, colum	in (d), must be on cash bas	IS.)		T (4)
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1 Contributions, gifts, grants, etc., received			N/A	ļ
	2 Check X if the foundation is not required to attach Sch. 8			,	
	3 Interest on savings and temporary cash Investments	9,880.	9,880.		Statement 1
	4 Dividends and interest from securities	31,449.	31,449.		Statement 2
	5a Gross rents				
	Net rental income or (loss)				CU/CD
	6a Net gain or (loss) from sale of assets not on line 10	29,370.		14.5	CEIVED
Revenue	b Gross sales price for all 210, 290.			2	1 00
ě	7 Capital gain net income (from Part IV, line 2)		29,370.	AUG AUG	
æ	8 Net short-term capital gain		·		
	9 Income modifications			L	
	10a and allowances			l OG	DEN, UT
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	54.	32.	<u> </u>	Statement 3
	12 Total. Add lines 1 through 11	70,753.	70,731.	1	5 5 4 5 5 11 5 5
_		87,650.	70,731.		0.
	13 Compensation of officers, directors, trustees, etc	07,030.		· · · · · · · · · · · · · · · · · · ·	•
	14 Other employee salaries and wages				
Ś	15 Pension plans, employee benefits				
xpenses	16a Legal fees	2 250	1,125.		1,125.
g	b Accounting fees Stmt 4	2,250.		.,	1,143.
ш	c other professional fees Beart 5	8,960.	8,960.		0.
iķ	17 Interest	254	054		·
rat	18 Taxes Stmt 6	254.	254.	ļ	0.
į	19 Depreciation and depletion				<u> </u>
<u>Ē</u>	20 Occupancy				
¥	21 Travel, conferences, and meetings				
ī	22 Printing and publications				
ğ	23 Other expenses Stmt 7	64.	0.		64.
atir	24 Total operating and administrative				
Operating and Administrative	expenses. Add lines 13 through 23	99,178.	10,339.]	1,189.
ŏ	25 Contributions, gifts, grants paid	122,000.		-	122,000.
	26 Total expenses and disbursements.		-		
	Add lines 24 and 25	221,178.	10,339.		123,189.
	27 Subtract line 26 from line 12:			-	1
		-150,425.		1	1
	2 Excess of revenue over expenses and disbursements	130,123.	60,392.	 	
	b Net investment income (if negative, enter -0-)		00,002	N/A	
	c Adjusted net income (if negative, enter -0-) 501 12-17-19 LHA For Paperwork Reduction Act Notice	a ana inatawatiana			Form 990-PF (2019)

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27-42546	31	
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		Attached schedules and amounts in the description	Beginning of year	End of	year
P	art	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			
	2	Savings and temporary cash investments	1,083.	18,600.	18,600.
	3	Accounts receivable >			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable >			
		Less; allowance for doubtful accounts ▶			
	5	Grants receivable		<u>-</u>	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less, allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations		4 060 005	4 060 00=
	b	Investments - corporate stock Stmt 8	1,488,982.	1,868,085.	1,868,085.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans	100 500	00 250	
		Investments - other Stmt 9	182,593.	99,370.	99,370.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation	0.05 1.00	252 172	252 172
		Other assets (describe Statement 10)	237,128.	252,173.	252,173.
	16	Total assets (to be completed by all filers - see the	1 000 706	2 220 220	1 120 110
_		instructions. Also, see page 1, item I)	1,909,786.	2,238,228.	2,238,228.
		Accounts payable and accrued expenses			
		Grants payable			
Liabilities	19	Deferred revenue			
ij	۱.,	Loans from officers, directors, trustees, and other disqualified persons			
Lial	21				
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	,
_	23	Foundations that follow FASB ASC 958, check here			
S		and complete lines 24, 25, 29, and 30.			
ances	24	Net assets without donor restrictions			
alar		Net assets with donor restrictions			
m		Foundations that do not follow FASB ASC 958, check here ▶ 🗶	···-	-	
Fund		and complete lines 26 through 30.			
ě	26	Capital stock, trust principal, or current funds	0.	0.	
ţş	27	Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
Net Assets	28	Retained earnings, accumulated income, endowment, or other funds	1,909,786.	2,238,228.	
ž A	29	Total net assets or fund balances	1,909,786.	2,238,228.	
ž			<u></u>		
	30	Total liabilities and net assets/fund balances	1,909,786.	2,238,228.	
<u>_</u>	art	III Analysis of Changes in Net Assets or Fund B	alances		
		···			
1		I net assets or fund balances at beginning of year - Part II, column (a), line	29		1 000 706
	`	st agree with end-of-year figure reported on prior year's return)		1	1,909,786.
		r amount from Part I, line 27a	Onim on Incom	2	-150,425.
		r increases not included in line 2 (itemize) Turrealized	Gain on inves		478,867.
-		lines 1, 2, and 3		4	2,238,228.
		eases not included in line 2 (itemize)	olumn (h) line 00	5	2,238,228.
6	íota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	Jiumn (o), line 29		Form 990-PF (2019)

Part IV

Page 3

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			(P)	low ac - Purc - Dona	nase i `	c) Date a (mo., da	acquired ay, yr.)	(d) Date sold (mo., day, yr.)		
1a Publicly Traded Securities				۳	Done	211011				
b From Passthrou					\vdash		P			
c Capital Gains										
d									-	
e		· -								
(e) Gross sales price	(f) Deprecia (or allo			st or other basis expense of sale			· · ·		ain or (loss) (f) minus (
a 201,330.				180,92	0.					20,410.
b 237.										237.
c 8,723.										8,723.
d						-				
е										
Complete only for assets shown	ig gain in column i	(h) and owned by th	e foundation	on 12/31/69.			(i) (Sains (C	ol. (h) gain	minus
(i) FMV as of 12/31/69	(j) Adjus as of 12			cess of col (1) col. (j), if any					ot less thar (from col. (
a										20,410.
b										237.
C										8,723.
d										
е				_,	_		T			
2 Capital gain net income or (net ca	npital loss)	If gain, also enter i If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2				29,370.
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8,	•	ections 1222(5) and	l (6):		٦					
If (loss), enter -0- in Part I, line 8	, ,				別	3			N/A	
Part V Qualification L	nder Section	n 4940(e) for	Reduced	Tax on Net	lnv	estn	nent Inco	me		
(For optional uso by domostic privat	foundations subj	ect to the section 19	010(a) tax on	net investment in	como	2.)		-		
If section 4940(d)(2) applies, leave t	his part blank.									
Was the foundation liable for the sec					rod?					Yes X No
If "Yes," the foundation doesn't quali										
1 Enter the appropriate amount in	each column for ea		structions be	rore making any e						(4)
(a) Base period years Calendar year (or tax year beginni	ng in) Adju	(b) sted qualifying distr		Net value of no		rıtable			Distrib (col. (b) div	(d) ution ratio ided by col. (c))
2018			1,875.				1,302.			.046251
2017			3,475.				7,353			.043426
2016			7,335.				3,161.			.057996
2015		112	2,562.				6,542			.049883
2014		116	5,840.		2	,33	1,539.	-		.050113
										247660
2 Total of line 1, column (d)								2		.247669
3 Average distribution ratio for the			n line 2 by 5.0	0, or by the numb	er of	years		3		.049534
the foundation has been in existe	nce ir iess than 5 y	rears								•047334
4 Enter the net value of noncharital	ole-use assets for :	2019 from Part X, III	пе 5					4		2,039,978.
5 Multiply line 4 by line 3								5		101,048.
6 Enter 1% of net investment incor	ne / 1% of Part I lu	na 27h)						6		604.
	110 (170 UIT ALLI, II	21 0 /								
7 Add lines 5 and 6								7		101,652.
8 Enter qualifying distributions from	n Part XII, line 4							8		123,189.
If line 8 is equal to or greater tha	n line 7, check the	box in Part VI, line	1b, and comp	olete that part usin	g a 1	% tax	rate.			
See the Part VI instructions.	·				_					
923521 12-17-19									F	orm 990-PF (2019)

Wind Point Foundation c/o LeBlanc & Young, PA

Form 990-PF (2019) C/o LeBlanc & Young, PA 27-425 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec	
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	s instructions)
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	604.
of Part I, line 27b	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)	
	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 3 Add lines 1 and 2	604.
1 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter 0·)	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	604.
6 Credits/Payments:	
·	
()	
	1,901.
7 Total credits and payments. Add lines 6a through 6d	1,901.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	<u> </u>
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	1 207
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1,297.
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax 1,297. Refunded 11	0.
Part VII-A Statements Regarding Activities	
Tai During the lax 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 X
b 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.	
c Did the foundation file Form 1120-POL for this year?	1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	
(1) On the foundation. ► \$ (2) On foundation managers. ► \$	
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
4a 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?	4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
If "Yes," attach the statement required by General Instruction T	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	
By language in the governing instrument, or	
 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 	
remain in the governing instrument?	6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7 X
8a Enter the states to which the foundation reports or with which it is registered. See instructions.	_
ME	-
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	
of each state as required by General Instruction G? If "No," attach explanation	8b X
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	<u> </u>
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9 X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10 X
	Form 990-PF (2019)

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	990-PF (2019) C/O Lebianc & Toung, PA 27-4254	031		raye 3
Pa	rt VII-A Statements Regarding Activities (continued)		V	NI-
	the state of the s		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	11		х
10	section 512(b)(13)? If "Yes," attach schedule. See instructions Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	- ' ' -		
14	If "Yes," attach statement. See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► Matthew Reynolds Telephone no. ► (207)	772		
	Located at ► Two Canal Plaza, P.O. Box 7950, Portland, ME ZIP+4 ► 04	112	-79	50
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	-
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	١,		
Da	foreign country Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		ļ
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
18	During the year, did the foundation (either directly or indirectly):			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?]	1	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(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.)			-9
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			<u></u> _
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		- i
,	Organizations relying on a current notice regarding disaster assistance, check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			1
٠	before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		, .	, ,
_	defined in section 4942(j)(3) or 4942(j)(5)):		-	` :
8	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	ىتى		
	6d and 6e) for tax year(s) beginning before 2019?	١ ٠		÷
	If "Yes," list the years > , , , ,	. *		1
t	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	<u> </u>	ļ.,
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		*	
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			٠,
30	during the year? Wes X No	in/file	" -	- Tage 1-47
	of If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	1		
	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,	İ		.
	Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A	3b		
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		Х
		rm 99 0)-PF	(2019)

Part VII-B	Statements Regarding Activities for Which I	-orm 4720 May be i	required (contin	uea)		
5a During the	year, did the foundation pay or incur any amount to:		<u></u>		Yes	No
(1) Carry (on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🛣 No 🛭	1	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,					- 1	
any vo	ter registration drive?	Y	es 🗶 No	}		
(3) Provid	e a grant to an individual for travel, study, or other similar purposes	Y	es 🗓 No	İ		
(4) Provid	e a grant to an organization other than a charitable, etc., organizatio	n described in section			1	
4945(d)(4)(A)? See instructions		Y	es 🗶 No		
(5) Provid	e for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for		1	l I
the pre	evention of cruelty to children or animals?		Y	es X No		ll
b If any answ	er is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described i	ın Regulations			
section 53.	4945 or in a current notice regarding disaster assistance? See instr	uctions		N/A	5b	
Organizatio	ns relying on a current notice regarding disaster assistance, check l	nere				
c If the answ	er is "Yes" to question 5a(4), does the foundation claim exemption fi	om the tax because it mainta	ıncd		Paris Indiana (Paris Indiana)	الم مقاد عا
expenditure	responsibility for the grant?	N	I/A 🔲 Y	es D No		
If "Yes," atta	ich the statement required by Regulations section 53.4945-5(d).					1
6a Did the fou	ndation, during the year, receive any funds, directly or indirectly, to	pay premiums on			ļ	
a personal i	benefit contract?		Yo	es X No		
b Did the four	ndation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		ľ	6b	X
If "Yes" to 6	b, file Form 8870.					
7a At any time	during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ Y ₀	es X No	- a	13
b If "Yes," did	the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	
	dation subject to the section 4960 tax on payment(s) of more than \$		r			\Box
	achute payment(s) during the year?			es X No	- -	
Part VIII	Information About Officers, Directors, Trust	ees, Foundation Ma				
	Paid Employees, and Contractors			•		
1 List all office	ers, directors, trustees, and foundation managers and t	heir compensation.				
		(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Exp	ense
	(a) Name and address	to position	(If not paid, enter -0-)	and deferred	allowa	nces
			611161 -0-)		1 4110444	
Joan Rey	nolds	President	enter -o-)	compensation	anowa	
Joan Rey			enter -o-)	compensation	anowa	
c/o LeB	lanc & Young, Two Canal Plaza		0.	O .	anowa	
c/o LeB Portland	lanc & Young, Two Canal Plaza	President	0.	!	anowa	0.
c/o LeB Portland Victoria	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds	President 0.50	0.	!	allowa	
c/o LeB Portland Victoria c/o LeB	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds	President 0.50	0.	!		0.
c/o LeB Portland Victoria c/o LeB Portland	lanc & Young, Two Canal Plaza 1, ME 04101 a Reynolds lanc & Young, Two Canal Plaza 1, ME 04101	President 0.50 Vice Presiden	0.	0.		
c/o LeBi Portland Victoria c/o LeBi Portland Matthew	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds	President 0.50 Vice Presiden 0.50	0.	0.		0.
c/o LeB Portland Victoria c/o LeB Portland Matthew c/o LeB	lanc & Young, Two Canal Plaza 1, ME 04101 2 Reynolds Lanc & Young, Two Canal Plaza 1, ME 04101 Reynolds Lanc & Young, Two Canal Plaza	President 0.50 Vice Presiden 0.50 Treasurer	0. t	0.		0.
c/o LeBi Portland Victoria c/o LeBi Portland Matthew c/o LeBi Portland	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101	President 0.50 Vice Presiden 0.50 Treasurer 0.50	0.	0.		0.
c/o LeBi Portland Victoria c/o LeBi Portland Matthew c/o LeBi Portland Erica Ha	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager	President 0.50 Vice Presiden 0.50 Treasurer	0. t	0.		0.
c/o LeBi Portland Victoria c/o LeBi Portland Matthew c/o LeBi Portland Erica Ha	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager lanc & Young, Two Canal Plaza	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary	0. t 0.	0.		0.
c/o LeBi Portland Victoria c/o LeBi Portland Matthew c/o LeBi Portland Erica Ha c/o LeBi Portland	lanc & Young, Two Canal Plaza I, ME 04101 A Reynolds Lanc & Young, Two Canal Plaza I, ME 04101 Reynolds Lanc & Young, Two Canal Plaza I, ME 04101 Ager Lanc & Young, Two Canal Plaza I, ME 04101 Ager Lanc & Young, Two Canal Plaza I, ME 04101	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50	0. t 0.	0.		0.
c/o LeBi Portland C/o LeBi Portland Matthew c/o LeBi Portland Erica Ha c/o LeBi Portland 2 Compensa	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager lanc & Young, Two Canal Plaza d, ME 04101 tion of five highest-paid employees (other than those incomes	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50 Iuded on line 1). If none,	0. 0. 0. 0. enter "NONE."	0 . 0 . 0 . 0 .	(a) Fyr	0 · 0 · 0 · o · o · o · o · o · o · o ·
c/o LeBi Portland C/o LeBi Portland Matthew c/o LeBi Portland Erica Ha c/o LeBi Portland 2 Compensa	lanc & Young, Two Canal Plaza I, ME 04101 A Reynolds Lanc & Young, Two Canal Plaza I, ME 04101 Reynolds Lanc & Young, Two Canal Plaza I, ME 04101 Ager Lanc & Young, Two Canal Plaza I, ME 04101 Ager Lanc & Young, Two Canal Plaza I, ME 04101	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50 Iuded on line 1). If none,	0. t 0.	O . O . (d) Contributions to employee benefit plans and deterred	(a) Fyr	0. 0.
c/o LeBi Portland Victoria c/o LeBi Portland Erica Ha c/o LeBi Portland 2 Compensa (a) Nan	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager lanc & Young, Two Canal Plaza d, ME 04101 tion of five highest-paid employees (other than those income and address of each employee paid more than \$50,000	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50 Iuded on line 1). If none,	0. 0. 0. 0. enter "NONE."	0 . 0 . 0 . 0 .	(e) Ex	0. 0.
c/o LeBi Portland Victoria c/o LeBi Portland Erica Ha c/o LeBi Portland 2 Compensa (a) Nan	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager lanc & Young, Two Canal Plaza d, ME 04101 tion of five highest-paid employees (other than those incomes	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50 Iuded on line 1). If none,	0. 0. 0. 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Ex	0. 0.
c/o LeBi Portland Victoria c/o LeBi Portland Erica Ha c/o LeBi Portland 2 Compensa (a) Nan	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager lanc & Young, Two Canal Plaza d, ME 04101 tion of five highest-paid employees (other than those income and address of each employee paid more than \$50,000	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50 Iuded on line 1). If none,	0. 0. 0. 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Ex	0. 0.
c/o LeBi Portland Victoria c/o LeBi Portland Erica Ha c/o LeBi Portland 2 Compensa (a) Nan	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager lanc & Young, Two Canal Plaza d, ME 04101 tion of five highest-paid employees (other than those income and address of each employee paid more than \$50,000	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50 Iuded on line 1). If none,	0. 0. 0. 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Ex	0. 0.
c/o LeBi Portland Victoria c/o LeBi Portland Erica Ha c/o LeBi Portland 2 Compensa (a) Nan	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager lanc & Young, Two Canal Plaza d, ME 04101 tion of five highest-paid employees (other than those income and address of each employee paid more than \$50,000	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50 Iuded on line 1). If none,	0. 0. 0. 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Ex	0. 0.
c/o LeBi Portland Victoria c/o LeBi Portland Erica Ha c/o LeBi Portland 2 Compensa (a) Nan	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager lanc & Young, Two Canal Plaza d, ME 04101 tion of five highest-paid employees (other than those income and address of each employee paid more than \$50,000	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50 Iuded on line 1). If none,	0. 0. 0. 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Ex	0. 0.
c/o LeBi Portland Victoria c/o LeBi Portland Erica Ha c/o LeBi Portland 2 Compensa (a) Nan	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager lanc & Young, Two Canal Plaza d, ME 04101 tion of five highest-paid employees (other than those income and address of each employee paid more than \$50,000	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50 Iuded on line 1). If none,	0. 0. 0. 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Ex	0. 0.
c/o LeBi Portland Victoria c/o LeBi Portland Erica Ha c/o LeBi Portland 2 Compensa (a) Nan	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager lanc & Young, Two Canal Plaza d, ME 04101 tion of five highest-paid employees (other than those income and address of each employee paid more than \$50,000	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50 Iuded on line 1). If none,	0. 0. 0. 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Ex	0. 0.
c/o LeBi Portland Victoria c/o LeBi Portland Erica Ha c/o LeBi Portland 2 Compensa (a) Nan	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager lanc & Young, Two Canal Plaza d, ME 04101 tion of five highest-paid employees (other than those income and address of each employee paid more than \$50,000	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50 Iuded on line 1). If none,	0. t 0. 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Ex	0. 0.
c/o LeBi Portland Victoria c/o LeBi Portland Erica Ha c/o LeBi Portland 2 Compensa (a) Nan	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager lanc & Young, Two Canal Plaza d, ME 04101 tion of five highest-paid employees (other than those income and address of each employee paid more than \$50,000	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50 Iuded on line 1). If none,	0. t 0. 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Ex	0. 0.
c/o LeBi Portland Victoria c/o LeBi Portland Matthew c/o LeBi Portland Erica Ha c/o LeBi Portland 2 Compensa (a) Nan	lanc & Young, Two Canal Plaza d, ME 04101 a Reynolds lanc & Young, Two Canal Plaza d, ME 04101 Reynolds lanc & Young, Two Canal Plaza d, ME 04101 ager lanc & Young, Two Canal Plaza d, ME 04101 tion of five highest-paid employees (other than those income and address of each employee paid more than \$50,000	President 0.50 Vice Presiden 0.50 Treasurer 0.50 Secretary 0.50 Iuded on line 1). If none,	0. t 0. 0. enter "NONE."	O . O . (d) Contributions to employee benefit plans and deterred	(e) Ex	0. 0.

(a) Name and address of each person paid more than \$50,000 NONE Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year, include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convenied, receivant papers produced, etc. 1	Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	<u> </u>
Fotal number of others receiving over \$50,000 for professional services Part (IX-A) Summary of Direct Charitable Activities	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Part IX:B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. All other program-related investments. See instructions.	NONE		
Part IX:B Summary of Program-Related Investments Part IX:B Summary of Program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions.			
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Part IX-B Summary of Direct Charitable Activities st the foundation's four largest direct charitable activities during the tax year, include relevant statistical information such as the number of organizations and other beneficiaries corved, conference convened, research papers produced, etc. N/A Expenses Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions.			
Part IX-B Summary of Direct Charitable Activities Let the foundation's four largest direct charitable activities during the tax year, include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions.	<u></u>		
Expenses N/A Expenses N/A Part, IX-B. Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments, See instructions.	otal number of others receiving over \$50,000 for professional services		<u> </u>
N/A Part, IX:B. Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions.			
Part IX:B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions.	List the foundation's four largest direct charitable activities during the tax year. Include relevant st number of organizations and other beneficiaries served, conference convened, research papers	tatistical information such as the produced, etc.	Expenses
Part.IX:B. Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A All other program-related investments. See instructions.	N/A		
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All other program-related investments. See instructions.			
All other program-related investments. See instructions.			
All other program-related investments. See instructions.	DoublY:Blo		
N/A All other program-related investments. See instructions.	Part, IA-B. Summary of Program-Related Investments	r on lines 1 and 2	Amount
All other program-related investments. See instructions.		on lines 1 and 2.	Amount
All other program-related investments. See instructions.	N/A		
All other program-related investments. See instructions.			
All other program-related investments. See instructions.			
	All other program-related investments. See instructions		
			1
		······································	1
		·····	

LP	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	1,783,900. 34,971.
b	Average of monthly cash balances	1b	34,971.
C	Fair market value of all other assets	1c	252,173.
d	Total (add lines 1a, b, and c)	1d	2,071,044.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	<u> </u>	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,071,044.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	31,066.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,039,978.
6	Minimum investment return. Enter 5% of line 5	6	101,999.
P	art XI. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here in and do not complete this part.)	nd certain	
_		1	101,999.
1	Minimum investment return from Part X, line 6 Tax on investment income for 2019 from Part VI, line 5 2a 604.	,	101,555.
2a		1.	
b		2c	604.
_	Add lines 2a and 2b	3	101,395
3	Distributable amount before adjustments. Subtract line 2c from line 1	4	0.
4	Recoveries of amounts treated as qualifying distributions Add lines 3 and 4	5	101,395
5	Deduction from distributable amount (see instructions)	6	0.
6 7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	101,395
	art XII Qualifying Distributions (see instructions)	<u> </u>	
-	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<u> </u>	
' a		1 <u>a</u>	123,189
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:	5 %	······································
_	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	123,189.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		· · · · · · · · · · · · · · · · · · ·
	income. Enter 1% of Part I, line 27b	5	604.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	122,585
Ü	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	
	4940(e) reduction of tax in those years.	4	
_			

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Form 990-PF (2019)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,		·		101 205
line 7			•	101,395.
2 Undistributed income, If any, as of the end of 2019			00 722	
a Enter amount for 2018 only			98,723.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019.		U •		
1 ·				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018	0.			
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from Part XII, line 4: ►\$ 123,189.				
a Applied to 2018, but not more than line 2a			98,723.	
			30,743.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)				
c Treated as distributions out of corpus	0.			
(Election required - see instructions) d Applied to 2019 distributable amount				24,466.
• • • • • • • • • • • • • • • • • • • •	0.			21,1001
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2019				
(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	0.			
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 2018. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				76,929.
be distributed in 2020				10,323.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	<u> </u>			
8 Excess distributions carryover from 2014	0.			
not applied on line 5 or line 7				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				
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Check here $\triangleright LX$ 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:

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3 Grants and Contributions Paid During the		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				
317 Main Street Community Music	N/A	PC	General operating	
Center			support	
317 Main Street		[
Yarmouth, ME 04096				10,00
Bard College at Simon's Rock	N/A	PC PC	General operating	
P.O. Box 5000			support	10.00
Annandale, NY 12504				10,00
Children's Literacy Foundation 1536 Loomis Hill Road	N/A	PC	General operating support	
Waterbury Center, VT 05677			2 abbot c	15,00
East Durham Children's Initiative		PC	General operating	
2101 Angier Avenue			support	
Durham, NC 27703				4,00
Embrace a Vet	N/A	₽C	General operating	
P.O. Box 516			support	
Topsham, ME 04086	ontinuation shee	<u> </u>		5,00 122,00
Total See C b Approved for future payment	Oncindacion shee	<u> </u>	> 3a	122,00
None				
None				
Total			<u>▶ 3b</u>	rm 990-PF (20

Part XVI-A	Analysis of	Income-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		ed by section 512, 513, or 514	(e)
g. 000 u.m.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	Tunction income
a	_		 -		
b	-	·	\vdash		
			 		
u	_				
f			\vdash		
g Fees and contracts from government agencies					· · · · · · · · · · · · · · · · · · ·
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	9,880.	
4 Dividends and interest from securities			14	31,449.	
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property			ļļ		
6 Net rental income or (loss) from personal					
property			\vdash		
7 Other investment income			 		
8 Gain or (loss) from sales of assets other than inventory			18	29,370.	
9 Net income or (loss) from special events	 		 - 		
10 Gross profit or (loss) from sales of inventory		· · · · · · · · · · · · · · · · · · ·			
11 Other revenue:					
a From Passthrough	523000	22.	14	32.	
b					
c		***			
d	_				
e			\vdash	70 731	
12 Subtotal. Add columns (b), (d), and (e)	,	22.	<u> </u>	70,731.	70,753
13 Total. Add line 12, columns (b), (d), and (e)				13	/0,/53
(See worksheet in line 13 instructions to verify calculations	-)				

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
		_
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Form 990-PF (2		eBlanc & Young,		nd Bolationski			aye 13
rait XVII	Information Re Exempt Organ	egarding Transfers to a	inu Transactions ar	iu neialionsni	he with Montchar	IdDIG	
					- 504/->	Yes	No.
		roctly engage in any of the following		n described in section	1 50 1(0)	1	140
•		nizations) or in section 527, relatin					
		ation to a noncharitable exempt or	ganization of:				-
(1) Cash						1a(1)	X
(2) Other	assets					1a(2)	Х
b Other tran	isactions:						- - -
(1) Sales	of assets to a noncharita	ible exempt organization				1b(1)	X
(2) Purc	hases of assets from a no	ncharitable exempt organization				1b(2)	X
(3) Renta	al of facilities, equipment,	or other assets				1b(3)	X
(4) Reim	bursement arrangements	;				1b(4)	X
(5) Loan	s or loan guarantees					1b(5)	X
(6) Perfo	rmance of services or me	embership or fundraising solicitation	ons			1b(6)	Х
c Sharing o	f facilities, equipment, ma	ailing lists, other assets, or paid em	ıployees			1c	X
d If the ans	wer to any of the above is	"Yes," complete the following sche	edule. Column (b) should alw	ays show the fair ma	rket value of the goods, o	ther assets,	
or service	s given by the reporting f	oundation. If the foundation receiv	ed less than fair market value	e in any transaction o	r sharing arrangement, sl	now in	
		other assets, or services received.					
a)Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description o	f transfers, transactions, and s	haring arrangen	nents
		N/A					
	*						
			·				
				<u> </u>	-		
		·			····		
			·				
				· · · · · · · · · · · · · · · · · · ·			
				 			
							
	 			 			
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		l					
		tly affiliated with, or related to, one	e or more tax-exempt organiz	ations described	F	¬	
		on 501(c)(3)) or in section 527?			L	_ Yes	X No
b If "Yes," c	omplete the following sch		1 dd = 11 d		10.		
	(a) Name of or	ganization	(b) Type of organization	(0) Description of relations?	пр	
	N/A						
Unde	r penalties of perjury, I declare	that I have examined this return, includi	ng accompanying schedules and	statements, and to the b		the IHS discus	s this
Sign and b	elief, it is true, correct, and co	mplete Decial tion of preparer (other that	an taxpayer) is based on all inform	ation of which preparer h	as any knowledge retu	rn with the prep wn below? See	arer
Here	1111	Myms	7.27 20	Treasu		Yes [☐ No
Sig	nature of officer or trustee		Date	Title			-x - , * - , 2*
	Print/Type preparer's n		signature	Date	Check If PTIN		
		' //	\wedge		self- employed		
Paid	Nicholas E	R. Porto 1/1	$V \setminus $	07/16/20	P01	131028	3
Preparer		cer Newman & Noy			Firm's EIN ▶ 01-04		
Use Only		ce nemman a nol	, 00				
USC Offing		O. Box 507					
	1	ortland, ME 0411	1.2		Phone no. (207)	379-21	იი
	1PC	TILIANG, ME U411					_
					FC	rm 990-P I	- (2019

Part XV Supplementary Informatio Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
Freeport Community Services	N/A	PC	General operating	
P.O. Box 119		ļ	support	
Freeport, ME 04032				5,000
Friends of the Groton Elders	N/A	₽C	General operating	
P.O. Box 289	N/ A	ľ	support	
West Groton, MA 01472				10,000
Hospitality Homes, Inc.	N/A	₽C	General operating	
P.O. Box 15265			support	44.65
Boston, MA 02215				10,000
Indian Hill Music	N/A	PC	General operating	
P.O. Box 1484, 36 King Street			support	
Littleton, MA 01460	l	<u> </u>		5,000
Mid Coast Hunger Prevention Program	N/A	PC	General operating	
12 Tenney Way			support	
Brunswick, ME 04011				10,000
			Danaual anamating	
Oasis Health Network, Inc. 66 Baribeau Drive	N/A	PC	General operating support	
Brunswick, ME 04011			Support	10,000
		<u>-</u>		· ·
Tedford Housing	N/A	PC	\$5,000 for Warm Thy Neighbor program;	
P.O. Box 958 Brunswick ME 04011			\$5,000 for general	
Brunswick, MB 04011			operating support	10,000
The Telling Room	N/A	₽C	General operating	
225 Commercial Street, Suite 201			support	
Portland, ME 04101			+	5,000
Triangle Land Conservancy	N/A	PC	General operating	
514 S. Duke Street	P1/ **		support	
Durham, NC 27701				10,000
Volunteers of America, Northern New	N/A	₽C	\$3,000 grant for Camp	
England			Postcard program	
14 Maine Street, Suite 100				
Brunswick, ME 04011				3,000
Total from continuation sheets				78,00

Form 990-PF Intere	st on Savir	ngs and T	'empor	ary	Cash I	Invest	ments S	Statement	1
Source			(a) venue Book			(b) Investi Income		(c) Adjusted Net Incom	
Interest Income			9,8	80.		9,8	880.		_
Total to Part I, li	ne 3		9,8	80.		9,	880.		
Form 990-PF	Dividends	s and Int	erest	fro	m Seci	uritie	s S	Statement	2
Source	Gross · Amount	Capit Gain Divide	s	Re	(a) venue Books		(b) Invest- t Income		
Dividend Income	40,172	8,	723.		31,44	9.	31,449.		
To Part I, line 4	40,172	8,	723.		31,44	9	31,449.		
Form 990-PF		Other	Inco	me			<u> </u>	Statement	3
Description			Re	(a) venu Boo		Net I	b) nvest- Income	(c) Adjuste Net Inco	
From Passthrough					54.		32.		
Total to Form 990-P	F, Part I,	line 11			54.		32.		
Form 990-PF		Accoun	nting	Fees				Statement	4
Description		(a) Expenses Per Book) vest- ncome	Ad	(c) justed Income	(d) Charita Purpos	
Accounting Fees		2,25	50.		1,125	•		1,1	25.
To Form 990-PF, Pg	1, ln 16b	2,25	50.		1,125	•		1,1	25.

Form 990-PF 0	ther Profes	sional Fees		Statement 5
Description	(a) Expenses Per Books 8,960.		Net Incom	
To Form 990-PF, Pg 1, ln 16c	8,960.	8,960). =	0.
Form 990-PF	Tax	es		Statement 6
Description		(b) Net Investment Income		
Foreign Taxes	254.	254	ł.	0.
	254	254		0.
To Form 990-PF, Pg 1, ln 18 =	254.			
To Form 990-PF, Pg 1, ln 18 =	Other E			
			(c) - Adjusted	Statement 7 (d) Charitable
Form 990-PF	Other E (a) Expenses	xpenses (b) Net Invest- ment Income	(c) - Adjusted	Statement 7 (d) Charitable
Form 990-PF Description	Other E (a) Expenses Per Books	xpenses (b) Net Investment Income	(c) - Adjusted e Net Incom	Statement 7 (d) Charitable Purposes
Form 990-PF Description Office Expenses	Other E (a) Expenses Per Books 64.	(b) Net Investment Income	(c) - Adjusted e Net Incom	Statement 7 (d) Charitable Purposes 64.
Form 990-PF Description Office Expenses To Form 990-PF, Pg 1, ln 23	Other E (a) Expenses Per Books 64.	(b) Net Investment Income	(c) - Adjusted e Net Incom	Statement 7 (d) Charitable Purposes 64.
Form 990-PF Description Office Expenses To Form 990-PF, Pg 1, ln 23 Form 990-PF	Other E (a) Expenses Per Books 64. Corporat	(b) Net Investment Income	(c) Adjusted Net Incom).	Statement 7 (d) Charitable Purposes 64. Statement 8 Fair Market

Form 990-PF	Other Investments		Statement 9
Description	Valuation Method	Book Value	Fair Market Value
Fixed Income Securities - see Statement 11	FMV	99,370.	99,370.
Total to Form 990-PF, Part II,	line 13	99,370.	99,370.
Form 990-PF	Other Assets	JAC TO STATE OF THE STATE OF TH	Statement 10
Form 990-PF Description	Other Assets Beginning of Yr Book Value	End of Year Book Value	Statement 10 Fair Market Value
	Beginning of		Fair Market