Form 990-PF

CHANGE IN ACCOUNTING PERIOD Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

QUZ I
Open to Public Inspection

For ca	lendar	year 2021 or tax	x year beginnin	g	4/01 , 2021,	, and ending 12		,20 2021	
							Α	Employer identification nun	nber
		ZABETH HON			D 00DD	-	_	01-0238086 Telephone number (see inst	- untinno\
DBA	JONA	AH AND ELIZ	ZABETH DYE	R CHA	R. CORP		В	(207) 767-341	
PMB	#395	5, 50 MARKE	ET STREET	ΙA		-		(201) 101-341	
5001	H PC	ORTLAND, ME	E 04106				С	If exemption application is	pending, check here ►
		1 41 4 1	1. 20. 1. 1.		1			, ,,	
G Ch	еск аг	I that apply:	Initial return		Initial return of a form	ner public charity	D	 Foreign organizations, chec 	k here
			Final return	Ļ	Amended return			2 Foreign organizations meet	ing the 959/ test sheek
			Address cha		Name change			here and attach computation	
H Ch		pe of organization			(c)(3) exempt private for			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Se	ction 4947(a)(1)	nonexempt cha	ritable tr	ust Other taxable p	orivate foundation	Ε	If private foundation status	
1 Fai	market	value of all assets a	at end of year	J Acc	counting method: C	ash X Accrual		under section 507(b)(1)(A)	, check here
		II, column (c), line 1			Other (specify)		F	If the foundation is in a 60-	month termination
▶ 5	3	1,901,	.172.	(Part I	column (d), must be or	n cash basis.)	•	under section 507(b)(1)(B)	
Part	ΙΙΔ	nalysis of Re		1 ((,,,				(d) Dishursoments
Tare	┷┋	xpenses (The	total of amount	ts in	(a) Revenue and	(b) Net investment	t	(c) Adjusted net	(d) Disbursements for charitable
	co	lumns (b), (c), a	and (d) may not		expenses per books	income		income	purposes
		cessarily equal t			ļ		- 1		(cash basis only)
	co	lumn (a) (see in							
		<u> </u>	ts, etc., received (attach s						
	2	Check ► X if the foun	ndation is not required to atta	ich Sch. B					A Section 1
	2	Interest on savings and te	emoorary cash investment	,	40.	1	о.		
	4	Dividends and intere			43,935.	43,93			
	1 '	Gross rents			43,933.	43,93	٧٠		
		Net rental income							
	1	or (loss)			87,528.				
Revenue	6	Net gain or (loss) from sa Gross sales price fo assets on line 6a.	ale of assets not on line it		67,320.		_		
	_ `	assets on line 6a	351	,442.		07.50	~		
20	7	Capital gain net inco			A	87,52	8.		
₹	8	Net short-term capit	-						
ď	9	Income modification	ns		1				1 24
	10 a	Gross sales less returns and			14 h				
	١.	allowances Less: Cost of			\$ p.				
	1 7	goods sold							
		Gross profit or (loss) (att	tach schedule)	,					
	11	Other income (attac	ch schedule)						
	12	Total. Add lines 1 th	hrough 11		131,503.	131,50	3.		
	13	Compensation of of	fficers, directors, trus	stees, etc.	0.				
88	14	Other employee sale	laries and wages						
ΣŽ	15	Pension plans, emp	ployee benefits						
₫.	16 8	Legal fees (attach s	schedule) SEE	ST.1	185.				
⇉	I	Accounting fees (at	ttach sch) SEE	. S.T2	2,250.				
Ш	1 7	Other professional fees (attach sch), SEE	ST3	10,132.	10,13	2	- ···-	
8	1	Interest			10,102.	10,10			
æ	18		see instrs)			 			
Ę	19	Depreciation (attach							
. <u>s</u>	ו ו		rı etion						
٠Ē	20					<u> </u>			
ō	21	Travel, conferences	s, and meetings						
⋖	22		ations						
2	23	Other expenses (att	tach schedule)						
<u> </u>		5	SEE STATEM	ENT 4	-41.				959.
5	24	Total operating and	d administrative				_		
12	1	expenses. Add line:	s 13 through 23) H 1 1 2 7 7 1	12,526.	10,13	2.		959.
2	25	Contributions, gifts, grant	its paid	VX. TS	60,000.				60,000.
Operating and Administrative Expenses	26	Total expenses and	d disbursements.						60.050
			5		72,526.	10,13	2.		60,959.
	27	Subtract line 26 from							
	;	a Excess of revenue	•		E0 077				
	Ι.		S		58,977.	121,37	1		e de la
	1	Net investment inco	· -			121,3/	<u> </u>		The state of the s
	1 (C Adjusted net incom	ne (if negative, enter	-0-)	1 (kd.) 6	J			en see the first of any or an

Dark		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End o	f year
I ai	·	Dalatice Officets	(See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-	bearing			
	2	Savings and tempora	ary cash investments	24,703.	61,160.	61,160.
	3	Accounts receivable.	············			
		Less: allowance for o	fouhtful accounts >			
	4	Pledges receivable				
		Less: allowance for o	doubtful accounts			
	5					
	6	Receivables due from offic	ers, directors, trustees, and other th schedule) (see instructions)			
	7	Other notes and loans rece				
		Less: allowance for o	doubtful accounts			
	8	Inventories for sale of				
ľΑ	l		nd deferred charges			
	l		and state government			
Assets	10 a	obligations (attach so	chedule)			
SS	b	Investments — corporate s	stock (attach schedule)			
Ŕ	1		ponds (attach schedule)			
	1	Investments – land, equipment: basis	buildings, and			30-1
	12	Investments - morto	gage loans			
	13		(attach schedule) . STATEMENT .5	1,800,202.	1,840,012.	1,840,012.
			equipment: basis	1,000,202.	1,040,012.	1,040,012.
	'-	Less: accumulated depreci (attach schedule)	ation			
	15	Other accets (describ	>			
	15 Other assets (describe ►) 16 Total assets (to be completed by all filers — see the instructions. Also, see page 1, item I)		1,824,905.	1,901,172.	1,901,172.	
	17		nd accrued expenses		<u> </u>	A STATE OF THE STA
	18	Grants payable				
S	19	' -				
Ę.	20	Loans from officers, direct	tors, trustees, & other disqualified persons			
<u>:</u>	21		s payable (attach schedule)			
Liabilities	22	Other liabilities (desc				
_	~~	Other habilities (desc				
	23	Total liabilities (add	lines 17 through 22)	0.	0.	
ances		Foundations that fol	low FASB ASC 958, check here			
	24		onor restrictions	1,824,905.	1,901,172.	1 H3 1 H3 1 H3
Ba	25	Not accets with dans	ar roctrictions		, , , , , , , , , , , , , , , , , , , ,	
2	25		or restrictions			
Net Assets or Fund Ba		and complete lines 2	not follow FASB ASC 958, check here 26 through 30.			
0	26	Capital stock, trust p	rincipal, or current funds			English States
헝	27	Paid-in or capital surplus,	or land, bldg., and equipment fund			
SS	28	Retained earnings, accumi	ulated income, endowment, or other funds			
Ϋ́	29			1,824,905.	1,901,172.	
₹	30	Total liabilities and r	net assets/fund balances	1,824,905.	1,901,172.	
Par	t IIII	<u> </u>	iges in Net Assets or Fund Balanc			
					roo with	
1	end-	r net assets or tund ba of-year figure reported	alances at beginning of year – Part II, colur d on prior year's return)	THE CO (THUST AGE	1	1,824,905.
2		, ,	line 27a			58,977.
3			ne 2 (itemize) ► SEE STATEMENT 6		3	17,290.
4			SEE STATEMENT 0			1,901,172.
5	_					
6	Total	I net assets or fund h	alances at end of year (line 4 minus line 5)	- Part II column (h) lin	ne 29 6	1,901,172.
	iolai	The assets of fully be	alarious at one of year (into + minus inte s)	. a.c.i., colainii (b), iii		1,001,112.

· · · · · · · · · · · · · · · · · · ·	osses for Tax on Investme				-	
	ne kind(s) of property sold (for exa ehouse; or common stock, 200 sh		(b) How acqu P — Purcha D — Donati	ise (i	Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a BROKERED PUBLICLY TR	ADED SECURITIES					
b CAPITAL GAIN DIVIDEN	DS					
С						
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense of		(((h) Gain or (e) plus (f) m	
a 310,848.		2	63,914.			46,934.
b						
С						
d						
e						
Complete only for assets showing	g gain in column (h) and owned by	the foundation on 12/3	1/69.		(I) Gains (Col.	(h)
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. over col. (j), if an			ninus col. (k), b -) or Losses (fro	
а						46,934.
b						40,594.
С						
d						
е						
2 Capital gain net income or (net c	apital loss) If gain, also	enter in Part I, line 7 er -0- in Part I, line 7	} [2		87,528.
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5)	and (6):				
	3, column (c). See instructions. If]-	3		46,934.
Part V Excise Tax Based or	n Investment Income (Section	on 4940(a), 4940(b), or 49	48 – see insti	ructions	5)	
				·		
1 a Exempt operating foundations described i	* * * * * * * * * * * * * * * * * * * *			1 L		
Date of ruling or determination letter:		tter if necessary – see ii				
b All other domestic foundations e	·			\vdash \vdash	1	1,687.
4% (0.04) of Part I, line 12, col.	(b)					
2 Tax under section 511 (domestic	section 4947(a)(1) trusts and taxa	able		· -		<u> </u>
foundations only; others, enter -	0-)				2	0.
					3	1,687.
4 Subtitle A (income) tax (domesti	c section 4947(a)(1) trusts and tax	able foundations only; o	thers, enter -C)-)	4	0.
5 Tax based on investment incom-	e. Subtract line 4 from line 3. If ze	ro or less, enter -0		· · · · ·	5	1,687.
6 Credits/Payments:		1 1		1		
a 2021 estimated tax pymts and 2020 overp				300.	1.00	
b Exempt foreign organizations —	tax withheld at source					
c Tax paid with application for exte		 	3,	000.		
d Backup withholding erroneously						
	lines 6a through 6d			_	7	3,300.
	nent of estimated tax. Check here				8	18.
	nore than line 7, enter amount owed				9	0.
' '	total of lines 5 and 8, enter the amount ove	· ·		—	10	1,595.
11 Enter the amount of line 10 to be: Creditor	ed to 2022 estimated tax	1,595.	Refunded	•	11	0.
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Part VI-A | Statements Regarding Activities

		,		
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 a	Yes	No X
1	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1 b		Х
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
	c Did the foundation file Form 1120-POL for this year?	1 c		Х
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation > \$ 0. (2) On foundation managers > \$ 0. e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
,	foundation managers • \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
_	If 'Yes,' attach a detailed description of the activities.			<u> </u>
		100		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b		1
5	and the contract of the contra	5		X
,	If 'Yes,' attach the statement required by General Instruction T.	Ť		1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
·	By language in the governing instrument, or			
				ļ
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6	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	X	l
	a Enter the states to which the foundation reports or with which it is registered. See instructions ▶			
	ME	1		
	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 <i>General Instruction G?</i> If 'No,' attach explanation	8 b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or 4942(i)(5)			
,	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 2021 or the tax year beginning in 2021? 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		X
11	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	l		
		11		<u> X</u>
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	X	
	Website address			
14	The books are in care of ► WILLIAM J. GILCHREST Telephone no. ► <u>(207)</u>		<u>-341</u>	<u> 12</u>
	Located at ► PMB #395, 50 MARKET ST. 1A SOUTH PORTLAND ME ZIP + 4 ► 04106			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	N/A	>	
	and enter the amount of tax-exempt interest received or accrued during the year		, <u>.</u>	N/A
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a		Yes	No
	bank, 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 foreign country ▶		0.55	(2021)
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Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 a (1)		Х
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1 a (2)		Х
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1 a (5)		Х
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.).	1 a (6)		Х
b If any answer is 'Yes' to 1a(1)—(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1 b		
c Organizations relying on a current notice regarding disaster assistance, check here			
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021?	1 d		X
 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? 	2 a		х
If 'Yes,' list the years ▶ 20 , 20 , 20 , 20			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.).	2 b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
➤ 20, 20, 20	3 a		Х
b If 'Yes,' did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)	3 b		
4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		Х
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 2021?	4 b	O DE	X (2021)
BAA	orm 9 8	יט-פר	(2021)

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Sa Dúng the year, dolt the foundation pay or neut any amount to: (1) Carry on procaganda, or otherwise alternity or influence legislation (section 4945(e))? Sa (3) X	Form 990-PF (2021) CAPE ELIZABETH HOPE Part VI-B Statements Regarding Activities	ME lies for Which Form	n 4720 May Be Red	01-023	8086		Page 6
(1) Carry on proapgands, or otherwise alternot to influence legislation (section 4945(e))? (2) Influence the autenia of any specific nubial section (see section 4955), or to carry on, directly or infraredly, any voter expectation diver? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to a middle and the first study or other similar purposes? (5) Provide to a grant to a middle section of the first study or other similar purposes? (6) Provide for any surpose other than charitable, etc., organization described in a grant study or other providing of carry or observations and the first study or other providing of carry or observations and the first study or observations are study or observations and the study of the secondary or observations are study or observations. (5) Provide for any surpose other than charitable, etc., organization described in a study of the secondary or observations are study or observations. (6) Provide for any surpose other than charitable, etc., organization of secondary and the secondary of secondary or observations. (7) Provide for any surpose other than charitable, etc., organization of secondary and secondary of the secondary of secondary or observations. (8) Provide for any surpose other than charitable, etc., organization secondary of the secondary of th			11 4720 may be nee	quired (corninaca)		Yes	No
on, directly or indirectly, any voter registration drive?	• • • • • • • • • • • • • • • • • • • •	•	(section 4945(e))?		<u>5</u> a	(1)	X
40 Provise a grant to an organization other than a charable, etc., organization described in section 499c(0)(40)(3) See instruction. 43 Provise for any purpose offer than religious charable scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? 51 Provise for any purpose offer than religious charable scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? 52 See instructions	(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	4955); or to carry		5 a	(2)	Х
in section 945(0)(4)(4)(4) See instructions (S) Provice for any purposes other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals? Bit any answers in Yes's to Sci./ OS, did any of the transactions to 16 quality under the exceptions described in Regulations section 53.4 945 or in a current notice regarding disaster assistance, check here. C If the nawyer is Yes's to Sci./ OS, did any of the forancing disaster assistance, check here. C If the answer is Yes's to scustors 549, does the foundation from the tax because it maintained expenditure responsibility for the grant? If Yes, is attach the statement required by Regulations section 53.4945-5(0). For Dut the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract required by Regulations section 53.4945-5(0). For Dut the foundation during the year, receive any funds, directly or indirectly, on a personal benefit contract of the foundation aparty to a prohibited tax shelter transaction? 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 8 is the foundation subject to the section 486 for son paymently) of more than \$1,000,000 in remuneration (a) Name and address of the section 486 for son paymently) of more than \$1,000,000 in remuneration (a) Name and address of each employee foundation managers and their compensation. See instructions. (b) Title, and average flours per week devoted to position (c) Compensation (d) Contributions to employee paid more than \$50,000 for the foundation seeded of the prophyse period of the response of the paid of t	(3) Provide a grant to an individual for travel,	study, or other similar p	urposes?		<u>5 a</u>	(3)	X
educational purposes, or for the prevention of cruelty to children or animals? Bit any answer, is Yes' to Salo(1)—(2), did any of the transactions fair to quality under the exceptions described in Requisitions section 53,4945 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here. If the answer is Yes' to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If Yes', attach the statement required by Regulations section 53,4945-5(6). 66 Did the foundation, curing the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b) If the foundation, during the year, pay premiums, directly or indirectly, to pay premiums. 6 a	(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? See instructions	nan a charitable, etc., or	ganization described		5 a	(4)	Х
See instructions. Crganizations relying on a current notice regarding disaster assistance, check here c if the answer is "ses" to quosion 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit conflued year, pay premiums, directly or indirectly, on a personal benefit conflued year, pay premiums, directly or indirectly, on a personal benefit conflued. 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 8 is the foundation subject to the section 4950 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachule payment(s) during the year? Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (b) Title, and average hours per week devoted to position of the party o	(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific, n of cruelty to children c	literary, or or animals?		5 a	(5)	Х
c If the answer is 'Yes' to guestion 5a(a), doos the foundation claim exemption from the tax because it manitained expenditure responsibility for the grant? If Yes, 'attach the statement required by Regulations section 53.4945-5(b). 6 a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 6 b Did the foundation, during the year, asy premiums, directly or indirectly, on a personal benefit contract? 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 8 is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachite payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See Instructions. (a) Name and address (b) Title, and average hours prevent devoted to position of the highest-paid employees (b) Title, and average hours prevent devoted to position of the highest-paid employees benefit paid and address of each employee week devoted to position of the highest-paid employees (contractors) 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter NONE: (c) Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter NONE: (d) Name and address of each employee (b) Title, and average hours prevently devoted to position of the part of the remaining of the part of the remaining of the remainin	See instructions					ib N	I/A
tax because it maintained expenditure responsibility for the grant?		_		▶ ∐			
on a personal benefit contract?. bild the foundation, dumpt the year, pay premiums, directly or indirectly, on a personal benefit contract?. 6 b	tax because it maintained expenditure respon-	sibility for the grant?		Ņ	/A	5 d	<u> </u>
It 'Yes' to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? N/A Tb	6 a Did the foundation, during the year, receive an on a personal benefit contract?	ny funds, directly or indi	rectly, to pay premiums		6	ā	X
7 a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?. b if Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?. N/A is the foundation subject to the section 4950 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Part VII		iums, directly or indirect	ly, on a personal benef	it contract?	6	5 b	X
8 is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration revexes parachute payment(s) during the year? Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See Instructions. (a) Name and address (b) Title, and average flours per week devoted to position (t) total paid, enter -0.) 2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter NONE: (a) Name and address of each employee bours per week flours per week evoted to position (b) Title, and average flours per week flours per week flours per week flours per week evoted to position (c) Compensation (d) Contributions to enter the flow of the raillowances (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Compensation (e) Compensation (e) Compensation other allowances (e) Expense account, other allowances (e) Expense (e) Expense (e) Expense (e) Expense (e) Expense (e) Expense	7 a At any time during the tax year, was the found	' '					Х
Part VII	8 Is the foundation subject to the section 4960 to	ax on payment(s) of mo	re than \$1,000,000 in re	emuneration			Х
A List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average devoted to position (c) Compensation (d) not paid, enter -0-) (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) not paid, enter -0-) (not paid) (not						-	
(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (f) Total number of other employees paid over \$50,000.	and Contractors						
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE: (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation plans and deferred compensation of the allowances). NONE		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred			
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter 'NONE.' (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hevoted to position (c) Compensation (d) Contributions to employee be the plans and deferred compensation (e) Expense account, other allowances other allowances Total number of other employees paid over \$50,000.	SEE STATEMENT 7			Compensation		,	
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (h) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances			0.	0.			0.
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (h) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances							
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (h) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances							
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (h) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances							
(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (h) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances							
NONE NONE Total number of other employees paid over \$50,000.	2 Compensation of five highest-paid employee	s (other than those inclu	ided on line 1 – see ins	tructions). If none, ente	r 'NONE.		
Total number of other employees paid over \$50,000.		hours per week	(c) Compensation	employee benefit plans and deferred			
Total fluttibet of other entiployees baid over \$50,000	NONE						
Total fluttibet of other entiployees baid over \$50,000							
Total fluttibet of other entiployees baid over \$50,000							
Total fluttibet of other entiployees baid over \$50,000							
Total fluttibet of other entiployees baid over \$50,000							
Total fluttibet of other entiployees baid over \$50,000							
Total fluttibet of other entiployees baid over \$50,000			-				
Total fluttibet of other entiployees baid over \$50,000							
		The state of the s			Form	990-PF	0 (2021)

and Contractors (continued)	imployees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	•
Part VIII-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part VIII-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	• 0
BAA	Form 990-PF (2021

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities..... 1 a 1,892,116. 1 b 4.380 c Fair market value of all other assets (see instructions)..... 1 c 1 d 896,496 d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets..... 2 3 1,896,496 Subtract line 2 from line 1d..... Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)..... 4 28,447. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 868,049 Minimum investment return. Enter 5% (0.05) of line 5 ... SHORT YEAR MODIFIED PERCENTAGE 3.7671 % 6 70,371. 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part X and certain foreign organizations, check here and do not complete this part.) Minimum investment return from Part IX, line 6..... 70,371. 1 2 a Tax on investment income for 2021 from Part V, line 5 **b** Income tax for 2021. (This does not include the tax from Part V.).... 2 b 2 c 1,687 3 68,684 3 Distributable amount before adjustments. Subtract line 2c from line 1...... Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4. 68,684 Deduction from distributable amount (see instructions)..... 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1...... 7 68.684 Part XI Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26. 1 a 60,959 1 b b Program-related investments — total from Part VIII-B. 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 a **b** Cash distribution test (attach the required schedule)..... 3 b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4..... 4 60,959 Form 990-PF (2021) BAA

TEEA0308L 09/02/21

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
Distributable amount for 2021 from Part X, line 7.				68,684.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years: 20 , 20 , 20	在10年10日 - 10年10日 - 10日	0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e	12,002.			MARKET STATEMENTS
4 Qualifying distributions for 2021 from Part XI,				
line 4: ► \$ 60,959.				
a Applied to 2020, but not more than line 2a			0.	
b Applied to undistributed income of prior years				
(Election required — see instructions)		0.		
c Treated as distributions out of corpus				STATE OF STATE
(Election required — see instructions)	0.			
d Applied to 2021 distributable amount				60,959.
e Remaining amount distributed out of corpus.	0.			
5 Excess distributions carryover applied to 2021				
(If an amount appears in column (d), the same amount must be shown in column (a).)	7,725.			7,725.
	1,125.			7,725.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	4,277.			对此相似的表示
b Prior years' undistributed income. Subtract			Q1100 HELD	
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed			And the second	
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount – see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from				
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2022				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required — see instructions)	0.			
8 Excess distributions carryover from 2016 not				
applied on line 5 or line 7 (see instructions)	0.			建 和基础
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	4,277.			
10 Analysis of line 9:				MANAGE PARTIES
a Excess from 2017				
b Excess from 2018				
c Excess from 2019 4,277.				
d Excess from 2020				
e Excess from 2021				
		Personal linear profession of the profession of		

BAA Form **990-PF** (2021)

Part XIII	Private Operating Foundat	ions (see instr	uctions and Pai	rt VI-A, questior	1 9)	N/A			
1 a If the fo	1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling								
	tive for 2021, enter the date of the r box to indicate whether the foundation	_			4942(j)(3) or	4942(j)(5)			
	ne lesser of the adjusted net	Tax year	ating loundation de	Prior 3 years					
income	from Part I or the minimum	(a) 2021	(b) 2020	(c) 2019	(d) 2018	(e) Total			
	nent return from Part IX for ear listed	(a) 2021	(8) 2020	(6) 2013	(4) 2010				
•	.85) of line 2a								
	ing distributions from Part XI, for each year listed								
	included in line 2c not used directly conduct of exempt activities								
for activ	ing distributions made directly ve conduct of exempt activities. ct line 2d from line 2c								
	ete 3a, b, or c for the tive test relied upon:								
a 'Assets	' alternative test – enter:								
(1) Val	lue of all assets								
(2) Val	lue of assets qualifying under ction 4942(j)(3)(B)(i)								
minimum	ent' alternative test — enter 2/3 of n investment return shown in Part IX, r each year listed								
•	rt' alternative test – enter:								
(1) Tot	al support other than gross								
div on	estment income (interest, idends, rents, payments securities loans (section 2(a)(5)), or royalties).								
	,,,,,,								
mor	port from general public and 5 or e exempt organizations as provided ection 4942(j)(3)(B)(iii)								
	gest amount of support from exempt organization								
	oss investment income								
Part XIV	Supplementary Information	(Complete this	part only if the	e foundation ha	d \$5,000 or mor	e in			
	assets at any time during th		istructions.)						
	ation Regarding Foundation Manage y managers of the foundation who h		ire than 2% of the t	otal contributions re	ceived by the founda	tion before the			
close o	f any tax year (but only if they have	contributed more t	han \$5,000). (See s	section 507(d)(2).)					
h List on	y managers of the foundation who o	un 10% or more of	the stock of a corn	eration (or an equa	ly large portion of th	e ownership of			
a partn NONE	ership or other entity) of which the f	oundation has a 10	% or greater intere	st.	ly large portion of the	e ownership or			
	ation Regarding Contribution, Grant here ☐ if the foundation only m				and does not accep	t unsolicited			
2a, b, c	ts for funds. If the foundation makes c, and d. See instructions.					plete items			
a The na	me, address, and telephone numbe	r or email address	of the person to wh	om applications sho	ould be addressed:				
cee	STATEMENT 8								
	m in which applications should be s	ubmitted and inforr	mation and material	s they should includ	e:	· · · · · · · · · · · · · · · · · · ·			
	•								
	STATEMENT FOR LINE 2A								
c Any su	bmission deadlines:								
SEE	STATEMENT FOR LINE 2A								
d Any re	strictions or limitations on awards, s	uch as by geograpl	hical areas, charital	ole fields, kinds of ir	istitutions, or other fa	actors:			
SEE	STATEMENT FOR LINE 2A								

01-0238086 Form 990-PF (2021) CAPE ELIZABETH HOME 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, oundation Recipient Purpose of grant or contribution show any relationship to Amount status of recipient any foundation manager or substantial contributor Name and address (home or business) a Paid during the year SEE STATEMENT 9 ► 3 a 60,000. **b** Approved for future payment

3 b

Total

Form 990-PF (2021) 01-0238086 Page 12 CAPE ELIZABETH HOME Part XV-A Analysis of Income-Producing Activities Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise indicated. Unrelated business income (e) (d) (a) (b) (c) Related or exempt Amount Amount Exclu-**Business** function income sion (See instructions.) code 1 Program service revenue: code g Fees and contracts from government agencies... Interest on savings and temporary cash investments 14 40 Dividends and interest from securities..... 4 14 43,935 5 Net rental income or (loss) from real estate: a Debt-financed property..... Net rental income or (loss) from personal property 7 Other investment income..... Gain or (loss) from sales of assets other than inventory..... 18 87,528 8 Net income or (loss) from special events Gross profit or (loss) from sales of inventory..... 10 Other revenue: a 12 Subtotal. Add columns (b), (d), and (e) 131.503 **13 Total.** Add line 12, columns (b), (d), and (e)..... 131.503 (See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the Line No. accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.) N/A

Form **990-PF** (2021)

Form 990-PF (2021) CAPE ELIZABETH HOME 01-0238086

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Frempt Organizations

		xempi Organ	izations								
des	cribed	ganization directly in section 501(c) political organiza	(other than sect	ngage in any o tion 501(c)(3) o	f the following wi organizations) or	h any oth in section	er organization 527,			Yes	No
-		from the reportin	_							-X. (3)	
											<u>X</u> _
(2)	Other	assets									<u>X</u>
b Oth	er tran	sactions:								5.35	
(1)	Sales	of assets to a no	ncharitable exer	npt organizatio	on				1 b (1)		X
(2)	Purch	ases of assets fro	om a noncharital	ble exempt org	ganization				1 b (2)		X
		l of facilities, equ									X
(4)	Reimt	oursement arrang	ements						1 b (4)		X
		or loan guarante									X
		rmance of service									X
		f facilities, equipr									X
d If th the any	ne ansv goods transa	wer to any of the s, other assets, or action or sharing	above is 'Yes,' or services given arrangement, sh	complete the fo by the reporting now in column	ollowing schedule og foundation. If t (d) the value of t	e. Column he founda he goods,	(b) should alway	ys show the fa ss than fair ma r services rec	air market value arket value in eived.		
a) Line no	0. ((b) Amount involved	(c) Name o	noncharitable ex	empt organization	(a)	Description of trans	iters, transactions	, and snaring arran	gement	
I/A						-					
			····								
	_										
						_					
	_										
				-							
											
	_										
des	scribed	indation directly of in section 501(c)) (other than sec	tion 501(c)(3))	or in section 52.	<u> </u>				5 X	No
	(a)	Name of organiza	ation	(b) Ty	pe of organization	n	(c)) Description	of relationship		
N/A											
		_									
Sign Here	> /_	nalties of perjury, I declared complete. Declared the period of the peri	Glei	d this return, including than taxpayer) is	ng accompanying sched based on all information	2027	ements, and to the best preparer has any know TREASURER Title	of my knowledge a wledge.	May the this retu preparer See inst	IRS discirn with the shown betructions	elow:
L		Print/Type preparer's		Prepare	r's signature		Date	Check	if PTIN		البنب
				182	vid P. Dorf	Prad	6/23/202		┛" ┃	5920	
Paid			OUFFARD				1 4 50/ 500		1-0447753		
repar		Firm's name	BROOKS &		A'S			Timis Elly (11-0441133	<u> </u>	
Jse Or	nly	Firm's address		ANT HILL					(202) 002	0017	`
			SCARBOROUG	GH, ME 04	074			Phone no.	(207) 883-		
2 / / 2									Form 9	90-PF	(2021)

Form **2220**

Underpayment of Estimated Tax by Corporations

► Attach to the corporation's tax return.

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

OMB No. 1545-0123

2021

Department of the Treasury Internal Revenue Service

CAPE ELIZABETH HOME DBA JONAH AND ELIZABETH DYER CHAR. CORP

Required Annual Payment

Employer identification number

01-0238086

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.

1	Total tax (see instructions)					<u> </u>	1,687.
2 a	Personal holding company tax (Schedule PH (Form 1120			2 a			
ŀ	on line 1bLook-back interest included on line 1 under section 460(Ì	
-	long-term contracts or section 167(g) for depreciation un	der the	income	2 b			
	forecast method						
	Credit for federal tax paid on fuels (see instructions)					2 4	
	Total. Add lines 2a through 2c			this forms. The corn	oration	2 d	
	Subtract line 2d from line 1. If the result is less than \$50 does not owe the penalty					3	1,687.
	Enter the tax shown on the corporation's 2020 income ta zero or the tax year was for less than 12 months, skip this line	e and e	nter the amount from	line 3 on line 5		4	1,300.
5	Required annual payment. Enter the smaller of line 3 or enter the amount from line 3					5	1,300.
Par	t II Reasons for Filing — Check the boxes belo	w tha	t apply. If any bo	xes are checked	, the cor	poration	must
	file Form 2220 even if it does not owe a			ctions.			
6	The corporation is using the adjusted seasonal insta						
7	The corporation is using the annualized income insta						
8	The corporation is a "large corporation" figuring its f	irst req	uired installment ba	sed on the prior ye	ar's tax.		
Par	t III Figuring the Underpayment						
			(a)	(b)	(0	:)	(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	8/15/21	9/15/21	12/1	5/21	
10							
10	7 above is checked, enter the amounts from Schedule						
	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)		400	422		424	
11	of line 5 above in each column	10	433.	433.		434.	
11	column (a) only, enter the amount from line 11 on						
	line 15. See instructions	11	300.				
	Complete lines 12 through 18 of one column before going to the next column.						
	Enter amount, if any, from line 18 of the preceding column	12					
13	Add lines 11 and 12	13					
14	Add amounts on lines 16 and 17 of the preceding column	14		133.		566.	
15		15	300.	0.		0.	
	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		133.		566.	
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	133.	433.		434.	
18	Overpayment. If line 10 is less than line 15, subtract						
•	line 10 from line 15. Then go to line 12 of the	_				ļ	
	next column	18				1	

Part IV Figuring the Penalty (a) (b) (c) (d) Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions..... 5/13/22 5/13/22 5/13/22 19 Number of days from due date of installment 20 271 240 149 on line 9 to the date shown on line 19...... Number of days on line 20 after 4/15/2021 and before 7/1/2021..... 21 Number of days 22 Underpayment × 3% (0.03) on line 21 on line 17 365 22 Number of days on line 20 after 6/30/2021 and 23 46 15 before 10/1/2021..... Number of days 24 Underpayment × 3% (0.03) on line 23 on line 17 0.50 24 0.53 Number of days on line 20 after 9/30/2021 and 92 92 16 25 Number of days 26 Underpayment × 3% (0.03) on line 25 on line 17 365 3.27 0.57 26 1.01 Number of days on line 20 after 12/31/2021 and 90 27 90 90 Number of days Underpayment on line 27 × 3% (0.03) on line 17 365 0.98 3.20 3.21 28 Number of days on line 20 after 3/31/2022 and 43 29 43 43 Number of days Underpayment 30 on line 29 X on line 17 365 30 0.63 2.04 2.05 31 Number of days on line 20 after 6/30/2022 and 31 Number of days 32 Underpayment on line 31 on line 17 365 32 33 Number of days on line 20 after 9/30/2022 and before 1/1/2023 33 Number of days Underpayment on line 33 on line 17 365 34 Number of days on line 20 after 12/31/2022 and 35 Number of days Underpayment on line 35 on line 17 365 36 5.83 37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36 37 3.12 9.04 38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns 18.

*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** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automati	c 6-Month Extension of Time. Only su	ıbmit origini	al (no copies needed).			
All corporat	ions required to file an income tax return other	than Form 99	0-T (including 1120-C filers), partnershi	os, REI	MICs, an	d trusts must
use Form 7	004 to request an extension of time to file inco Name of exempt organization or other filer, see instructions			Taxpay	er identifica	ation number (TIN)
Type or print	CAPE ELIZABETH HOME DBA JONAH AND ELIZABETH DYEF		DRP	01-0	01-0238086	
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, se PMB #395, 50 MARKET STREET 1 City, town or post office, state, and ZIP code. For a foreign SOUTH PORTLAND, ME 04106					
Enter the R	eturn Code for the return that this application is	s for (file a se	parate application for each return)			04
Application Is For		Return Code	Application Is For			Return Code
Form 990 o	r Form 990-EZ	01	Form 1041-A			08
Form 4720	(individual)	03	Form 4720 (other than individual)			09
Form 990-P	F	04	Form 5227			10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) 06 Form 8870						12
Form 990-T	(corporation)	07	9,			
If the orIf this is check the	ne No. • (207) _767-3412	our digit Group	e United States, check this box	f this is		
1 I reque for the property of	est an automatic 6-month extension of time until e organization named above. The extension is calendar year 20 or $\sqrt{\frac{1}{2}}$ tax year beginning $\sqrt{\frac{4}{01}}$, 20 $\sqrt{\frac{2}{2}}$ tax year entered in line 1 is for less than 12 mange in accounting period	for the organiz $oldsymbol{1}_{-}$, and endir	ng <u>12/31</u> ²⁰ <u>21</u> .	zation nal retu		
	application is for Forms 990-PF, 990-T, 4720, fundable credits. See instructions.			3 a	\$	3,300.
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, syments made. Include any prior year overpayr	or 6069, enter nent allowed a	any refundable credits and estimated is a credit	3 b	\$	300.
EFTP:	ce due. Subtract line 3b from line 3a. Include y S (Electronic Federal Tax Payment System). S	ee instructions	S	3 с	<u> </u>	3,000.
Caution: If payment in:	you are going to make an electronic funds with structions.	ndrawal (direct	debit) with this Form 8868, see Form 8	453-TE	and For	m 8879-TE for

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

Form 8868 (Rev. 1-2022)

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FEDERAL STATEMENTS

PAGE 1

CAPE ELIZABETH HOME DBA JONAH AND ELIZABETH DYER CHAR. CORF

DBA JO	NAH AND ELIZABETH DYER CHAR. CORP	01-0238086
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES		
LEGAL FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 185. TOTAL \$ 185. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 2,250. TOTAL \$ 2,250. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
INVESTMENT FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME TOTAL \$ 10,132. \$ 10,132. TOTAL \$ 10,132. \$ 10,132.	(D) CHARITABLE PURPOSES \$ 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		

_	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FILING FEE REFUND. OFFICE EXPENSE FOR ADMINISTERING GR	\$ -1,000. ANTS 959.			\$ 959 <u>.</u>
TOTAL	\$ <u>-41.</u>	\$ 0.		<u>\$ 959.</u>

2021

FEDERAL STATEMENTS

PAGE 2

CAPE ELIZABETH HOME DBA JONAH AND ELIZABETH DYER CHAR. CORP

01-0238086

STATEMENT 5 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER

	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
OTHER PUBLICLY TRADED SECURITIES SEE ATTACHED SCHEDULE	MKT VAL	\$ 1,840,012.	\$ 1,840,012.
	TOTA	\$ 1,840,012.	\$ 1,840,012.

STATEMENT 6 FORM 990-PF, PART III, LINE 3 OTHER INCREASES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS	\$ 17,290 \$ 17,290	÷
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STATEMENT 7 FORM 990-PF, PART VII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	 COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
K. SCOTT BERRY 4 MARE'S HOLLOW LANE CAPE ELIZABETH, ME 04107	PRESIDENT 1.00	\$ 0.	\$ 0.	\$ 0.
WILLIAM J. GILCHREST 18 SWEET FERN ROAD CAPE ELIZABETH, ME 04107	TREASURER 10.00	0.	0.	0.
RITA M. FARRY 216 RANGE ROAD CUMBERLAND, ME 04021	DIRECTOR 1.00	0.	0.	0.
APRIL CARICCHIO 37 CASH STREET SOUTH PORTLAND, ME 04106	SECRETARY 1.00	0.	0.	0.
MARTHA DUNCAN 196 TWO LIGHTS ROAD CAPE ELIZABETH, ME 04107	DIRECTOR 1.00	0.	0.	0.
CAROLYN M. CARSON 515 COTTAGE ROAD CAPE ELIZABETH, ME 04107	DIRECTOR 1.00	0.	0.	0.

Description	Percent of Holdings	Beginning Market Value Dec 1, 2021	Quantity Dec 31, 2021	Price Per Unit Dec 31, 2021	Ending Market Value Dec 31, 2021	Total Cost Basis	Unrealized Gain/Loss Dec 31, 2021	EAI (\$)
FIDELITY REAL ESTATE INVESTMENT (FRESX)	0.85%	\$15,018.65	300.313	\$54.0200	\$16,222.91	\$12,071.22	\$4,151.69	EY (%) \$126.43 0.780%
STRATEGIC ADVISERS FID EMERGING MARKETS (FGOMX)	4.25	80,229.15	5,795.004	13.9200	80,666.46	70,486.68	10,179.78	1,402.39 1.740
STRATEGIC ADVISERS FID US TOTAL STOCK (FCTDX)	33.94	651,815.54	42,043.274	15.3000	643,262.09	454,445.89	188,816.20	5,171.32 0.800
STRATEGIC ADVISERS FIDELITY INTL FUND(FUSIX)	12.02	228,506.90	17,888.507	12.7400	227,899.58	190,426.56	37,473.02	4,490.02 1.970
FIDELITY SAI EMERG MARKETS INDEX (FERGX)	0.63	12,096.22	762.687	15.6600	11,943.68	11,718.70	224.98	173.13 1.450
FIDELITY REAL ESTATE INCOME (FRIFX)	0.43	8,189.04	602.578	13.8000	8,315.58	7,090.25	1,225.33	110.27 1.330
Total Stock Funds	52.12%	\$995,855.50			\$988,310.30	\$746,239.30	\$242,071.00	\$11,473.56

Bond Funds Description	Percent of Holdings	Beginning Market Value Dec 1, 2021	Quantity Dec 31, 2021	Price Per Unit Dec 31, 2021	Ending Market Value Dec 31, 2021	Total Cost Basis	Unrealized Galn/Loss Dec 31, 2021	EA! (\$) / EY (%)
FIDELITY ADVISOR STRATEGIC INC CL I (FSRIX) 30-day yield: 2.24%	0.29%	\$5,585.55	434.673	\$12.7000	\$5,520.35	\$5,462.77	\$57.58	\$135.60 2.460%
FIDELITY CAPITAL & INCOME (FAGIX) 30-day yield: 2.92%	0.39	7,497.71	668.245	11.2100	7,491.03	6,779.54	711.49	234.71 3.130
STRATEGIC ADVISERS FIDELITY CORE INCOME (FIWGX)	35.05	685,070.07	62,555.251	10.6200	664,336.77	654,545.85	9,790.92	13,249.83 1.990
FIDELITY SAI SHORT TERM BOND FUND(FZOMX) 30-day yield: 0.71%	2.21	44,018.43	4,239.390	9.9200	42,054.75	42,359.70	-304.95	179.99 0.430
FIDELITY SAI LOW DURATION INCOME FUND (FZOLX) 30-day yield: 0.35%	3.78	73,702.81	7,179.173	9.9900	71,719.94	71,812.86	-92.92	113.23 0.160
FID SA! LONG TERM TREASURY BOND INDEX (FBLTX) 30-day yield: 1.87%	1.31	25,429.72	2,188.444	11.3700	24,882.61	24,160.42	722.19	465.21 1.870
FIDELITY SAI HIGH INCOME FUND (FSHGX) — 30-day yield: 4.35%	1.88	35,125.95	3,566.086	10.0100	35,696.52	35,839.17	-142.65	965.42 2.700
Total Bond Funds	44.91%	\$876,430.24			\$851,701.97	\$840,960.31	\$10,741.66	\$15,343.99

TOTAL ENDING MARKET VALUE DEC 31, 2021 \$1,840,012.27

2021

FEDERAL STATEMENTS

CAPE ELIZABETH HOME DBA JONAH AND ELIZABETH DYER CHAR. CORP PAGE 3

01-0238086

STATEMENT 7 (CONTINUED) FORM 990-PF, PART VII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AVERAGE PER WEEK I	HOURS	COMPEN- SATION		CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
HELEN M. MCGUINESS 19 ORCHARD ROAD CAPE ELIZABETH, ME 04107	DIRECTOR 1.00		\$	0.	\$ 0.	\$ 0.
		TOTAL	\$	0.	\$ 0.	\$ 0.

STATEMENT 8 FORM 990-PF, PART XIV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

JONAH AND ELIZABETH DYER CHARITABLE CORP

WILLIAM J. GILCHREST

NAME: CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS: FORM AND CONTENT: PMB #395, 50 MARKET STREET 1A

SOUTH PORTLAND, ME 04106

(207) 741-5000

ALL APPLICATIONS SHALL BE IN WRITING AND SHALL SET FORTH THE NAME AND ADDRESS OF THE APPLICANT; THE NAME AND ADDRESS OF THE QUALIFIED LICENSED NON-PROFIT NURSING HOMES, ASSISTED LIVING HOMES, BOARDING HOMES, RETIREMENT HOMES OR OTHER LIVING ACCOMMODATION; A STATEMENT OF EXPENSES THE APPLICANT ANTICIPATES WILL BE INCURRED IN CONNECTION WITH OCCUPANCY; A STATEMENT OF ASSETS AND RESOURCES AVAILABLE TO THE APPLICANT AND AN EXPLANATION OF WHY A GRANT FROM THE JONAH AND ELIZABETH DYER CHARITABLE CORPORATION IS NECESSARY TO ENABLE THE APPLICANT TO RESIDE IN SUCH FACILITY. APPLICANTS SHOULD SUBMIT A COPY OF IRS DETERMINATION LETTER.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS: 2/28, 5/31, 8/31 & 11/30 FOR MARCH, JUNE, SEP & DEC AWARDS GRANTS ARE MADE TO QUALIFIED NON-PROFIT 501(C)(3) ORGANIZATIONS THAT ARE SENIOR AGENCIES, SENIOR MEDICAL PROVIDERS, NURSING HOMES, ASSISTED LIVING HOMES, BOARDING HOMES, AND RETIREMENT HOMES LOCATED IN MAINE WITH EMPHASIS ON THE TOWNS OF CAPE ELIZABETH, SOUTH PORTLAND, AND

SCARBOROUGH. FUNDS ARE NOT AWARDED TO INDIVIDUALS.

2021

FEDERAL STATEMENTS

CAPE ELIZABETH HOME
DBA JONAH AND ELIZABETH DYER CHAR. CORP

PAGE 4

01-0238086

STATEMENT 9 FORM 990-PF, PART XIV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
SOUTHERN MAINE AGENCY ON AGING 136 US ROUTE ONE SCARBOROUGH ME 04074		PC	FOR THE COMMUNITY SERVICES PROGRAM	\$ 15,000.
HOSPICE OF SOUTHERN MAINE 180 US ROUTE ONE SCARBOROUGH ME 04074		PC	COMMUNITY SERVICES PROGRAM	15,000.
CITY OF SOUTH PORTLAND PO BOX 9422 SOUTH PORTLAND ME 04106		GOV	FOR THE AGE FRIENDLY COMMITTEE IN SUPPORT OF SENIOR RESIDENTS OF COMMUNITY	15,000.
ANDROSCOGGIN HOME HEALTHCARE + HOSPICE 15 STRAWBERRY AVENUE LEWISTON ME 04240		PC	HOSPICE HOUSE KITCHEN RENOVATION CAPITAL CAMPAIGN	5,000.
EASTERN AREA AGENCY ON AGING 240 STATE STREET BREWER ME 04412		PC	DURGIN CENTER RENOVATION	10,000.
			TOTAL	\$ 60,000.