8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning

, 2022, and ending

2022

Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer **EIN or SSN** HAROLD ALFOND FOUNDATION 22-3281672 GREGORY W. POWELL Name and title of officer or person subject to tax TRUSTEE Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter 0.). But, if you entered 0. on the return, then enter 0. on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here b Total revenue, if any (Form 990-EZ, line 9) Form 990-EZ check here 2a 3a Form 1120-PQL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5a b Total tax (Form 990-T, Part III, line 4) 6a Form 990-T check here Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7a Form 5227 check here 8a b FMV of assets at end of tax year (Form 5227, Item D) Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name __ , (EIN) of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize ALBIN, RANDALL & BENNETT 12345 to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this Peturn that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 01228455555 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. DANIEL P. DOIRON 11/03/23 ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2022)

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

EXTENDED TO NOVEMBER 15, 2023

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.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Internal Revenue Service For calendar year 2022 or tax year beginning , and ending A Employer identification number Name of foundation 22-3281672 HAROLD ALFOND FOUNDATION Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number C/O DEXTER ENTRPS, TWO MONUMENT SQ 207-828-7999 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 04101 PORTLAND, ME G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: | X | Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 1,451,323,517. (Part I, column (d), must be on cash basis.) Part | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) expenses per books income income 1 Contributions, gifts, grants, etc., received 5,967,631. N/A 2 Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3,265,749. 3,265,749. STATEMENT 3 14,059,833. 14,241,004. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 81,694,289. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 98,123,505. 7 Capital gain net income (from Part IV, line 2) 62,989,743. 8 Net short-term capital gain Income modifications 9 10a and allowances b Less: Cost of goods sold c Gross profit or (loss) 6,190,830. 11 Other income 261,544. STATEMENT 111,359,503. 80,576,869. 12 Total, Add lines 1 through 11 0. 0. 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 4 30,065. 12,026. 18,039. Administrative Expenses b Accounting fees STMT 5 48,295. 19,318. 28,977. 2,058,526. 1,072,643. 985,883. c Other professional fees STMT 6 319. 0. 0. 17 Interest 18 Taxes STMT 7 5,955,333. 663,227. 0. Depreciation and depletion 19 Occupancy 30,258. 12,103. 18,155. 21 Travel, conferences, and meetings and / 220. 220. 22 Printing and publications 0. 17,525,381. 10,569,061. 72,003. 23 Other expenses STMT 8 24 Total operating and administrative 25,648,397. 12,348,378. 1,123,277. expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 74,712,201. 74,289,012. 26 Total expenses and disbursements. 100,360,598. 12,348,378. 75,412,289. Add lines 24 and 25 27 Subtract line 26 from line 12: 10,998,905. & Excess of revenue over expenses and disbursements 68,228,491. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) .

Page 2

| Part | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | year |
|------------------|---|-------------------|----------------|---------------------------|
| rait | column should be for end-of-year amounts only. | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | Cash - non-interest-bearing | 11,763. | 331,253. | 331,253. |
| 2 | Savings and temporary cash investments | 35,024,233. | 22,546,371. | 22,546,371. |
| I - | Accounts receivable | | | |
| ١ | Less; allowance for doubtful accounts | | | |
| | | | | |
| " | Pledges receivable | | | |
| | Less; allowance for doubtful accounts | | | |
| 5 | Grants receivable | | | |
| 6 | Receivables due from officers, directors, trustees, and other | | | |
| | disqualified persons | | | |
| 7 | Other notes and loans receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| <u>ه</u> لک | Inventories for sale or use | | | |
| | Prepaid expenses and deferred charges | | | <u></u> |
| ₹ 10: | Investments - U,S, and state government obligations | | | |
| -10 | Investments - corporate stock STMT 10 | 502,901,498. | 477,776,665. | 740,732,702. |
| | Investments - corporate bonds STMT 11 | 34,532,175. | 39,581,727. | |
| | Investments - land, buildings, and equipment: basis | | | |
| ' | Less: accumulated depreciation | | | |
| 12 | Investments - mortgage loans | | | |
| 13 | Investments - other STMT 12 | 412.338.094. | 451,726,430. | 651,976,070. |
| 14 | Land, buildings, and equipment: basis | | | |
| | | | | |
| 15 | Other assets (describe STATEMENT 13) | 5,000. | 5,000. | 5,000. |
| | Total assets (to be completed by all filers - see the | 3,000 | | |
| '" | instructions. Also, see page 1, item I) | 984 812 763 | 991,967,446. | 1451323517. |
| 17 | Accounts payable and accrued expenses | J02/012/1030 | 332,307,220. | 11313233171 |
| 18 | Grants payable | | | |
| 140 | | | | |
| انة | Deferred revenue | | | |
| | Loans from officers, directors, trustees, and other disqualified persons | | | |
| 폩 | Mortgages and other notes payable | 4 107 056 | 2 772 220 | |
| - 22 | Other liabilities (describe STATEMENT 14) | 4,107,056. | 3,772,329. | |
| | Table Back BN - And Cons. 47 Abranah (O) | 4 107 056 | 2 772 220 | |
| 23 | Total liabilities (add lines 17 through 22) | 4,107,056. | 3,772,329. | |
| | Foundations that follow FASB ASC 958, check here | | | |
| S S | and complete lines 24, 25, 29, and 30. | | | |
| E 24 | Net assets without donor restrictions | | | |
| 평 25 | | | | |
| or Fund Balances | Foundations that do not follow FASB ASC 958, check here | | | |
| ∄ | and complete lines 26 through 30. | 000 505 505 | 000 105 115 | |
| | Capital stock, trust principal, or current funds | | 988,195,117. | |
| 991 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| SS 28 | | 0. | 0. | |
| A 29 | Total net assets or fund balances | 980,705,707. | 988,195,117. | |
| | | 004 012 762 | 001 067 446 | |
| | Total liabilities and net assets/fund balances | | 331,307,440. | |
| Parl | Analysis of Changes in Net Assets or Fund Ba | alances | | |
| 1 Tot | al net assets or fund balances at beginning of year - Part II, column (a), line | 29 | | |
| | | 23 | 1 | 980,705,707. |
| | er amount from Part I, line 27a | | | 10,998,905. |
| | er increases not included in line 2 (itemize) | | 3 | 0. |
| | | | 4 | 991,704,612. |
| | l lines 1, 2, and 3 creases not included in line 2 (itemize) | इसस दग | ATEMENT 9 5 | 3,509,495. |
| | al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | | | 988,195,117. |
| <u> </u> | and a second of the second of the or your (mile a mile of) and my or | o.o (o), mo co | • | Form 990-PF (2022) |

| Part IV Capita | rt IV Capital Gains and Losses for Tax on Investment Income | | | | SEE ATTACHED STATEMENTS | | | | | |
|---|---|--|---------------|------------------------------------|---|----------------------------------|--|--|--|--|
| (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.) | | | | w acquired Purchase Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) | | | | |
| 1a: | | | | | | | | | | |
| b | | | | | | | | | | |
| C | | | | | | | | | | |
| d | | | + | | | | | | | |
| <u>e</u> | (4) Depreciation allows | od (a) Cont or other has | ia T | | (h) Cain as (l | 1 | | | | |
| (e) Gross sales p | orice (f) Depreciation allowe (or allowable) | ed (g) Cost or other basi plus expense of sale | | | (h) Gain or (k ((e) plus (f) min | | | | | |
| <u>a</u> | | | | | | | | | | |
| <u>b</u> | | | - | | | | | | | |
| d | | | - | | | - | | | | |
| e 78,363 | .448. | 15,373,7 | 705. | | | 62,989,743. | | | | |
| | ssets showing gain in column (h) and ow | | | | (I) Gains (Col. (h) g | | | | | |
| (i) FMV as of 12/3 | (i) Adjusted basis | (k) Excess of col. (i) over col. (j), if any | | cc | l. (k), but not less Losses (from co | than -0-) or | | | | |
| a | | | | | | | | | | |
| b | | | | | | | | | | |
| С | | | | | | | | | | |
| d | | | | | | | | | | |
| e | | 20 | | | | 62,989,743. | | | | |
| 2 Capital gain net incor | ne or (net capital loss) { If gain, a If (loss), | Iso enter in Part I, line 7 enter -0- in Part I, line 7 | } _ | 2 | | 62,989,743. | | | | |
| | al gain or (loss) as defined in sections 12 Part I, line 8, column (c). See instructions | | ٦ | | | | | | | |
| Part I. line 8 | -art i, illie o, coluilli (c). See illsii ucilolis | s. II (1055), enter -0- III | } | 3 | N | /A | | | | |
| | Tax Based on Investment I | ncome (Section 4940(a), | 4940(b) | , or 4948 | - see instruc | tions) | | | | |
| 1a Exempt operating 1 | foundations described in section 4940(d) | (2), check here and ente | r "N/A" on li | ine 1. | | | | | | |
| Date of ruling or de | etermination letter: | (attach copy of letter if necess | ary - see in | structions) | 1 | 948,376. | | | | |
| | foundations enter 1.39% (0.0139) of line | | | | | W | | | | |
| enter 4% (0.04) of | Part I, line 12, col. (b) | | | | | | | | | |
| | 511 (domestic section 4947(a)(1) trusts | and taxable foundations only; others | , enter -0-) | | 2 | 0. | | | | |
| 3 Add lines 1 and 2 | *************************************** | | | | . 3 | 948,376. | | | | |
| |) tax (domestic section 4947(a)(1) trusts | | s, enter -0-) | | | 948,376. | | | | |
| | stment income. Subtract line 4 from line | e 3. If zero or less, enter -U- | | | 5 | 940,370. | | | | |
| 6 Credits/Payments: | x payments and 2021 overpayment credit | ted to 2022 6a | | 751,932 | | | | | | |
| | ganizations - tax withheld at source | | | | | | | | | |
| | ication for extension of time to file (Form | | | 675,000 | 5. | | | | | |
| | g erroneously withheld | | | | 0. | | | | | |
| | and the second of | | | | 7 | 1,426,932. | | | | |
| | for underpayment of estimated tax. Chec | | | | 8 | 0. | | | | |
| | al of lines 5 and 8 is more than 7, enter a | | | | 9 | | | | | |
| | ine 7 is more than the total of lines 5 and | | | | 10 | 478,556. | | | | |
| 11 Enter the amount of | of line 10 to be: Credited to 2023 estima | ted tax 47 | 8,556 | Refunde | ed 11 | 0. | | | | |

| 1a | 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 | | X |
| h | 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. | | | 1 3 |
| C | Did the foundation file Form 1120-POL for this year? | 10 | | Х |
| q | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | (Osa) | |
| _ | (1) On the foundation. \$ 0 . (2) On foundation managers. \$ 0 . | -000 | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | |
| _ | managers. \$ 0. | | 176 | 15 |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | - | х |
| _ | If "Yes," attach a detailed description of the activities. | | | 7 |
| 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 | | Х |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | Х | |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | X | \vdash |
| 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. | | 100 | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | L'EX | DITA. | |
| • | By language in the governing instrument, or | | 124 | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | | 1 11 1 | |
| | remain in the governing instrument? | 6 | Х | |
| 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 | Х | \vdash |
| | | | =01 | 1 9 |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | | | N I |
| | ME, CA | | = 4 | |
| 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 | 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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | 10 | | Х |
| | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement. See instructions | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address WWW.HAROLDALFONDFOUNDATION.ORG | | | |
| 14 | The books are in care of DEXTER ENTERPRISES, LLC Telephone no. 207-82 | 8-7 | 999 | |
| | Located at TWO MONUMENT SQUARE, PORTLAND, ME ZIP+4 04 | 1101 | | |
| 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 15 | N | /A | |
| 16 | At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | Х |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | THE W | T | |
| | foreign country | | | |
| | F(| rm 99 | 0-PF | (2022) |

| Form 990-PF (2022) HAROLD ALFOND FOUNDATION 22- Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required | 3281672 | | Page 5 |
|--|------------|------|--------|
| 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): | | 1.00 | 110 |
| (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) | 12(1) | | |
| a disqualified person? | 1a(2) | - | х |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | T | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available | 14(1) | | |
| 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 | 12_11 | | |
| termination of government service, if terminating within 90 days.) | 1a(6) | | X |
| 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 | 1b | | X |
| 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 | The second | | |
| before the first day of the tax year beginning in 2022? | 1d | | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | 0 | |
| defined in section 4942(j)(3) or 4942(j)(5)): | 12 | | |
| a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines | | 10 | |
| 6d and 6e) for tax year(s) beginning before 2022? | 2a | | X |
| 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 | 200 100 | 2 | |
| valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | I/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. | | Į į | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | 100 | | |
| during the year? | 3a | | X |
| b If "Yes," did it have excess business holdings in 2022 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 | 1,000 | | Will- |
| 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, | | | |
| | I/A 3b | | - |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | - | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| had not been removed from jeopardy before the first day of the tax year beginning in 2022? | 4b | | X |

Form 990-PF (2022)

| Part VI-B Statements Regarding Activities for Which I | Form 4720 May Be R | equired (continu | ied) | | | |
|--|---|-----------------------------|---|----------------|-----------------------------|-----------------|
| 5a During the year, did the foundation pay or incur any amount to: | | | | | Yes | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | | | | 5a(1) | | X |
| (2) Influence the outcome of any specific public election (see section 4955); | | | | E = (0) | | v |
| any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purpose: | ~? | | | 5a(2) 5a(3) | | X |
| (4) Provide a grant to an individual for travel, study, or other similar purpose. | | | | 34(3) | | 71 |
| 4945(d)(4)(A)? See instructions | | | | 5a(4) | х | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | | | | | | |
| 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 un | | | | | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instr | | | | 5b | Х | |
| c Organizations relying on a current notice regarding disaster assistance, check | | | | 177 | Lai | |
| d If the answer is "Yes" to question 5a(4), does the foundation claim exemption | | | | | v | |
| expenditure responsibility for the grant? S | EE STATEMENT | r p | | 5d | X | |
| 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 | . aau aramii ma an | | | 4 1 | 53 | |
| . • | . , , | | | 6a | | Х |
| a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a | | | | 6b | | X |
| If "Yes" to 6b, file Form 8870. | portogram borrows contract. | | | | 500 | |
| 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 attrib | | | | 7b | | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than | . , , | | | | | 7 |
| excess parachute payment(s) during the year? | | | | 8 | | X |
| Part VII Information About Officers, Directors, Trust Paid Employees, and Contractors | tees, Foundation Mai | nagers, Highly | | | | |
| List all officers, directors, trustees, and foundation managers and | their compensation | | | | | |
| Table distributed a lateral of a decoded, direct local desired. International distributions of the lateral distribution of the lateral distrib | , | (c) Compensation | (d) Contributions employee benefit s | \$ 10 | (e) Exp | ense |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (If not paid, enter -0-) | and deferred compensation | , u | (e) Exp ccount allowa | , other nces |
| | 10 0000000 | United 6 y | aampensans. | | | |
| | 1 | | | | | |
| SEE STATEMENT 15 | | 0. | | 0. | | 0. |
| | | | | | | |
| | _ | | | | | |
| | | | | \rightarrow | | |
| | _ | | | | | |
| | 4 | | | | | |
| | | | | + | | |
| | - | | | | | |
| | _ | | | | | |
| 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 | (c) Compensation | (d) Contribution employee benefit (| s to plans | (e) Ex | ense |
| יים אים ווים מוש משונים אין נימטון פוווייטיטים אמוע וווטויפ נוומון שָטט,טטט | devoted to position | (c) Compensation | and deferred compensation | ۰ ا | allowa | inces |
| 270270 | | | | | | |
| NONE | | I | | | | |
| NONE | | | | _ | | |
| NONE | | | | | | |
| NONE | | | | | | |
| NONE | | | | | | |
| NONE | | | | | | |
| NONE | | - | | | | |
| NONE | | | | | | |
| NONE | | | | | | |
| Total number of other employees paid over \$50,000 | | | | | | 0 |

| Form 990-PF (2022) HAROLD ALFOND FOUNDATION | 22-3 | 3281672 Page 7 |
|--|-------------------------------------|------------------|
| Part VII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | on Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter " | NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| DEXTER PRIVATE EQUITY TE LLC | INVEST PORTFOLIO | |
| TWO MONUMENT SQUARE, PORTLAND, ME 04101 | DEDUCTIONS | 3518471. |
| DEXTER US EQUITY TE LLC | INVEST PORTFOLIO | |
| TWO MONUMENT SQUARE, PORTLAND, ME 04101 | DEDUCTIONS | 1675535. |
| DEXTER ENTERPRISES | INVESTMENT & GRAN | I |
| TWO MONUMENT SQUARE, PORTLAND, ME 04101 | ADMINISTRATION | 1583611. |
| DEXTER HEDGE FUND TE, LLC | INVEST PORTFOLIO | |
| TWO MONUMENT SQUARE, PORTLAND, ME 04101 | DEDUCTIONS | 1428682. |
| DEXTER INTERNATIONAL EQUITY TE LLC | INVEST PORTFOLIO | |
| TWO MONUMENT SQUARE, PORTLAND, ME 04101 | DEDUCTIONS | 1158924. |
| Total number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities | | 7 |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produc | al information such as the ed, etc. | Expenses |
| 1 NONE | | |
| | | |
| | | 0. |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| Post VIII P. I. C | | |
| Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lir | ton 1 and 2 | Amount |
| | ies Failu 2. | Amount |
| 1 | | |
| SEE STATEMENT 17 | | 0. |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| <u> </u> | | |
| | | |
| | | |
| | | |
| | | |

Total. Add lines 1 through 3

| P | art IX Minimum Investment Return (All domestic foundation | ns must co | mplete this part. Foreign fou | ındatio | ons, see instructions.) |
|----|---|---|--|---------|-------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charita | ble, etc., pu | rposes: | 7.1 | |
| a | Average monthly fair market value of securities | | | 1a | 1,470,604,333. |
| | Average of monthly cash balances | | and the second s | 1b | 22,782,795. |
| C | Fair market value of all other assets (see instructions) | | | 1c | |
| d | Total (add lines 1a, b, and c) | | | 1d- | 1,493,387,128. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | | - 27 | |
| | 1c (attach detailed explanation) | 1e | 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | | | 2 | 0. |
| 3 | Subtract line 2 from line 1d | | | 3 | 1,493,387,128. |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater a | | | 4 | 22,400,807. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | | | 5 | 1,470,986,321. |
| 6 | | | | 6 | 73,549,316. |
| P | art X Distributable Amount (see instructions) (Section 4942(j)(| 3) and (j)(5 | private operating foundations a | ınd cer | tain |
| | foreign organizations, check here and do not complete this pa | art.) | | | |
| 1 | Minimum investment return from Part IX, line 6 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 1 | 73,549,316. |
| 2a | Tax on investment income for 2022 from Part V, line 5 | 2a | 948,376. | | |
| b | Income tax for 2022. (This does not include the tax from Part V.) | 2b | 514,924. | | |
| | Add lines 2a and 2b | ************ | | 2c | 1,463,300. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | | 3 | 72,086,016. |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | 0. |
| 5 | Add lines 3 and 4 | | [12] [14] [16] [16] [16] [16] [16] [16] [16] [16 | 5 | 72,086,016. |
| 6 | Deduction from distributable amount (see instructions) | | | 6 | 0. |
| 7 | Distributable amount as adjusted, Subtract line 6 from line 5, Enter here and on Pa | rt XII, line 1 | *************************************** | 7 | 72,086,016. |
| P | art XI Qualifying Distributions (see instructions) | | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., pu | rposes: | | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | | | 1a | 75,412,289. |
| | 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 charit | | | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | | | |
| a | Suitability test (prior IRS approval required) | | | 3a | 423,189. |
| | 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 | 75,835,478. | | |

Form 990-PF (2022)

Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2021 | (c) 2021 | (d) 2022 |
|---|--------------------|----------------------------|--|-----------------------|
| 1 Distributable amount for 2022 from Part X, | | | Bar William Torre | |
| line 7 | | | The state of the s | 72,086,016. |
| 2 Undistributed income, if any, as of the end of 2022: | | | | |
| a Enter amount for 2021 only | | | 3,907,582. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2022: | | 0. | | |
| a From 2017 | | | A I IN BEING | |
| b From 2018 | | | | |
| c From 2019 | | | | |
| d From 2020 | | | | |
| e From 2021 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2022 from | | | | |
| Part XI, line 4: \$ 75,835,478. | | | | |
| a Applied to 2021, but not more than line 2a | | | 3,907,582. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2022 distributable amount | | | | 71,927,896. |
| e Remaining amount distributed out of corpus | 0. | | | |
| Excess distributions carryover applied to 2022 (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' | | | | ferri con li en la la |
| 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 | | | | 1 N 100 NO |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2021, Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2022, Subtract | | DOLLAR WILLIAM | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2023 | | | | 158,120. |
| 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) | 0. | | | |
| 8 Excess distributions carryover from 2017 | ^ | | " w v v " " | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2023. | 0. | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | History & National | | | 8.0 - 81, |
| a Excess from 2018 b Excess from 2019 | | divini Hill Tell | | |
| c Excess from 2020 | DOR TONE OF P | | Harly son English | to your to be seen |
| d Excess from 2021 | | 110 37 7 18 1 | | |
| e Excess from 2022 | | - Vening III I | | es a minimum |

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 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:

REFER TO GRANT GUIDELINES AT WWW.HAROLDALFONDFOUNDATION.ORG, 207-828-7999 DEXTER ENTERPRISES LLC, TWO MONUMENT SQUARE, PORTLAND, ME 04101

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

REFER TO GRANT GUIDELINES AT WWW.HAROLDALFONDFOUNDATION.ORG

c Any submission deadlines:

REFER TO GRANT GUIDELINES AT WWW.HAROLDALFONDFOUNDATION.ORG

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: REFER TO GRANT GUIDELINES AT WWW.HAROLDALFONDFOUNDATION.ORG

Page 11

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, **Foundation** Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor Paid during the year 7 LAKES ALLIANCE BELGRADE LAKES LAND & PC PO BOX 250 WATER CONSERVATION BELGRADE LAKES, ME 04918-0250 1,520,000. ALFOND SCHOLARSHIP FOUNDATION SO I OPERATIONS 482 CONGRESS ST STE 303 PORTLAND, ME 04101-3437 1,059,578. ALFOND SCHOLARSHIP FOUNDATION ASF SCHOLARSHIP SO I 482 CONGRESS ST STE 303 PAYMENTS PORTLAND, ME 04101-3437 5,881,201. ALFOND SCHOLARSHIP FOUNDATION so I DUARTERLY FAME 482 CONGRESS ST STE 303 EXPENSES PORTLAND, ME 04101-3437 240,045. ALFOND YOUTH & COMMUNITY CENTER STRATEGIC LONG TERM РĈ 126 NORTH STREET CAPITAL AND WATERVILLE, ME 04901 DEVELOPMENT SUSTAINABILITY AT THE ALFOND YOUTH CENTER 650,874. SEE CONTINUATION SHEET(S) 74,289,012. Total 3a Approved for future payment 7 LAKES ALLIANCE PĈ BELGRADE LAKES LAND & PO BOX 250 WATER CONSERVATION 2,000,000. BELGRADE LAKES ME 04918-0250 BETH ISRAEL CONGREGATION - WATERVILLE ÞС FOUNDATION AND THE 291 MAIN STREET FUTURE CAMPAIGN WATERVILLE, ME 04903 750,000. BIGELOW LABORATORY FOR OCEAN SCIENCES PC BIGELOW INNOVATION AND 60 BIGELOW DRIVE EDUCATION WING EAST BOOTHBAY, ME 04544 7,869,390. SEE CONTINUATION SHEET(S) 24,932,635. Total 3b

Part XV-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | ded by section 512, 513, or 514 | (e) |
|---|-------------------|------------------------|-----------------------|---------------------------------|--------------------------------------|
| • | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | Amount | code | Aittouit | tunction income |
| a | | | \square | | |
| b | | | Ш | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 1 | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 3,265,749. | |
| 4 Dividends and interest from securities | | | 14 | 14,241,004. | |
| 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 | | | | | |
| · · · · · · · · · · · · · · · · · · · | 1 | | | | |
| property 7. Other investment income | | | 14 | 6,190,830. | |
| 7 Other investment income | | | TA | 0,130,030. | |
| 8 Gain or (loss) from sales of assets other | | 4 E10 000 | 18 | 77 175 050 | |
| than inventory | 900099 | 4,519,239. | 10 | 77,175,050. | |
| 9 Net income or (loss) from special events | \vdash | | | | |
| 10 Gross profit or (loss) from sales of inventory | \vdash | | | | |
| 11 Other revenue; | | | | | |
| 8 | \vdash | | | 1 | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal, Add columns (b), (d), and (e) | | 4,519,239. | | | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 105,391,872. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XV-B Relationship of Activities to | o the Accor | nplishment of Exc | empt | Purposes | |
| | | | | | |
| Line No. Explain below how each activity for which inco | | | contrib | uted importantly to the accom | plishment of |
| the foundation's exempt purposes (other than | by providing tune | as for such purposes). | | | |
| 1 NOT APPLICABLE | | | | | |
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| Part X | VI Information Re Exempt Organ | | sfers to ar | nd Transactions an | d Relationshi | ps With Nonchar | itable | | |
|----------------|---|-------------------------|---------------------|------------------------------|--------------------------|---------------------------------|--|----------------------|--------------|
| 1 Did t | he organization directly or indi | | of the following | g with any other organizatio | n described in section | on 501(c) | | Yes | No |
| | er than section 501(c)(3) organ | | _ | and the second second | | | | | |
| | sfers from the reporting founda | | | | | | | | |
| | Cash | | | | | | 1a(1) | | X |
| | Other assets | | | | | | 1a(2) | | X |
| | r transactions: | | | | | | | | 37 |
| (1) | Sales of assets to a noncharital | ble exempt organizat | ion | | | | 1b(1) | | X |
| (2) | Purchases of assets from a no | ncharitable exempt o | rganization | | | | | | X |
| (3) | Rental of facilities, equipment, | or other assets | | | | | 1b(3) | | X |
| (4) | Reimbursement arrangements | | | | | | 1b(4) | | X |
| | Loans or loan guarantees Performance of services or me | | | | | | | | X |
| | ing of facilities, equipment, ma | • | - | | | | | | X |
| | e answer to any of the above is | | | | | | | ets | |
| or se | ervices given by the reporting form (d) the value of the goods, | oundation. If the four | ndation receive | | | | | 010, | |
| (a) Line no | | 1 | | exempt organization | (d) Description | of transfers, transactions, and | sharing arra | angemer | nis |
| ., | | `` | N/A | , , | 1 | 70 | | | |
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| | ie foundation directly or indirec ection 501(c) (other than sectio | | | | | ***** | Yes | X | No |
| <u>b lf"Y</u> | es," complete the following sch | | | | 1 | | | | |
| | (a) Name of org | ganization | | (b) Type of organization | | (c) Description of relation | iship | | |
| | N/A | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Under penalties of perjury, I declare | e that have examined th | is return, includin | g accompanying schedules and | statements, and to the b | est of my knowledge | | | |
| Sign Here | and belief, it is true correct, and co | | | | ation of which preparer | has any knowledge, N | May the IRS of eturn with the hown below | e prepar ? See in | rer istr. |
| | Signature of officer or trustee | e | | Date | Title | | Tes | | No |
| | Print/Type preparer's na | | Preparer's si | | Date | Check if PTIN | 1 | | |
| | 71 - 11 - 11 - 11 | | | • | | self- employed | | | |
| Paid | DANIEL P. D | | | | 11/03/23 | | 01206 | | 1 |
| Prepa Use C | THIN S HAIR TEELS | N, RANDAL | L & BEI | NNETT | | Firm's EIN 01-04 | 14800 | 6 | |
| | • | BOX 445 | 130 MT | DDLE STREET | | | | | |
| | | | | | | Phone no. 207-7 | 772_1 | QΩ1 | |
| | PORTLAND, ME 04112-0445 | | | | | Tritone 110. ZU / - | 114-1 | 7 O T | |

22-3281672

PAGE 1 OF

| Part IV Capital Gains and Los | sses for Tax on Investment Income | | <u> </u> |
|---|--|--|--|
| | l describe the kind(s) of property sol rick warehouse; or common stock, 2 | | (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (mo., day, yr.) |
| 1a AMERICAN INFRAS | STRUCTURE MLP PA | SS-THROUGH | D 07/01/2007/01/2 |
| b CLASS ACTION PI | ROCEEDS | | P 01/01/2207/01/2 |
| c PUBLICLY TRADE | | | D 07/01/1007/01/2 |
| d PUBLICLY TRADE | D SECURITIES | | D 11/07/93 07/01/2 |
| | L VALUE FUND PAS | | D 07/01/2007/01/2 |
| | INTERNATIONAL FU | | P 07/01/09 07/01/2 |
| | INDIA FUND PASS | -THROUGH | P 07/01/0907/01/2 |
| | IV PASS-THROUGH | | P 07/01/0607/01/2 |
| i LEGACY VENTURE | | | P 07/01/0807/01/2 |
| | NCOME TE PASS-THI | | P 07/01/1407/01/2 |
| | TIONAL EQUITY TE | | P 07/01/1107/01/2 |
| | EQUITY TE PASS-TI | | P 07/01/1107/01/2 |
| | TY TE PASS-THROUGH | | P 07/01/1107/01/2 |
| O DEXTER REAL AS: | UNDS TE PASS-THRO | | P 07/01/13/07/01/2 |
| O DEATER REAL AS | i' - | | P 07/01/1207/01/2 |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) |
| 3 100 | | 3,913. | -3,913 |
| b 123. | | 4 0 4 0 0 0 0 | 123 |
| c 8,223,885. | | 4,849,893. | 3,373,992 |
| d 15,776,116. e 1,759,654. | | 4,278,402. | 11,497,714 |
| £ 1,/59,654. | - | 645,610. | 1,759,654 |
| 3 | | 92,842. | -645,610 -92,842 |
| g h 67,588. | | 32,042. | 67,588 |
| i 146,379. | | - | 146,379 |
| 1 | | 890,677. | -890,677 |
| k 2,039,013. | | | 2,039,013 |
| 1 23,784,936. | | | 23,784,936 |
| m 7,851,545. | | | 7,851,545 |
| n 1,416,934. | | | 1,416,934 |
| <u>o</u> 9,266,246. | | | 9,266,246 |
| Complete only for assets showing | ng gain in column (h) and owned by | | (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-") |
| <u>a</u> | | | -3,913 |
| b | | | 123 |
| C | | | 3,373,992 |
| d | | | 11,497,714 |
| e | _ | | 1,759,654 |
| | | | -645,610 |
| <u>g</u> | | | -92,842 |
| <u>h</u> | | | 67,588 146,379 |
| i | | | -890,677 |
| <u>, , , , , , , , , , , , , , , , , , , </u> | | | 2,039,013 |
| 1 | | | 23,784,936 |
| m | | | 7,851,545 |
| n | | | 1,416,934 |
| 0 | | | 9,266,246 |
| | ss) as defined in sections 1222(5) ar | , I | 2 |
| If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line | | J | 3 |

N/A

| | DID 3 (II T O) 1 | | | | R 990-PF, | | |
|--------------------------------------|---|--|---------|--|---|-----------------|-------------|
| HAROLD ALFOND FOU | | 2 | 2-32816 | 72 | PAGE 2 | OF | 2 |
| Topics Called Call | ses for Tax on Investment Income describe the kind(s) of property solo | d a n real estata | _ | (b) How acquir | ed (c) Date acquired | (d) Date s | old |
| 2-story bri | ick warehouse; or common stock, 20 | o, e.g., real estate, 00 shs. MLC Co. | | (b) How acquir P - Purchase D - Donation | (mo., day, yr.) | (mo., day, | yr.) |
| 18 BLACKSTONE REAL | ESTATE PASS-THE | ROUGH | | Р | 07/01/06 | 07/01/ | /22 |
| | EQUITY TE PASS-T | | | P | 07/01/12 | | |
| c ADJUSTMENT FOR | GAINS INCLUDED I | IN UBTI | | P | 07/01/22 | 12/31/ | <u>/22</u> |
| | | | | | | | |
| <u>e</u> | | | | | | | |
| <u>f</u> | | | | | | | |
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| k | | - | | | | | |
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| m | | | | | | | |
| n | | | | | | <u> </u> | |
| 0 | (6) Depresiation offered | (4) 044 4-146-1 | io I | | (h) Coin as (!) | L | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other bas plus expense of sale | 15 | (e | (ħ) Gain or (loss) e) plus (f) minus (g) | | |
| <u>a</u> | , , | | 129. | | 71 - (7) (3) | -93,12 | 29. |
| b 8,031,029. | | /- | | | 8, | 031,02 | |
| С | | 4,519, | 239. | | -4, | 519,23 | 39. |
| d | | | | | | | |
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| <u>f</u> . | | | | | | | |
| <u>g</u> | | | | | | | |
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| m | | | | | | | |
| <u>n</u> | | | | | | | |
| 0 | | 10.004.004 | | | | | |
| Complete only for assets snowin | g gain in column (h) and owned by t | 1 | _ | (I) (Gaine /eyces | osses (from col. (h) ss of col. (h) |) ercol (k) | |
| (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 | | bı | it not less than "-0-") | | • • |
| <u>a</u> | | | | | 0 | -93,13 | <u> 29.</u> |
| <u>b</u> | | | | | 8, | 031,02 519,2 | <u> 29.</u> |
| d | | | | | -4, | 313,4. | 33. |
| e | | | | | | | |
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| g | | | | | | | |
| h | | | | | | | |
| <u>i</u> | | | | | | | |
| <u>i</u> | | | | | | | |
| k | | | | | | | |
| l m | | + | | | | | |
| mn | | - | | | | | |
| 0 | | | | | | | |
| | 18 | 85 | | | | | |
| 2 Capital gain net income or (net ca | apital loss) { If gain, also enter !-! | er In Part I, line 7 0-" in Part I, line 7 | 2 | | 62, | 989,7 | 43. |

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c).
If (loss), enter "-0-" in Part I, line 8

| Part XIV Supplementary Information | | | | |
|---|--|----------------------|----------------------------------|-----------|
| 3 Grants and Contributions Paid During the Ye | | - | | |
| Recipient | If recipient is an Individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| LFOND YOUTH & COMMUNITY CENTER | | PC | AYCC LITTLE LEAGUE | |
| 26 NORTH STREET | | | | |
| WATERVILLE, ME 04901 | | | | 15 |
| LFOND YOUTH & COMMUNITY CENTER | | PC | CAMP TRACEY | |
| 26 NORTH STREET | | | IMPROVEMENTS AND | |
| WATERVILLE, ME 04901 | | | EXPANSION | 500,00 |
| | | | | |
| ALFOND YOUTH & COMMUNITY CENTER | | PC | UNRESTRICTED | |
| 126 NORTH STREET WATERVILLE, ME 04901 | | | | 5,00 |
| | | | | |
| AROOSTOOK MENTAL HEALTH SERVICES INC. | | PC | AROOSTOOK TEEN | |
| PO BOX 1018 | | | LEADERSHIP CAMP (ATLC) | |
| CARIBOU, ME 04736 | | | PROGRAM | 2,50 |
| BELGRADE REGIONAL HEALTH CENTER | | PC | PATIENT ACCESSIBILITY | |
| PO BOX 304 | | | IMPROVEMENTS | |
| BELGRADE LAKES, ME 04918-0304 | | | | 15,00 |
| BETH ISRAEL CONGREGATION - BATH | | PC | UNRESTRICTED | |
| 906 WASHINGTON ST | | | | |
| BATH, ME 04530-2653 | | | | 2,00 |
| BETH ISRAEL CONGREGATION - WATERVILLE | | PC | FOUNDATION AND THE | |
| 291 MAIN STREET | | | FUTURE CAMPAIGN | |
| WATERVILLE, ME 04903 | | | | 250,00 |
| | | | | |
| BETH ISRAEL CONGREGATION - WATERVILLE 291 MAIN STREET | | PC | OPERATIONS | |
| WATERVILLE, ME 04903 | | | | 50,00 |
| | | | | 30,00 |
| BRUNSWICK COMMUNITY EDUCATION | | PC | UNRESTRICTED | |
| FOUNDATION | | | | |
| PO BOX 1042 | | | | |
| BRUNSWICK, ME 04011-1042 | | | | 3,00 |
| CATHANCE RIVER EDUCATION ALLIANCE | | PC | UNRESTRICTED | |
| PO BOX 187 | | | | |
| TOPSHAM, ME 04086-0187 | | | | 5,00 |
| Total from continuation sheets | | | | 64,937,31 |

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor CENTER FOR CURRICULUM REDESIGN PC COMPLETION & SCALING 10 JAMAICAWAY #18 OF CYBERPANTHERS CS JAMAICA PLAIN, MA 02130 PROGRAM 520,000. CHILDREN'S CENTER EARLY INTERVENTION CHAMPION IN EVERY PC AND FAMILY SUPPORT CHILD CHILDRENS CENTER 1 ALDEN AVE EXPANSION AUGUSTA, ME 04330-0000 1,000,000. COLBY COLLEGE PC ATHLETICS CENTER 4130 MAYFLOWER HILL WATERVILLE, ME 04901-8846 10,000,000. COLBY COLLEGE PC DOWNTOWN DEVELOPMENT 4130 MAYFLOWER HILL WATERVILLE, ME 04901-8846 2,000,000. COLBY COLLEGE PC PAUL J. SCHUPF ART 4130 MAYFLOWER HILL CENTER WATERVILLE, ME 04901-8846 3,000,000. EDUCARE CENTRAL MAINE PC HAROLD ALFOND 97 WATER ST SCHOLARSHIPS WATERVILLE, ME 04901-6339 114,810. FOUNDATION FOR A STRONG MAINE ECONOMY PC FOCUSMAINE SUPPORT -128 STATE STREET, SUITE 101 CATALYZING JOBS WHERE AUGUSTA, ME 04330 MAINES ASSETS MEET GLOBAL TRENDS 4,332,476. **GULFSHORE PLAYHOUSE** PC UNRESTRICTED 2640 GOLDEN GATE PKWY, SUITE 211 NAPLES, FL 34105 70,000. HUSSON UNIVERSITY PC EXPANDING TECHNOLOGY 1 COLLEGE CIRCLE AND INNOVATION BANGOR, ME 04401 2,200,000. HUSSON UNIVERSITY ЬC HUSSON UNIVERSITY 1 COLLEGE CIRCLE COLLEGE OF BUSINESS BANGOR, ME 04401 2,000,000. **Total from continuation sheets**

Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor JOBS FOR MAINE'S GRADUATES INC. PC ENDOWMENT AND COLLEGE 65 STONE STREET CAREER SUCCESS AUGUSTA, ME 04330 INITIATIVE 581,716. KENNEBEC BEHAVIORAL HEALTH OPERATING SUPPORT PC 67 EUSTIS PARKWAY WATERVILLE, ME 04901 2,000. KENNEBUNK FREE LIBRARY PC UNRESTRICTED 112 MAIN STREET 1,000. KENNEBUNK, ME 04043 KENTS HILL SCHOOL PC STEAM EXPANSION PO BOX 257 PROJECT KENTS HILL, ME 04349-0257 500,000. MAINE BEHAVIORAL HEALTHCARE PC UNRESTRICTED 110 FREE STREET PORTLAND, ME 04101 10,000. MAINE CHILDRENS HOME FOR LITTLE MCH SUSTAINABILITY AND PC WANDERERS STRATEGIC GROWTH 93 SILVER ST PROJECT WATERVILLE, ME 04901-5923 35,000. MAINE CHILDRENS HOME FOR LITTLE PC INRESTRICTED WANDERERS 93 SILVER ST 15,000. WATERVILLE, ME 04901-5923 MAINE COMMUNITY FOUNDATION, INC. PĊ MAINE WORKING 50 MONUMENT SQUARE, 6TH FLOOR COMMUNITIES CHALLENGE PORTLAND, ME 04101 200,000. MAINE MARITIME ACADEMY PÇ MARINERS FOOTBALL 1 PLEASANT ST CHALLENGE CASTINE, ME 04420 250,000. MAINE MATHEMATICS AND SCIENCE PC STEM WORKFORCE READY ALLIANCE MAINE 2030 343 WATER STREET AUGUSTA, ME 04330 329,548. **Total from continuation sheets**

| Part XIV Supplementary Information | ALFOND FOUNDATI | | 22-328 | |
|--|--|--------------------------------------|---|-----------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| <u>-</u> . | or substantial contributor | | | |
| MAINE MEDICAL CENTER | | PC | UNRESTRICTED | |
| 22 BRAMHALL ST. | | | | |
| PORTLAND, ME 04102-3134 | | | | 10,000 |
| MAINE PUBLIC BROADCASTING NETWORK | | PC | UNRESTRICTED | |
| 1450 LISBON ST. | | | | |
| LEWISTON, ME 04240 | | | | 30,000 |
| MAINE STATE CHAMBER OF COMMERCE | | PC | UNRESTRICTED | |
| EDUCATION FOUNDATION | | | | |
| 128 STATE STREET, SUITE 101 AUGUSTA, ME 04330 | | | | 5,000. |
| | | | | |
| MID COAST HOSPITAL | | PC | UNRESTRICTED | |
| 329 MAINE ST | | | | |
| BRUNSWICK, ME 04011-3310 | | | | 10,000 |
| | | | | |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY | | PC | UNRESTRICTED | |
| P.O. BOX #91891 | | | | |
| WASHINGTON, DC 20090 | | | | 1,000 |
| | | | | |
| NORTHEASTERN UNIVERSITY | | PC | THE HAROLD ALFOND | |
| 360 HUNTINGTON AVE | | | SCHOLARS INITIATIVE AT | 0.044.000 |
| BOSTON, MA 02115-5005 | | | THE ROUX INSTITUTE | 9,014,203 |
| PAUL TAYLOR DANCE FOUNDATION | | PC | UNRESTRICTED | |
| 551 GRAND ST | | | | |
| NEW YORK, NY 10002 | | | | 40,000 |
| REGION TEN TECHNICAL HIGH SCHOOL | | PC | FEASIBILITY STUDY TO | · |
| 68 CHURCH ROAD | | | DEVELOP AN INNOVATIVE | |
| BRUNSWICK, ME 04011 | | | FOUR-YEAR, | |
| | | i | FULL-SERVICE TECHNICAL HIGH SCHOOL PROGRAM | 113,255 |
| 100000000000000000000000000000000000000 | | | HIGH BURGOT PROGRAM | 113,233 |
| ROLLINS COLLEGE | | PC | THE INNOVATION | |
| 1000 HOLT AVENUE | | | TRIANGLE | |
| WINTER PARK, FL 32789-4499 | | | | 7,000,000 |
| SPECTRUM GENERATIONS | | PC | SUKEFORTH FAMILY | |
| PO BOX 2589 | | ſ | FESTIVAL OF TREES | |
| AUGUSTA, ME 04338-2589 | | | SUPPORTING MEALS ON | |
| | | | WHEELS | 1,200 |
| Total from continuation sheets | | | | |

Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor SUSAN L CURTIS FOUNDATION PC CAMP SUSAN CURTIS 1321 WASHINGTON AVE. SUITE 104 YOUTH DEVELOPMENT PORTLAND, ME 04103 PROGRAM 14,700. THE CENTER FOR GRIEVING CHILDREN UNRESTRICTED РC 555 FOREST AVE PORTLAND, ME 04101-1504 10,000. THE FOUNDATION FOR MAINE COMMUNITY PC THE CENTER FOR THE COLLEGES ADVANCEMENT OF MAINES 323 STATE ST WORKFORCE: BUILDING A AUGUSTA, ME 04330-7149 MORE PROSPEROUS MAINE 2,120,104. THE GOVERNOR'S ACADEMY PC CLASS OF 1971 PETER 1 ELM STREET ALFOND SCHOLARSHIP BYFIELD, MA 01922 1,000,000. THE JACKSON LABORATORY PC MAINE CANCER GENOMICS 600 MAIN ST. INITIATIVE 2,0 BAR HARBOR, ME 04609 1,500,000. THOMAS COLLEGE CATALYZING GROWTH IN PC 180 W. RIVER RD. CENTRAL MAINE AND WATERVILLE, ME 04901-5066 BEYOND 4,558,652. UNIVERSITY OF MAINE FOUNDATION РÇ SUSTAINING "THE ALFOND TWO ALUMNI PLACE FUND" IN SUPPORT OF ORONO, ME 04469-5792 MAINE ATHLETICS 500,000. UNIVERSITY OF MAINE FOUNDATION РĊ UNIVERSITY OF MAINE TWO ALUMNI PLACE ATHLETICS MASTER ORONO, ME 04469-5792 FACILITIES PLAN 2,000,000. UNIVERSITY OF MAINE SYSTEM РC REVITALIZE: STUDENT 15 ESTABROOKE DRIVE SUCCESS; GRADUATE ORONO, ME 04469 CENTER; ENGINEERING, COMPUTING & INFO 3,050,000. SCIENCE UNIVERSITY OF MAINE SYSTEM PC MAINE CENTER FOR 15 ESTABROOKE DRIVE GRADUATE PROFESSIONAL ORONO, ME 04469 STUDIES 2,500,000. **Total from continuation sheets**

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager **Amount** status of Name and address (home or business) recipient or substantial contributor UNIVERSITY OF NEW ENGLAND THE INSTITUTE FOR PĊ 11 HILLS BEACH RD INTERPROFESSIONAL BIDDEFORD, ME 04005 EDUCATION & PRACTICE AT UNE 1,750,000. WATERVILLE CREATES! PC OPERATING SUPPORT 10 WATER ST, SUITE 106 WATERVILLE, ME 04901 1,500,000. WATERVILLE CREATES! PC WOH SEASON SPONSORSHIP 10 WATER ST, SUITE 106 WATERVILLE, ME 04901 15,000. WATERVILLE DEVELOPMENT CORPORATION PC SUPPORT OF CGI INC, 'S 1 COMMON STREET BUSINESS EXPANSION TO WATERVILLE WATERVILLE, ME 04901 200,000. Total from continuation sheets

Supplementary Information Grants and Contributions Approved for Future Payment (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager or substantial contributor Amount status of Name and address (home or business) recipient COLBY COLLEGE PC ATHLETICS CENTER 4130 MAYFLOWER HILL WATERVILLE, ME 04901-8846 10,000,000. REGION TEN TECHNICAL HIGH SCHOOL РĊ FEASIBILITY STUDY TO 68 CHURCH ROAD DEVELOP AN INNOVATIVE BRUNSWICK, ME 04011 FOUR-YEAR, FULL-SERVICE TECHNICAL HIGH SCHOOL PROGRAM 113,245. UNIVERSITY OF MAINE FOUNDATION PC ALFOND FUND TWO ALUMNI PLACE ORONO, ME 04469-5792 1,500,000. WATERVILLE CREATES! PC OPERATING SUPPORT 10 WATER ST, SUITE 106 WATERVILLE, ME 04901 2,700,000. 14,313,245. Total from continuation sheets

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Schedule B (Form 990) (2022)

Employer identification number HAROLD ALFOND FOUNDATION 22-3281672 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** J For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

HAROLD ALFOND FOUNDATION

22-3281672

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | I space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | PETER G ALFOND ESTATE DAY PITNEY, 1201 GEORGE BUSH BLVD DELRAY BEACH, FL 33483 | \$689,558. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | PETER G ALFOND ESTATE DAY PITNEY, 1201 GEORGE BUSH BLVD DELRAY BEACH, FL 33483 | \$5,278,073. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

HAROLD ALFOND FOUNDATION

22-3281672

| rartii | Noncash Property (see instructions). Use duplicate copies of Part II it a | dditional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 2 | VARIOUS PUBLICLY TRADED SECURITIES | | |
| | | \$5,278,073. | 05/05/22 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Name of organization

Employer identification number

| HAROLD | ALFOND FOUNDATION | 22-3281672 |
|----------|---|---------------------------------------|
| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) th | at total more than \$1,000 for the ye |
| | from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations | • |
| | completing Dort III optor the total of evolvatively colleges, shouldn't a completing of \$4,000 or loop for the unit /5-to the info | \ % |

completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info, once.) \$____ Use duplicate copies of Part III if additional space is needed

| Us | e duplicate copies of Part III if additional s | pace is needed. | | | | | | |
|---------------------------|--|----------------------|--|--|--|--|--|--|
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| - | | | _ [| | | | | |
| _ | | | | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, an | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| (=) N= | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| Farti | | | _ † | | | | | |
| _ | | | _ | | | | | |
| - | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Toursday, along a statute of the state of th | -1 710 - 4 | | | | | | |
| | Transferee's name, address, ar | 10 ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| - | | | _ | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, ar | nd 7IP ± 4 | Relationship of transferor to transferee | | | | | |
| | | | 110(410101) 01 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| _ | | | _ | | | | | |
| - | | | | | | | | |
| | | • | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| - | | | | | | | | |

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Name

Go to www.irs.gov/Form2220 for instructions and the latest information.

HAROLD ALFOND FOUNDATION

Employer identification number 22-3281672

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

| F | Part I Required Annual Payment | | | | | |
|-----|--|----------|--|--|---------------------|------------|
| | | | | | | |
| 1 | Total tax (see instructions) | | | | | 948,376. |
| | | | | 1 4 | | |
| | Personal holding company tax (Schedule PH (Form 1120), line | | | 2a | | |
| b | Look-back interest included on line 1 under section 460(b)(2) | | | | | |
| | contracts or section 167(g) for depreciation under the income | torec | ast method | 2b | | |
| | Cradit for fodoral tay poid on fuels (son instructions) | | | 20 | | |
| | Credit for federal tax paid on fuels (see instructions) | | | | 2d | |
| 2 | Total. Add lines 2a through 2c Subtract line 2d from line 1. If the result is less than \$500, do | not co | omplete or file this form | The corneration | | + |
| J | The state of the s | | · | | 3 | 948,376. |
| 4 | Enter the tax shown on the corporation's 2021 income tax retu | | | | | 720,0.00 |
| 1 | or the tax year was for less than 12 months, skip this line and | | | | 4 | 1,192,381. |
| | of the tax year was for root than the thickness, only this time and | 011101 | | Time of the contract of the co | | |
| 5 | Required annual payment. Enter the smaller of line 3 or line | 4. If t | he corporation is require | d to skip line 4, | | |
| | enter the amount from line 3 | | | | 5 | 948,376. |
| F | Part II Reasons for Filing - Check the boxes belo | w tha | t apply. If any boxes are o | checked, the corporation | must file Form 2220 | |
| | even if it does not owe a penalty. See instructions. | | | | | |
| 6 | The corporation is using the adjusted seasonal installn | nent r | nethod. | | | |
| 7 | The corporation is using the annualized income install | | | | | |
| 8 | X The corporation is a "large corporation" figuring its firs | t requ | <u>iired installment based o</u> | n the prior year's tax. | | |
| 1 | Part III Figuring the Underpayment | _ | | | | |
| | | \vdash | (a) | (b) | (c) | (d) |
| 9 | Installment due dates. Enter in columns (a) through (d) the | | , | | | |
| | 15th day of the 4th (Form 990-PF filers: Use 5th month), | | 05/15/22 | 06/15/22 | 00/15/22 | 12/15/22 |
| 40 | 6th, 9th, and 12th months of the corporation's tax year | 9 | 05/15/22 | 06/15/22 | 09/15/22 | 12/15/22 |
| 10 | Required installments. If the box on line 6 and/or line 7 | | | | | |
| | above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions | | | | | |
| | for the amounts to enter, If none of these boxes are checked, | | | | | |
| | enter 25% (0.25) of line 5 above in each column | 10 | 234,316. | 233,614. | 83,683 | . 190,146. |
| 11 | Estimated tax paid or credited for each period. For | " | 201,0101 | 200,0210 | 00,000 | 190/1100 |
| ••• | column (a) only, enter the amount from line 11 on line 15. | | | | | |
| | See instructions | 11 | 236,932. | 305,000. | 10,000 | 200,000. |
| | Complete lines 12 through 18 of one column | H | TEAM SEED IN A | | | |
| | before going to the next column. | | | | | |
| 12 | Enter amount, if any, from line 18 of the preceding column | 12 | | 2,616. | 74,002 | . 319. |
| 13 | Add lines 11 and 12 | 13 | | 307,616. | 84,002 | |
| 14 | Add amounts on lines 16 and 17 of the preceding column | 14 | | | | |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 236,932. | 307,616. | 84,002 | . 200,319. |
| 16 | If the amount on line 15 is zero, subtract line 13 from line | | ALC: NO PARTY OF THE PARTY OF T | _ | _ | |
| | 14, Otherwise, enter -0- | 16 | | 0. | 0 | |
| 17 | Underpayment. If line 15 is less than or equal to line 10, | | | | | |
| | subtract line 15 from line 10. Then go to line 12 of the next | | | | | |
| | column. Otherwise, go to line 18 | 17 | | | | |
| 18 | Overpayment. If line 10 is less than line 15, subtract line 10 | | 2 616 | 74 000 | 240 | |
| _ | from line 15. Then go to line 12 of the next column | 18 | 2,616. | 74,002. | 319 | • |
| ti0 | to Part IV on page 2 to figure the penalty. Do not go to Part IV | v II th | ere are no entries on lin | e 17 - no penalty is owed | J. | |

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2022)

Form 2220 (2022)

Part IV Figuring the Penalty

| | | | (a) | (b) | (c) | (d) |
|---|--|-------|-----|----------------|------|---------|
| after the o (C corpor and S cor Form 990 | date of payment or the 15th day of the 4th month lose of the tax year, whichever is earlier. Ations with tax years ending June 30 porations: Use 3rd month instead of 4th month. PF and Form 990-T filers: Use 5th month 4th month.) See instructions | 19 | | | | |
| 20 Number of | lays from due date of installment on line 9 to the | | | 1 | | |
| date shown | on line 19 | 20 | | - | | |
| 21 Number of | lays on line 20 after 4/15/2022 and before 7/1/2022 | 21 | | | | |
| 22 Underpaym | ant on line 17 x Number of days on line 21 x 4% (0,04) | 22 \$ | | \$ | \$ | \$ |
| 23 Number of | lays on line 20 after 6/30/2022 and before 10/1/2022 | 23 | | | | |
| 24 Underpaym | ent on line 17 x Number of days on line 23 x 5% (0.05) | 24 \$ | | \$ | \$ | \$ |
| 25 Number of | fays on line 20 after 9/30/2022 and before 1/1/2023 | 25 | | | | |
| 26 Underpaym | ent on line 17 x Number of days on line 25 x 6% (0.06) | 26 \$ | | \$ | \$ | \$ |
| 27 Number of | days on line 20 after 12/31/2022 and before 4/1/2023 | 27 | | | | |
| 28 Underpaym | ent on line 17 x Number of days on line 27 x 7% (0.07) 365 | 28 \$ | | \$ | \$ | \$ |
| 29 Number of | days on line 20 after 3/31/2023 and before 7/1/2023 | 29 | | | _ | |
| 30 Underpaym | ent on line 17 x Number of days on line 29 x % | 30 \$ | | \$ | \$ | \$ |
| 31 Number of | days on line 20 after 6/30/2023 and before 10/1/2023 | 31 | | | | |
| 32 Underpaym | ent on line 17 x Number of days on line 31 x *% 365 | 32 \$ | | \$ | \$ | \$ |
| 33 Number of | days on line 20 after 9/30/2023 and before 1/1/2024 | 33 | | | | |
| 34 Underpaym | ent on line 17 x Number of days on line 33 x *% | 34 \$ | | \$ | \$ | \$ |
| 35 Number of | days on line 20 after 12/31/2023 and before 3/16/2024 | 35 | | | | |
| 36 Underpaym | ent on line 17 x Number of days on line 35 x % 366 | 36 \$ | | \$ | \$ | \$ |
| 37 Add lines 2 | 2, 24, 26, 28, 30, 32, 34, and 36 | 37 \$ | | \$ | \$ | \$ |
| - | Add columns (a) through (d) of line 37. Enter the her income tax returns | | | | able | 38 \$ 0 |

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2022)

Form 2220 (2022) Schedule A Ac

Adjusted Seasonal Installment Method and Annualized Income Installment Method

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is

imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

| | | (a) | (b) | (c) | (d) |
|--|------|--------------------|----------------|----------------|-----------------|
| 1 Enter taxable income for the following periods. | | First 3 months | First 5 months | First 8 months | First 11 months |
| a Tax year beginning in 2019 | 1a | | | | |
| b Tax year beginning in 2020 | 1b | | | | |
| 2000 Control (100 Mg) | | • | | | |
| ¢ Tax year beginning in 2021 | 1c | | | | |
| 2 Enter taxable income for each period for the tax year beginning in | | | | | |
| 2022. See the instructions for the treatment of extraordinary items | 2 | | | | |
| 0.827 | | First 4 months | First 6 months | First 9 months | Entire year |
| 3 Enter taxable income for the following periods. | | 1113(4 111011(113 | That O months | THE STITUTION | Little year |
| | | | | | |
| a Tax year beginning in 2019 | 3a | | | | |
| | | | | | |
| b Tax year beginning in 2020 | 3b | | | _ | |
| | | | | | |
| c Tax year beginning in 2021 | 3c | | | - | |
| 4 Divide the amount in each column on line 1a by the | ١. ا | | | | |
| amount in column (d) on line 3a | 4 | | | | |
| 5 Divide the amount in each column on line 1b by the | _ | | | | |
| amount in column (d) on line 3b | 5 | | | | |
| 6 Divide the amount in each column on line 1c by the | ایا | | | | |
| amount in column (d) on line 3c | 6 | | | | |
| 7 Add lines 4 through 6 | 7 | | | | |
| 7 Add lines 4 tillough o | | | | | |
| 8 Divide line 7 by 3.0 | 8 | | | | |
| 9a Divide line 2 by line 8 | 9a | | | | |
| b Extraordinary items (see instructions) | 9b | | | | |
| c Add lines 9a and 9b | 9c | | | | |
| 10 Figure the tax on the amt on In 9c using the instr for Form | | | | | |
| 1120, Sch J, line 2, or comparable line of corp's return | 10 | | | | |
| 11a Divide the amount in columns (a) through (c) on line 3a | | | | | |
| by the amount in column (d) on line 3a | 11a | | | | |
| b Divide the amount in columns (a) through (c) on line 3b | | | | | |
| by the amount in column (d) on line 3b | 11b | | | | |
| c Divide the amount in columns (a) through (c) on line 3c | | | | | H- 02 - 1-2- |
| by the amount in column (d) on line 3c | 11c | | | | |
| 12 Add lines 11a through 11c | 12 | | | | |
| 13 Divide line 12 by 3.0 | 13 | | | | |
| 14 Multiply the amount in columns (a) through (c) of line 10 | | | | | |
| by columns (a) through (c) of line 13, In column (d), enter | | | | | |
| the amount from line 10, column (d) | 14 | | | | |
| 15 Enter any alternative minimum tax (trusts only) for each | | | | | |
| payment period. See instructions | 15 | | | | |
| | | | | | |
| 16 Enter any other taxes for each payment period. See instr. | 16 | | | | |
| 17 Add lines 14 through 16 | 17 | | | - | - |
| 18 For each period, enter the same type of credits as allowed | | | | | |
| on Form 2220, lines 1 and 2c. See instructions | 18 | | | + | |
| 19 Total tax after credits. Subtract line 18 from line 17. If | | | | | |
| zero or less, enter -0- | 19 | | | 1 | |

Part II Annualized Income Installment Method

| | | (a) | | (b) | (c) | (d) | |
|-----------|--|------------|-------------|--------------------|--------------------|-------------|--|
| | | | First 2 | First 3 | First 6 | First 9 | |
| 20 | Annualization periods (see instructions) | 20 | months | months | months | months | |
| | Enter taxable income for each annualization period. See | | | | | | |
| | instructions for the treatment of extraordinary items | 21 | 11,238,167. | <u>16,832,000.</u> | 26,456,250. | 40,023,087. | |
| | | | | | | | |
| 22 | Annualization amounts (see instructions) | 22 | 6.000000 | 4.000000 | 2.000000 | 1.333330 | |
| | | | 67 420 002 | 67 220 000 | E0 010 E00 | E2 262 002 | |
| | Annualized taxable income. Multiply line 21 by line 22 | 23a 23b | 07,429,002. | 07,348,000. | DZ,912,500· | 53,363,983. | |
| | Extraordinary items (see instructions) | | 67 429 002 | 67 328 000 | 52 912 500 | 53,363,983. | |
| | Add lines 23a and 23b Figure the tax on the amount on line 23c using the | 236 | 07,425,002. | 07,320,000. | 52,512,500. | 03,303,703. | |
| | instructions for Form 1120, Schedule J, line 2, | | | | | | |
| | or comparable line of corporation's return | 24 | 937,263. | 935,859. | 735,484. | 741,759. | |
| 25 | Enter any alternative minimum tax (trusts only) for each | | | | , | , , , , , , | |
| | payment period (see instructions) | 25 | | | | | |
| | | | | | | | |
| 26 | Enter any other taxes for each payment period. See instr. | 26 | | | | | |
| | | | 005 060 | 005 050 | 505 404 | 544 550 | |
| | Total tax. Add lines 24 through 26 | 27 | 937,263. | 935,859. | 735,484. | 741,759. | |
| 28 | For each period, enter the same type of credits as allowed | | | | | | |
| | on Form 2220, lines 1 and 2c. See instructions | 28 | | | | | |
| 29 | Total tax after credits. Subtract line 28 from line 27. If | 29 | 937,263. | 935,859. | 735,484. | 741,759. | |
| | zero or less, enter -0- | 29 | 731,203. | 733,037. | 733,404. | 741,733. | |
| 30 | Applicable percentage | 30 | 25% | 50% | 75% | 100% | |
| - | | | | 33,73 | 1 10 | | |
| <u>31</u> | Multiply line 29 by line 30 | 31 | 234,316. | 467,930. | 551,613. | 741,759. | |
| P | art III Required Installments | | | | | | |
| Ξ | Allere Consider lines and Manual Consideration | | 4.1 | | | 111 | |
| | Note: Complete lines 32 through 38 of one column | | 1st | 2nd | 3rd installment | 4th | |
| 22 | before completing the next column. If only Part I or Part II is completed, enter the amount in | | installment | installment | mstamment | installment | |
| 92 | each column from line 19 or line 31. If both parts are | | | | | | |
| | completed, enter the smaller of the amounts in each | | | | | | |
| | column from line 19 or line 31 | 32 | 234,316. | 467,930. | 551,613. | 741,759. | |
| 33 | Add the amounts in all preceding columns of line 38. | | | | | | |
| | See instructions | 33 | V | 234,316. | 467,930. | 551,613. | |
| 34 | Adjusted seasonal or annualized income installments. | | | | | 21. | |
| | Subtract line 33 from line 32. If zero or less, enter -0- | 34 | 234,316. | 233,614. | 83,683. | 190,146. | |
| 35 | Enter 25% (0.25) of line 5 on page 1 of Form 2220 in | | | | | | |
| | each column. Note: "Large corporations," see the | | | | | | |
| | instructions for line 10 for the amounts to enter | 35 | 237,094. | 237,094. | 237,094. | 237,094. | |
| 36 | Subtract line 38 of the preceding column from line 37 of | l | | 2 550 | ()50 | 150 660 | |
| | the preceding column | 36 | No. | 2,778. | 6,258. | 159,669. | |
| | Add lines 35 and 36 | 37 | 237,094. | 239,872. | 243,352. | 396,763. | |
| | AND INICO DO BINO DO | 3/ | 231,074. | 233,012. | 420,000. | 330,103. | |
| 37 38 | Required installments. Enter the smaller of line 34 or | | | 1 | | | |
| | Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. | | | | | | |

Form 2220 (2022)

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

| FORM 990-PF INTER | EST ON SAVING | S AND T | EMPORARY | CASH | INVESTMENTS | STATEMENT | |
|--|-------------------------------|-------------------------|--------------------------------|------------------------------|------------------------------------|-------------------------------|--|
| SOURCE | | RE | (A) REVENUE NI PER BOOKS | | (B) INVESTMENT INCOME | (C) ADJUSTED NET INCOME | |
| TAXABLE INTEREST I | NCOME | 3, | 265,749. | | 3,265,749. | | |
| TOTAL TO PART I, L | INE 3 | 3, | 265,749. | | 3,265,749. | - 1 | |
| FORM 990-PF | DIVIDENDS | AND INT | EREST FR | OM SEC | URITIES | STATEMENT | |
| SOURCE | GROSS AMOUNT | CAPIT GAIN DIVIDE | is r | (A) EVENUE R BOOK | | | |
| TAXABLE DIVIDEND INCOME | 14,241,004. | | 0. 14, | 241,00 | 4. 14,059,83 | 33. | |
| TO PART I, LINE 4 | 14,241,004. | | 0. 14, | 241,00 | 14,059,83 | 33. | |
| FORM 990-PF | | OTHER | INCOME | -1.5 | | STATEMENT | |
| DESCRIPTION | | | (A) REVEN PER BO | IUE | (B) NET INVEST- MENT INCOME | | |
| ROYALTY INCOME FRO ORDINARY INCOME FR OTHER INCOME FROM TAX-EXEMPT INCOME | OM PASS-THRU PASS-THRU K-: | K-1S 1S | 4,73 | 5,005. | 1,063,836 279,623 -1,081,915 | | |
| K-1S FEDERAL UBTI REFUN STATE UBTI REFUND | ם | | | 4,117. 00,000. 88,921. | 0 |).). | |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | | | 6,19 | 0,830. | 261,544 | <u> </u> | |

| FORM 990-PF | LEGAL | FEES | S | TATEMENT 4 |
|--|--|--------------------------------------|-------------------------------|----------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| LEGAL FEES | 30,065. | 12,026. | | 18,039. |
| TO FM 990-PF, PG 1, LN 16A | 30,065. | 12,026. | | 18,039. |
| FORM 990-PF | ACCOUNTI | NG FEES | S | TATEMENT 5 |
| DESCRIPTION TAX PREPARATION TO FORM 990-PF, PG 1, LN 16B | (A) EXPENSES PER BOOKS 48,295. | (B) NET INVEST- MENT INCOME 19,318. | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES 28,977. |
| - | | :==== | | |
| FORM 990-PF | OTHER PROFES | SIONAL FEES | | STATEMENT 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| DEXTER ENTERPRISES, INC. INVESTMENT CONSULTING FEES GRANT CONSULTING SERVICES INVESTMENT MANAGEMENT FEES | 1,583,611. 378,514. 35,716. 60,685. | 378,514. 0. | | 950,167. 0. 35,716. 0. |
| TO FORM 990-PF, PG 1, LN 16C | 2,058,526. | 1,072,643. | | 985,883. |
| | | | | |
| FORM 990-PF | TAX | ES | 2 | STATEMENT 7 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| FOREIGN TAXES | 663,227. | 663,227. | 2 | 0. |
| NET INVESTMENT INCOME TAXES NET STATE UBIT TAXES | 4,628,650. 663,456. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 5,955,333. | 663,227. | | 0. |
| : | | | | |

| FORM 990-PF | OTHER E | XPENSES | STATEMENT 8 | | |
|---|------------------------------|-----------------------------------|-------------|-------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES | |
| INVESTMENT INTEREST PASS THRU FROM K-1S NON DEDUCTIBLE EXPENSE PASS | 1,347,795. | 1,010,138. | | 0. | |
| THRU FROM K-1S CHARITABLE DONATIONS PASS | 157,435. | 0. | | 0. | |
| THRU FROM K-1S RENTAL LOSS FROM PASS-THRU | 63,864. | 0. | | 63,864. | |
| K-1S ROYALTY DEDUCTIONS FROM | 627,145. | 174,270. | | 0. | |
| PASS-THRU K-1S | 177,974. | 177,974. | | 0. | |
| INSURANCE | 12,253. | 4,901. | | 7,352. | |
| BANK CHARGES OTHER DEDUCTIONS PASS-THRU | 537. | 215. | | 322. | |
| FROM K-1S FILING FEES | 15,137,603. 775. | 9,201,253. 310. | | 0. 465. | |
| TO FORM 990-PF, PG 1, LN 23 | 17,525,381. | 10,569,061. | | 72,003. | |

| FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES | STATEMENT 9 |
|--|-------------|
| DESCRIPTION | AMOUNT |
| PUBLICLY TRADED SECURITIES CARRYING VALUE REDUCTION TO DONOR'S BASIS | 3,509,495. |
| TOTAL TO FORM 990-PF, PART III, LINE 5 | 3,509,495. |

| FORM 990-PF | CORPORATE STOCK | | STATEMENT 10 |
|--|-----------------|---|--|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| BERKSHIRE HATHAWAY CL B BERKSHIRE HATHAWAY CL A DEXTER GLOBAL EQUITY TE, DEXTER INTERNATIONAL EQUI DEXTER US EQUITY TE, LLC FIRST HORIZON NATIONAL CO BRKA/B STOCK SET ASIDE FO PROGRAM (FAME) | TTY TE, LLC | 19,617,622. 83,992,691. 96,435,606. 152,154,231. 123,471,366. 184. | 67,097,405. 290,600,795. 90,363,702. 133,397,949. 151,992,904. 0. |
| TOTAL TO FORM 990-PF, PAR | RT II, LINE 10B | 477,776,665. | 740,732,702. |
| FORM 990-PF | CORPORATE BONDS | | STATEMENT 11 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| DEXTER FIXED INCOME TE, I | TLC | 39,581,727. | 35,732,121. |
| TOTAL TO FORM 990-PF, PAR | RT II, LINE 10C | 39,581,727. | 35,732,121. |

| FORM 990-PF | OTHER | RINVESTMENTS | | STATEMENT 12 |
|---|---------------|--|--|---|
| DESCRIPTION | | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| BLACKSTONE REAL ESTATE PARTNE | RS V | COST | | |
| AND VI, LP | | | 757,056. | 21,407 |
| LEGACY VENTURE FUNDS | | COST | 1,550,606. | 2,460,407 |
| TISHMAN SPEYER INVESTMENTS: II | NDIA | COST | | |
| REAL ESTATE VENTURE | | | 314,228. | 175,297 |
| TISHMAN SPEYER INVESTMENTS: 2 | 01 | COST | | |
| FOLSOM INVESTOR FEEDER, LP | | | 24,075. | 20,853 |
| DEXTER HEDGE FUNDS TE, LLC | | COST | 126,617,133. | 189,224,304 |
| DEXTER PRIVATE EQUITY TE, LLC | | COST | 185,298,228. | 281,811,825 |
| DEXTER REAL ASSETS TE, LLC | | COST | 97,448,262. | 130,524,569 |
| COASTAL MAINE BOTANICAL GARDE | NS PRI | COST | | |
| RECEIVABLE | | | 7,500,000. | 7,500,000 |
| AMERICAN INFRASTRUCTURE MLP | | COST | 562,220. | 159,221 |
| ENTREPRENEURIAL VALUE FUND | | COST | 31,476,372. | 39,551,198 |
| OLYMPIA X | | COST | 124,219. | 251,726 |
| OZ ADVISORS | | COST | 0. | 5,741 |
| | | | E 4 004 | 0.00 0.00 |
| PRECISION CAPITAL | | COST | 54,031. | 269,522 |
| | , LINE | | 451,726,430. | 651,976,070 |
| PRECISION CAPITAL | | | | • |
| PRECISION CAPITAL TOTAL TO FORM 990-PF, PART II FORM 990-PF | OT E | 13 | | 651,976,070 |
| PRECISION CAPITAL TOTAL TO FORM 990-PF, PART II | TO E RY | THER ASSETS BEGINNING OF | 451,726,430. END OF YEAR | 651,976,070 STATEMENT 13 FAIR MARKET |
| PRECISION CAPITAL TOTAL TO FORM 990-PF, PART II FORM 990-PF DESCRIPTION | OT E YF | THER ASSETS BEGINNING OF R BOOK VALUE | 451,726,430. END OF YEAR BOOK VALUE | 651,976,070 STATEMENT 13 FAIR MARKET VALUE |
| PRECISION CAPITAL TOTAL TO FORM 990-PF, PART II FORM 990-PF DESCRIPTION SPORTS MEMORABILIA COLLECTION TO FORM 990-PF, PART II, LINE | 0T | THER ASSETS BEGINNING OF R BOOK VALUE 5,000. | 451,726,430. END OF YEAR BOOK VALUE 5,000. | 651,976,070 STATEMENT 13 FAIR MARKET VALUE 5,000 5,000 |
| PRECISION CAPITAL TOTAL TO FORM 990-PF, PART II FORM 990-PF DESCRIPTION SPORTS MEMORABILIA COLLECTION | 0T | THER ASSETS BEGINNING OF R BOOK VALUE 5,000. | 451,726,430. END OF YEAR BOOK VALUE 5,000. | STATEMENT 13 FAIR MARKET VALUE 5,000 |
| PRECISION CAPITAL TOTAL TO FORM 990-PF, PART II FORM 990-PF DESCRIPTION SPORTS MEMORABILIA COLLECTION TO FORM 990-PF, PART II, LINE | 0T | THER ASSETS BEGINNING OF R BOOK VALUE 5,000. | 451,726,430. END OF YEAR BOOK VALUE 5,000. | 651,976,070 STATEMENT 13 FAIR MARKET VALUE 5,000 5,000 |
| PRECISION CAPITAL TOTAL TO FORM 990-PF, PART II FORM 990-PF DESCRIPTION SPORTS MEMORABILIA COLLECTION TO FORM 990-PF, PART II, LINE FORM 990-PF | OTHER | THER ASSETS BEGINNING OF R BOOK VALUE 5,000. | 451,726,430. END OF YEAR BOOK VALUE 5,000. | STATEMENT 13 FAIR MARKET VALUE 5,000 5,000 STATEMENT 14 |

FORM 990-PF

STATEMENT 15

| TRUSTEES AND | FOUNDATION MANA | NAGERS | | |
|---|--------------------------|-------------------|---------------------------------|--------------------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| THEODORE B. ALFOND | TRUSTEE | | | |
| C/O DEXTER ENT., TWO MONUMENT SQUARE PORTLAND, ME 04101 | 7.00 | 0. | 0. | 0. |
| WILLIAM L. ALFOND | TRUSTEE | | | |
| C/O DEXTER ENT., TWO MONUMENT SQUARE PORTLAND, ME 04101 | 7.00 | 0. | 0. | 0. |
| GREGORY W. POWELL - SEE STATEMENT | TRUSTEE | | | |
| 18 C/O DEXTER ENT., TWO MONUMENT SQUARE PORTLAND, ME 04101 | 27.00 | 0. | 0. | 0. |
| PETER H. LUNDER C/O DEXTER ENT., TWO MONUMENT | TRUSTEE | | | |
| SQUARE PORTLAND, ME 04101 | 1.00 | 0. | 0. | 0. |
| STEVEN P. AKIN C/O DEXTER ENT., TWO MONUMENT | TRUSTEE | | | |
| SQUARE PORTLAND, ME 04101 | 8.00 | 0. | 0. | 0. |
| THERESA M. STONE C/O DEXTER ENT., TWO MONUMENT | TRUSTEE | | | |
| SQUARE PORTLAND, ME 04101 | 7.00 | 0. | 0. | 0. |
| BARRY MILLS | TRUSTEE | | | |
| C/O DEXTER ENT., TWO MONUMENT SQUARE PORTLAND, ME 04101 | 7.00 | 0. | 0. | 0. |
| KATHARINE ALFOND C/O DEXTER ENT., TWO MONUMENT | TRUSTEE | | | |
| SQUARE PORTLAND, ME 04101 | 7.00 | 0. | 0. | 0. |

PART VII - LIST OF OFFICERS, DIRECTORS

| HAROLD ALFOND FOUNDATION | | | 22 | -3281672 |
|--|----------|----|----|----------|
| JUSTIN ALFOND C/O DEXTER ENT., TWO MONUMENT | TRUSTEE | | | |
| SQUARE PORTLAND, ME 04101 | 7.00 | 0. | 0. | 0. |
| MICHAEL E. DUBYAK C/O DEXTER ENT., TWO MONUMENT | TRUSTEE | | | |
| SQUARE PORTLAND, ME 04101 | 7.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, | PART VII | 0. | 0. | 0. |

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT PART VI-B, LINE 5D

STATEMENT 16

GRANTEE'S NAME

WATERVILLE DEVELOPMENT CORPORATION

GRANTEE'S ADDRESS

ONE COMMON STREET WATERVILLE, ME 04901

| GRANT AMOUNT | DATE OF GRANT | AMOUNT EXPENDED | VERIFICATION DATE |
|--------------|---------------|-----------------|-------------------|
| | | | |
| 1,000,000. | 06/30/16 | 1,000,000. | 10/03/22 |

PURPOSE OF GRANT

FOR WATERVILLE DEVELOPMENT CORPORATION TO SUPPORT BUSINESS EXPANSION AND JOB GROWTH IN WATERVILLE, SPECIFICALLY THROUGH CGI'S EXPANSION TO THE CITY.

DATES OF REPORTS BY GRANTEE

8/15/2017; 7/10/2018; 9/25/2019; 4/24/2020; 6/8/2021; 6/30/22; 10/3/22

ANY DIVERSION BY GRANTEE

TO THE BEST OF THE GRANTOR'S KNOWLEDGE, THERE WERE NO DIVERTED FUNDS.

RESULTS OF VERIFICATION

THE GRANTOR VERIFIED WATERVILLE DEVELOPMENT CORPORATION SUPPORTED THE EXPANSION OF CGI TO WATERVILLE BY PROVIDING GRANT FUNDS IN SUPPORT OF CGI'S EXPENDITURES REQUIRED TO DEVELOP NEW TECHNOLOGIES AND PRODUCTS IN THE FINANCIAL SERVICES AND OTHER INDUSTRIES. THE GRANTOR OBTAINED REPRESENTATIONS FROM THE GRANTEE IN THE GRANTEE'S ANNUAL EXPENDITURE RESPONSIBILITY REPORT THAT THE GRANTEE HAS EXPENDED GRANT FUNDS IN COMPLIANCE WITH THE TERMS OF THE GRANT AGREEMENT. THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE.

GRANTEE'S NAME

MAINE SPORTS COMMISSION

GRANTEE'S ADDRESS

44 LAKESIDE DRIVE FALMOUTH, ME 04105

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

VERIFICATION DATE

5,000.

02/23/18

4,415.

05/10/23

PURPOSE OF GRANT

TO SUPPORT THE 2018/2019 SHE RULES SYMPOSIUM AND FUTURE EVENTS IN CELEBRATION OF NATIONAL GIRLS & WOMEN IN SPORTS DAY.

DATES OF REPORTS BY GRANTEE

AUGUST 16, 2017; OCTOBER 16, 2018; AUGUST 15, 2019

ANY DIVERSION BY GRANTEE

TO THE BEST OF THE GRANTOR'S KNOWLEDGE, THERE WERE NO DIVERTED FUNDS.

RESULTS OF VERIFICATION

THE GRANTOR VERIFIED MAINE SPORTS COMMISSION SUPPORTED THE 2018 AND 2019 SHERULES SYMPOSIUM BY PROVIDING GRANT FUNDS FOR PURCHASING SUPPLIES AND MARKETING MATERIAL FOR THE EVENT. THE GRANTOR OBTAINED REPRESENTATIONS FROM THE GRANTEE IN THE GRANTEE'S ANNUAL EXPENDITURE RESPONSIBILITY REPORT THAT THE GRANTEE HAS EXPENDED \$4,415.29 OF GRANT FUNDS IN COMPLIANCE WITH THE TERMS OF THE GRANT AGREEMENT THROUGH AUGUST 2019. IN MAY 2023, THE GRANTOR VERIFIED THAT NO ADDITIONAL FUNDS HAVE YET BEEN EXPENDED. THE GRANTOR HAS VALID REASONS TO BELIEVE THE \$584.71 OF FUNDS YET TO BE EXPENDED BY MAINE SPORTS COMMISSION WILL BE EXPENDED IN COMPLIANCE WITH THE TERMS OF THE GRANT AGREEMENT. THE GRANTOR HAS NO REASON TO DOUBT THE ACCURACY OR RELIABILITY OF THE REPORT FROM THE GRANTEE.

FORM 990-PF

SUMMARY OF PROGRAM-RELATED INVESTMENTS

STATEMENT 17

DESCRIPTION

REVENUE SHARING AGREEMENT WITH A THIRD-PARTY TAX-EXEMPT ORGANIZATION WITH RESPECT TO AMOUNTS PREVIOUSLY EXPENDED BY THE FOUNDATION AS QUALIFIED DISTRIBUTIONS IN SUPPORT OF THE DEVELOPMENT OF A COMPUTER SCIENCE SECONDARY EDUCATION PROGRAM. THE PROGRAM CONSISTS OF A COMPUTER SCIENCE EDUCATION CURRICULUM AND COMPUTER SCIENCE TEACHER PROFESSIONAL DEVELOPMENT FOR GRADES 9 THROUGH 12. THE PARTIES TO THE AGREEMENT DESIRE AND EXPECT THE THIRD-PARTY TAX-EXEMPT ORGANIZATION WILL MAKE THE PROGRAM MORE BROADLY AVAILABLE TO HIGH SCHOOL STUDENTS AND EDUCATORS IN THE UNITED STATES AND WORLDWIDE. UNDER THE AGREEMENT, A PERCENTAGE OF ANY REVENUE COLLECTED BY THE THIRD-PARTY TAX-EXEMPT ORGANIZATION FROM THE PUBLICATION, LICENSING AND DISTRIBUTION OF THE PROGRAM WILL BE PAID TO THE FOUNDATION.

AMOUNT

TO FORM 990-PF, PART VIII-B, LINE 1

EXPLANATION:

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0.

GENERAL EXPLANATION

STATEMENT 18

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART VIII - FOUNDATION TRUSTEE POWELL ADDITIONAL INFORMATION

GREGORY POWELL IS AN EMPLOYEE OF DEXTER ENTERPRISES, LLC. DEXTER ENTERPRISES, LLC IS COMPENSATED UNDER A MANAGEMENT CONTRACT WITH THE FOUNDATION. SEE STATEMENT 6 FOR DEXTER ENTERPRISES, LLC INFORMATION.

GENERAL EXPLANATION

STATEMENT 19

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

990-PF, PART I, LINE 6A, COLUMN A - DISTRIBUTION OF PROPERTY FOR CHARITY EXPLANATION:

UNDER REGULATION 53.4940-1, A DISTRIBUTION OF PROPERTY FOR CHARITABLE PURPOSES UNDER SECTION 170(C)(1) OR (2)(B) MADE BY A FOUNDATION TO A CHARITABLE ORGANIZATION IS NOT TREATED AS A TAXABLE SALE OR DISPOSITION. THE CAPITAL GAIN RECORDED ON THE BOOKS IS NOT TAXABLE; THEREFORE, THE PROPERTY DISTRIBUTION IS EXCLUDED FROM NET INVESTMENT INCOME, LINE 7, COLUMN (B).