# **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.

		dar year 2021 or tax year beginning	Jul 1, 2021,	, and e			n 30, 20 ZZ
Nam	e of four	ndation			A Employe	r identification numbe	r
		DRO LIONS FOUNDATION			500 10000 100000	200251	-
Num	ber and	street (or P.O. box number if mail is not delivered to street address)	Room/s	suite	B Telephon	e number (see instructi	ons)
	BOX				20783	327830	
City	or town,	state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pendi	ng, check here ►
WA	LDOBO	DRO ME 04572					
G	Check		of a former public of	charity	D 1. Foreign	organizations, check	here ▶ _
		☐ Final return ☐ Amended re			2. Foreign	organizations meeting	the 85% test,
	PV/07	Address change Name chan			check	here and attach compu	tation · · •
		type of organization: $\times$ Section 501(c)(3) exempt pr				foundation status was	
		n 4947(a)(1) nonexempt charitable trust   Other tax			section 5	07(b)(1)(A), check here	
		arket value of all assets at J Accounting method:		crual		ndation is in a 60-mont	
		year (from Part II, col. (c), Other (specify)			under sec	ction 507(b)(1)(B), check	chere ►
_	line 16		on cash basis.)				
	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per books		investment	(c) Adjusted net income	(d) Disbursements for charitable purposes
		the amounts in column (a) (see instructions).)		rance delicate			(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	22,129.				
	2	Check ► ☐ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	653.		653.	653.	
	4	Dividends and interest from securities					
	5a	Gross rents		Dione I and the			
Δ.	b	Net rental income or (loss)		NO MARKON			
ĕ	6a	Net gain or (loss) from sale of assets not on line 10	Maria de la companya				
Revenue	b	Gross sales price for all assets on line 6a					
3è	8	Capital gain net income (from Part IV, line 2) Net short-term capital gain					
_	9						
	10a	Income modifications					
	b	Less: Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	22,782.		653.	653.	
	13	Compensation of officers, directors, trustees, etc.	==/.3=1				
ses	14	Other employee salaries and wages					
cpenses	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule)					*
e)	b	Accounting fees (attach schedule) L-1.6b. Stmt	300.				
ξį	С	Other professional fees (attach schedule)					
tra	17	Interest					
nis	18	Taxes (attach schedule) (see instructions) See. Stmt	45.				
Ē	19	Depreciation (attach schedule) and depletion					
Αd	20	Occupancy					
Operating and Administrative Ex	21	Travel, conferences, and meetings					
a	23	Printing and publications	1,783.				
ing	24	Total operating and administrative expenses.	1,703.				-
rat		Add lines 13 through 23	2,128.			-	
be	25	Contributions, gifts, grants paid	11,735.	10 × 10 × 20			11,735.
0	26	Total expenses and disbursements. Add lines 24 and 25	13,863.		THE STATE OF THE S		11,735.
	27	Subtract line 26 from line 12:	20,000.				
	а	Excess of revenue over expenses and disbursements	8,919.				
	b	Net investment income (if negative, enter -0-)			653.		
	С	Adjusted net income (if negative, enter -0-)		N.S. FEB.		653	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End of	year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	е	(c) Fair Market Value
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	51,350.	60,26	59.	60,269.
	3	Accounts receivable ►				等加速的 美国主义
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶		49		
		Less: allowance for doubtful accounts ▶		*		
	5	Grants receivable				i (1
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
ts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
ğ	10a	Investments—U.S. and state government obligations (attach schedule)	*			4
	b	Investments - corporate stock (attach schedule)				
	С	Investments – corporate bonds (attach schedule)	A			
	11	Investments—land, buildings, and equipment: basis ▶				4-14-4-1
		Less: accumulated depreciation (attach schedule) ▶		and the second second		
	12	Investments-mortgage loans				
	13	Investments – other (attach schedule)		21		
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				THE PARTY OF THE P
	15	Other assets (describe ►)				
	16	Total assets (to be completed by all filers—see the	100 miles			
		instructions. Also, see page 1, item l)	51,350.	60,2	69.	60,269.
	17	Accounts payable and accrued expenses				
S	18	Grants payable				
iţie	19	Deferred revenue				
þi	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ►)				
	23	Total liabilities (add lines 17 through 22)		- 0		
alances		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.				
ā	24	Net assets without donor restrictions				
Ba	25	Net assets with donor restrictions				
or Fund B		Foundations that do not follow FASB ASC 958, check here ► ⊠ and complete lines 26 through 30.				
F	26	Capital stock, trust principal, or current funds				
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund				<b>医乳腺性皮肤 经收益</b>
šet	28	Retained earnings, accumulated income, endowment, or other funds	51,350.	60,2	69.	
1SS	29	Total net assets or fund balances (see instructions)	51,350.	60,2		
Net Assets	30	Total liabilities and net assets/fund balances (see				
ž		instructions)	51,350.	60,2	69.	
Pa	art III	Analysis of Changes in Net Assets or Fund Balances				
1	Tota	al net assets or fund balances at beginning of year-Part II, colu	mn (a), line 29 (mus	t agree with		
		-of-year figure reported on prior year's return)			1	51,350.
2	2 Ente	er amount from Part I, line 27a			2	8,919.
3					3	
4		I lines 1, 2, and 3			4	60,269.
5	5 Dec	reases not included in line 2 (itemize) ► all net assets or fund balances at end of year (line 4 minus line 5)—			5	
6	5 Tota	al net assets or fund balances at end of year (line 4 minus line 5)-	Part II, column (b), lir	ne 29	6	60,269.

Part	(a) List and describe the ki	nd(s) of property sold (for example, real use; or common stock, 200 shs. MLC Co	estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b						
С						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		or (loss) ) minus (g))
a						
b				79		
С						
d						
е						у
	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	n on 12/31/69.		(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col. (i) I. (j), if any		less than -0-) or rom col. (h))
а						
b						
С						
d						
е						
2	Capital gain net income of	or (net canital inss)	, also enter in Pa s), enter -0- in Pa		2	8
3	Net short-term capital ga	in or (loss) as defined in section	s 1222(5) and (6	i):		
		I, line 8, column (c). See instr			-	
					3	
Part	V Excise Tax Base	d on Investment Income (S	ection 4940(a)	), 4940(b), or 49	948-see instruc	ctions)
1a	Exempt operating foundation	ons described in section 4940(d)(2)	, check here ▶□	and enter "N/A"	on line 1.	
	Date of ruling or determinat	ion letter: (attach	n copy of letter if	necessary-see ir	nstructions) 1	9.
b		lations enter 1.39% (0.0139) o				
	enter 4% (0.04) of Part I,	line 12, col. (b)				
2	Tax under section 511 (do	mestic section 4947(a)(1) trusts	and taxable foun	dations only; other	ers, enter -0-) <b>2</b>	0.
3					3	9.
4	Subtitle A (income) tax (do	omestic section 4947(a)(1) trusts	and taxable foun	ndations only; other	ers, enter -0-) 4	
5	Tax based on investmen	nt income. Subtract line 4 from				9.
6	Credits/Payments:			y	TOTAL TOTAL	
а		ents and 2020 overpayment cr	edited to 2021	6a		
b	Exempt foreign organizat	ions-tax withheld at source .		6b		
	Tax paid with application	for extension of time to file (Fo	rm 8868)	6c		
С		neously withheld		6d		
c d	Backup withholding error	loodoly withintold				The second secon
	Total credits and paymer	nts. Add lines 6a through 6d .			7	
d	Total credits and paymer				5 170 100 000 00 10 10 10 10 10 10 10 10 10	
d 7	Total credits and paymer Enter any <b>penalty</b> for und <b>Tax due.</b> If the total of lin	nts. Add lines 6a through 6d derpayment of estimated tax. C les 5 and 8 is more than line 7,	heck here 🗌 if Fenter <b>amount o</b> v	Form 2220 is atta	ched 8	9.
d 7 8	Total credits and paymer Enter any <b>penalty</b> for und <b>Tax due.</b> If the total of lin <b>Overpayment.</b> If line 7 is	nts. Add lines 6a through 6d derpayment of estimated tax. C	heck here  if F enter <b>amount ov</b> nd 8, enter the <b>a</b>	Form 2220 is atta	ched 8	9.

	VI-A Statements Regarding Activities			age 4
THE REAL PROPERTY.	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	0240000	V	NI-
ıa	participate or intervene in any political campaign?	1a	Yes	No ×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	CONSTRAIN	×
	If "Yes," attach a detailed description of the activities.	a franchis		
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.			
12	The state of the s	3 4a		×
4a b	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×
Ü	If "Yes," attach the statement required by General Instruction T.	SHEEK!		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	×	NAME OF TAXABLE PARTY.
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	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ►  ME			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation	8b	×	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	O.S.		
	4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes,"			
40	complete Part XIII	9	×	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			
		10		×
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	11		×
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		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A		7000	
14	The books are in care of ► STANLEY PATON Telephone no. ► (207)	832-	1832	
45	Located at ► PO BOX 344 WALDOBORO ME ZIP+4 ► 04572			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here			
16	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority		Yes	No
10	over a bank, securities, or other financial account in a foreign country?	16	162	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	10		
	the foreign country			
	-	00	O DE	(2021)

Part	VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		×
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		×
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		×
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		×
	(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)?	4 - (5)		
		1a(5)		×
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if			
	terminating within 90 days.)	1a(6)		×
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in	14(0)	STATE	
_	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		SPECIAL
С	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?	1d		×
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)):			
а	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?	2a		×
L	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	20		
·	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	3a		×
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.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	A THE COLD	×
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?	44		×
		4b orm 99	0-PF	10.00
	DEV 07/05/00 DDO			(2021)

Par	Statements Regarding Activitie	S IOI W	mich Form	4/20 1	viay be H	equire	<b>u</b> (continueu)			
5a	During the year, did the foundation pay or incur	any amo	ount to:						Yes	No
187	(1) Carry on propaganda, or otherwise attempt	to influe	nce legislatio	n (sect	ion 4945(e)	))? .		5a(1)		×
	(2) Influence the outcome of any specific pu									
	indirectly, any voter registration drive?							5a(2)		×
	(3) Provide a grant to an individual for travel, st	udy, or c	ther similar	ourpose	es?			5a(3)		×
	(4) Provide a grant to an organization other that									
	(4)(A)? See instructions							5a(4)	-	×
	(5) Provide for any purpose other than religious	s, charita	ble, scientific	c, litera	y, or educ	ational	purposes, or for			
	the prevention of cruelty to children or anim							5a(5)		×
b	If any answer is "Yes" to 5a(1)-(5), did any of t	he trans	actions fail to	o qualif	y under the	e excep	tions described			
	in Regulations section 53.4945 or in a current n							5b		MARKET MARKET
С	Organizations relying on a current notice regard	current notice regarding disaster assistance, check here ▶ □								
d			s the foundation claim exemption from the tax because it							
		ned expenditure responsibility for the grant?					5d			
	If "Yes," attach the statement required by Regu									
6a	Did the foundation, during the year, receive an			. ,		remium	s on a personal			
	benefit contract?	5 (0)						6a		×
b	Did the foundation, during the year, pay premiu	ms. dire	ctly or indired	ctlv. on	a personal	benefit	contract? .	6b	-	×
	If "Yes" to 6b, file Form 8870.	1	,	,,						
7a	At any time during the tax year, was the foundation	n a party	to a prohibite	ed tax s	helter trans	action?		7a		×
b	If "Yes," did the foundation receive any proceed	1 0	1.7				ansaction? .	7b		
8	Is the foundation subject to the section 4960 to									
	excess parachute payment(s) during the year? .							8		
Par	t VII Information About Officers, Dire	ctors, 7	rustees, Fo	ounda	tion Mana	agers,	Highly Paid Er	mploy	ees,	
	and Contractors	•	5.110.110.110.110.110.110.110.110.110.11							
1	List all officers, directors, trustees, and foun	dation r	nanagers ar	d their	compens	ation. S	ee instructions			
		1								
	(a) Name and address		e, and average		mpensation		Contributions to	(e) Expe	nse acc	count,
	(a) Name and address	hou	e, and average rs per week ed to position	(If n	mpensation ot paid, ter -0-)	emplo	Contributions to yee benefit plans erred compensation	(e) Expe	nse acc allowan	count, ces
SAN	(a) Name and address  DRA O'FARRELL	hou	rs per week	(If n	ot paid,	emplo	yee benefit plans	(e) Expe	nse acc allowan	count,
		hou	rs per week ed to position	(If n	ot paid,	emplo	yee benefit plans	(e) Expe other	nse acc allowan	count, ces
115	DRA O'FARRELL	hou devote	rs per week ed to position	(If n	ot paid, ter -0-)	emplo	yee benefit plans erred compensation	(e) Expe other	nse acc allowan	ces
115 AUD	DRA O'FARRELL 4 MAIN STREET WALDOBORO ME 04572	PRES:	rs per week ed to position I DENT 1.00	(If n	ot paid, ter -0-)	emplo	yee benefit plans erred compensation	(e) Expe	nse acc allowan	ces
115 AUD 580	DRA O'FARRELL 4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI	PRES:	rs per week ed to position  I DENT  1.00  ETARY	(If n	ot paid, ter -0-)	emplo	yee benefit plans erred compensation	(e) Expe other	nse acc allowan	0. 0.
115 AUD 580 STA	DRA O'FARRELL 4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572	PRES:	rs per week ed to position  I DENT  1.00  ETARY  1.00	(If n	ot paid, ter -0-)	emplo	yee benefit plans erred compensation	(e) Expe other	nse acc allowan	0.
AUD 580 STA	DRA O'FARRELL 4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON	PRES:	rs per week ed to position  I DENT  1.00  ETARY  1.00  SURER  1.00	(If n	0 .	emplo	yee benefit plans erred compensation	(e) Expe other	nse acc	0. 0.
AUD 580 STA PO BIL	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572	PRES: SECRI TREA: DIREC	rs per week ed to position  I DENT  1.00  ETARY  1.00  SURER  1.00  CTOR  1.00	(If n	0. 0.	emplo and defe	yee benefit plans erred compensation  0.  0.	other a	allowan	0. 0.
AUD 580 STA PO BIL	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employer	PRES: SECRI TREA: DIREC	rs per week ed to position  I DENT  1.00  ETARY  1.00  SURER  1.00  CTOR  1.00	(If n	0. 0.	emplo and defe	yee benefit plans erred compensation  0.  0.	other a	allowan	0. 0.
AUD 580 STA PO BIL WIN	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572	PRES: SECRI TREA: DIREC	rs per week ed to position  I DENT  1.00  ETARY  1.00  SURER  1.00  CTOR  1.00	(If n	0. 0.	emplo and defe	yee benefit plans erred compensation  0.  0.	other a	allowan	0. 0.
AUD 580 STA PO BIL WIN	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employer	PRES: SECRI TREA: DIREC	rs per week ed to position  I DENT  1.00  ETARY  1.00  SURER  1.00  CTOR  1.00  ler than those	se incl	0. 0. uded on li	emplo and defe	yee benefit plans rred compensation  0.  0.  0.  see instructions  (d) Contributions to	s). If n	one,	0. 0. 0. 0. enter
115 AUD 580 STA PO BIL WIN:	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employer	PRES: SECRI TREA: DIREC	rs per week ed to position I DENT 1.00 ETARY 1.00 SURER 1.00 CTOR 1.00 er than those hours per vectors	se inclusives	0. 0.	emplo and defe	yee benefit plans erred compensation  0.  0.  0.  see instructions  (d) Contributions to employee benefit plans and deferred	s). If n	one,	0. 0. 0. enter
115 AUD 580 STA PO BIL WIN:	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employe "NONE."	PRES: SECRI TREA: DIREC	rs per week ed to position  I DENT  1.00  ETARY  1.00  SURER  1.00  CTOR  1.00  ler than those	se inclusives	0. 0. uded on li	emplo and defe	yee benefit plans erred compensation  0.  0.  0.  See instructions  (d) Contributions to employee benefit	s). If n	one,	0. 0. 0. enter
115 AUD 580 STA PO BIL WIN:	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employe "NONE."	PRES: SECRI TREA: DIREC	rs per week ed to position I DENT 1.00 ETARY 1.00 SURER 1.00 CTOR 1.00 er than those hours per vectors	se inclusives	0. 0. uded on li	emplo and defe	yee benefit plans erred compensation  0.  0.  0.  see instructions  (d) Contributions to employee benefit plans and deferred	s). If n	one,	0. 0. 0. enter
115 AUD 580 STA PO BIL WIN:	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employe "NONE."	PRES: SECRI TREA: DIREC	rs per week ed to position I DENT 1.00 ETARY 1.00 SURER 1.00 CTOR 1.00 er than those hours per vectors	se inclusives	0. 0. uded on li	emplo and defe	yee benefit plans erred compensation  0.  0.  0.  see instructions  (d) Contributions to employee benefit plans and deferred	s). If n	one,	0. 0. 0. enter
115 AUD 580 STA PO BIL WIN:	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employe "NONE."	PRES: SECRI TREA: DIREC	rs per week ed to position I DENT 1.00 ETARY 1.00 SURER 1.00 CTOR 1.00 er than those hours per vectors	se inclusives	0. 0. uded on li	emplo and defe	yee benefit plans erred compensation  0.  0.  0.  see instructions  (d) Contributions to employee benefit plans and deferred	s). If n	one,	0. 0. 0. enter
115 AUD 580 STA PO BIL WIN:	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employe "NONE."	PRES: SECRI TREA: DIREC	rs per week ed to position I DENT 1.00 ETARY 1.00 SURER 1.00 CTOR 1.00 er than those hours per vectors	se inclusives	0. 0. uded on li	emplo and defe	yee benefit plans erred compensation  0.  0.  0.  see instructions  (d) Contributions to employee benefit plans and deferred	s). If n	one,	0. 0. 0. enter
115 AUD 580 STA PO BIL WIN:	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employe "NONE."	PRES: SECRI TREA: DIREC	rs per week ed to position I DENT 1.00 ETARY 1.00 SURER 1.00 CTOR 1.00 er than those hours per vectors	se inclusives	0. 0. uded on li	emplo and defe	yee benefit plans erred compensation  0.  0.  0.  see instructions  (d) Contributions to employee benefit plans and deferred	s). If n	one,	0. 0. 0. enter
115 AUD 580 STA PO BIL WIN:	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employe "NONE."	PRES: SECRI TREA: DIREC	rs per week ed to position I DENT 1.00 ETARY 1.00 SURER 1.00 CTOR 1.00 er than those hours per vectors	se inclusives	0. 0. uded on li	emplo and defe	yee benefit plans erred compensation  0.  0.  0.  see instructions  (d) Contributions to employee benefit plans and deferred	s). If n	one,	0. 0. 0. enter
115 AUD 580 STA PO BIL WIN:	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employe "NONE."	PRES: SECRI TREA: DIREC	rs per week ed to position I DENT 1.00 ETARY 1.00 SURER 1.00 CTOR 1.00 er than those hours per vectors	se inclusives	0. 0. uded on li	emplo and defe	yee benefit plans erred compensation  0.  0.  0.  see instructions  (d) Contributions to employee benefit plans and deferred	s). If n	one,	0. 0. 0. enter
115 AUD 580 STA PO BIL WIN:	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employe "NONE."	PRES: SECRI TREA: DIREC	rs per week ed to position I DENT 1.00 ETARY 1.00 SURER 1.00 CTOR 1.00 er than those hours per vectors	se inclusives	0. 0. uded on li	emplo and defe	yee benefit plans erred compensation  0.  0.  0.  see instructions  (d) Contributions to employee benefit plans and deferred	s). If n	one,	0. 0. 0. enter
115 AUD 580 STA PO BIL WIN:	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employe "NONE."	PRES: SECRI TREA: DIREC	rs per week ed to position I DENT 1.00 ETARY 1.00 SURER 1.00 CTOR 1.00 er than those hours per vectors	se inclusives	0. 0. uded on li	emplo and defe	yee benefit plans erred compensation  0.  0.  0.  see instructions  (d) Contributions to employee benefit plans and deferred	s). If n	one,	0. 0. 0. enter
115 AUD 580 STA PO BIL WIN 2	DRA O'FARRELL  4 MAIN STREET WALDOBORO ME 04572 REY ENNAMORATI STORER MOUNTAIN RD WALDOBORO ME 04572 NLEY PATON BOX 344 WALDOBORO ME 04572 L BLODGET SLOW MILSS ROAD WALDOBORO ME 04572 Compensation of five highest-paid employe "NONE."	TREAS DIRECTOR	rs per week ed to position I DENT 1.00 ETARY 1.00 SURER 1.00 CTOR 1.00 er than those hours per vectors	se incluse average week osition	ot paid, ter -0-)  0.  0.  uded on li	emplo and defe	yee benefit plans erred compensation  0.  0.  0.  see instructions  (d) Contributions to employee benefit plans and deferred	s). If n	one,	0. 0. 0. enter

3	and Contractors (continued)  Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONI	= "
<u> </u>	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	(-) ->	(c) Compensation
[ntal	number of others receiving over \$50,000 for professional services	0
	VIII-A Summary of Direct Charitable Activities	<u> </u>
	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	_
	anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	EDUCATION - PROVIDED SCHOLARSHIPS, STUDENT RECOGNITION AND ASSISTANCE	
	TO STUDENTS IN NEED IN LOCAL SCHOOLS	
		7,651.
2	HUNGER - FOOD PANTRY SERVING HUNDREDS IN NEED	
		1 750
_	TO THE PART OF THE	1,750.
3	POVERTY AND CHARITY - SUPPORT FOR INDIVIDUALS AND FAMILIES IN NEED AND	
	LOCAL CHARITIES	1,300.
4	EYECARE - PROVIDED VISION SCREENING AND GLASSES FOR YOUTHS AND ADULTS	
•	IN NEED	
		355.
Part	VIII-B Summary of Program-Related Investments (see instructions)	
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
_		
2		
All	other program-related investments. See instructions.	
3		
_		
Tota	I. Add lines 1 through 3	
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Part	The second secon	gn fou	ndations,
	see instructions.)		<u>.</u>
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	55,810.
C.	Fair market value of all other assets (see instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	55,810.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	55,810.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	837.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	54,973.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	2,749.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► x and do not complete this part.)	ounda	tions
1	Minimum investment return from Part IX, line 6	1	
2a	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.) 2b		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,		
	line 1	7	
Part	XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a	11,735.
b	Program-related investments—total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1 1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	11,735.
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Part	Undistributed income (see instruction	ns)			
		(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1	Distributable amount for 2021 from Part X, line 7	Committee of the state of the			
2	Undistributed income, if any, as of the end of 2021:				
a	Enter amount for 2020 only				The Australian Property
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2021:				
а	From 2016		A CALL TO A SECOND		
b	From 2017 0.		THE RESERVE	BRANK WEST	A PROPERTY OF THE PARTY OF THE
С	From 2018 0.				
d	From 2019 0.				
е	From 2020 20,106.				
f	Total of lines 3a through e	20,106.			
4	Qualifying distributions for 2021 from Part XI,				
-	line 4: ► \$ 11,735.				
_	Applied to 2020, but not more than line 2a.				
	Applied to 2020, but not more trial line 2a .  Applied to undistributed income of prior years			CATCLES INCOMES VOICED	
D	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2021 distributable amount				
е	Remaining amount distributed out of corpus	11,735.			
5	Excess distributions carryover applied to 2021				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	31,841.			
b	Prior years' undistributed income. Subtract		7		
	line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed		*		Remarks with
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				
7	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
	10 Miles				
8	Excess distributions carryover from 2016 not	0			
_	applied on line 5 or line 7 (see instructions) .	0.			
9	Excess distributions carryover to 2022.	21 041			
_	Subtract lines 7 and 8 from line 6a	31,841.			
10	Analysis of line 9:				
a	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020 20,106.				
е	Excess from 2021 11,735.				

Part	XIII Private Operating Founda	tions (see instruc	tions and Part \	/I-A. guestion 9\		
	If the foundation has received a ruling					
	foundation, and the ruling is effective for				02/08/2013	
b	Check box to indicate whether the four	ndation is a private	operating foundati	on described in se		or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	<del>-</del>	Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part IX for	(a) 2021	<b>(b)</b> 2020	(c) 2019	(d) 2018	(e) rotar
	each year listed	653.	737.	937.	246.	2,573.
b	85% (0.85) of line 2a	555.	626.	796.	209.	2,186.
C	Qualifying distributions from Part XI,					
	line 4, for each year listed	11,735.	20,106.	18,362.	26,108.	76,311.
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	11,735.	20,106.	18,362.	26,108.	76,311.
3	Complete 3a, b, or c for the alternative test relied upon:	11,1001	20,200	20,000		
а	"Assets" alternative test-enter:					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(j)</li></ul>					
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in					
	Part IX, line 6, for each year listed	1,833.	1,744.	1,814.	1,861.	7,252.
C	"Support" alternative test-enter:			l		
•	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part				ne foundation h	ad \$5,000 or mo	re in assets at
	any time during the year-		s.)			<del></del>
1	Information Regarding Foundation				. 9	
а	List any managers of the foundation before the close of any tax year (but of					y the foundation
b	List any managers of the foundation ownership of a partnership or other e					ge portion of the
2	Information Regarding Contribution Check here ▶ ☐ if the foundation unsolicited requests for funds. If the foundation complete items 2a, b, c, and d. See in	only makes contri foundation makes	ibutions to presel	lected charitable		
а	The name, address, and telephone no	umber or email add	lress of the perso	n to whom applica	ations should be ad	dressed:
	See Supplementary Informat					
b	The form in which applications should	d be submitted and	I information and	materials they sho	ould include:	
С	Any submission deadlines:					
d	Any restrictions or limitations on av	wards, such as by	geographical ar	reas, charitable fi	elds, kinds of insti	tutions, or other

Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Name and address (home or business)  a Paid during the year  MAIN ST MARKET  MAINE STREET  DAMARISCOTTA ME 04543  MEDOMAK VALLEY HIGH SCHOOL  320 MANKTOWN ROAD  WALDOBORO ME 04572  MCCORMICK & BOUCHARD  5 EDWARDS AVENUE  DAMARISCOTTA ME 04543  DAMARISCOTTA ME 04543  DAMARISCOTTA E YECARE  590 MAIN STREET  DAMARISCOTTA E 04543  SAFE HARBOR CHAPEL  50 MILL STREET  WALDOBORO ME 04572  WALDO THEATRE  916 MAIN STREET  WALDOBORO ME 04572  WALDO STREET  WALDOBORO ME 04572  LIONS INTERNATIONAL  300 W 22ND STREET  OAK BROOK IL 60523	
## AZIN ST MARKET  MAIN ST MARKET  MAINE STREET  DAMARISCOTTA ME 04543  MEDOMAK VALLEY HIGH SCHOOL  320 MANKTOWN ROAD  WALDOBORO ME 04572  MCCORMICK & BOUCHARD  5 EDWARDS AVENUE  DAMARISCOTTA EYECARE  590 MAIN STREET  DAMARISCOTTA ME 04543  SAFE HARBOR CHAPEL  50 MILL STREET  WALDOBORO ME 04572  WALDO BOTO ME 04572  WALDO THEATRE  916 MAIN STREET  WALDOSORO ME 04572  LIONS INTERNATIONAL  300 W 22ND STREET  OAK BROOK IL 60523   N/A  FAMILIES IN NEED  PUBLIC  N/A  FAMILIES IN NEED  PUBLIC  N/A  FAMILIES IN NEED  PUBLIC  FUBLIC  THEATER  PUBLIC  FUBLIC  FUBLIC	Amount
MAIN ST MARKET MAINE STREET MAINE STREET MAINE STREET  DAMARISCOTTA ME 04543  MEDOMAK VALLEY HIGH SCHOOL  320 MANKTOWN ROAD WALDOBORO ME 04572 MCCORMICK & BOUCHARD  5 EDWARDS AVENUE DAMARISCOTTA ME 04543 DAMARISCOTTA EYECARE 590 MAIN STREET DAMARISCOTTA ME 04543 SAFE HARBOR CHAPEL 50 MILL STREET WALDOBORO ME 04572 WALDO THEATRE 916 MAIN STREET WALDOBORO ME 04572 LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total	
MAINE STREET DAMARISCOTTA ME 04543 MEDOMAK VALLEY HIGH SCHOOL 320 MANKTOWN ROAD WALDOBORO ME 04572 MCCORMICK & BOUCHARD 5 EDWARDS AVENUE DAMARISCOTTA ME 04543 DAMARISCOTTA EYECARE 590 MAIN STREET DAMARISCOTTA ME 04543 SAFE HARBOR CHAPEL 50 MILL STREET WALDOBORO ME 04572 WALDO THEATRE 916 MAIN STREET WALDOBORO ME 04572 LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total	
DAMARISCOTTA ME 04543 MEDOMAK VALLEY HIGH SCHOOL 320 MANKTOWN ROAD WALDOBORO ME 04572 MCCORMICK & BOUCHARD 5 EDWARDS AVENUE DAMARISCOTTA ME 04543 DAMARISCOTTA E 04543 DAMARISCOTTA ME 04543 SAFE HARBOR CHAPEL 50 MILL STREET WALDOBORO ME 04572 WALDO THEATRE 916 MAIN STREET WALDOBORO ME 04572 LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total	
MEDOMAK VALLEY HIGH SCHOOL 320 MANKTOWN ROAD WALDOBORO ME 04572 MCCORMICK & BOUCHARD 5 EDWARDS AVENUE DAMARICOTTA ME 04543 DAMARISCOTTA EVECARE 590 MAIN STREET DAMARISCOTTA ME 04543 SAFE HARBOR CHAPEL 50 MILL STREET WALDOBORO ME 04572 WALDO THEATRE 916 MAIN STREET WALDOBORO ME 04572 LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total	1,750.
320 MANKTOWN ROAD WALDOBORO ME 04572 MCCORMICK & BOUCHARD 5 EDWARDS AVENUE DAMARISCOTTA ME 04543 DAMARISCOTTA EYECARE 590 MAIN STREET DAMARISCOTTA ME 04543 SAFE HARBOR CHAPEL 50 MILL STREET WALDOBORO ME 04572 WALDO THEATRE 916 MAIN STREET WALDOBORO ME 04572 LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total  EDUCATION  N/A VISION CARE  PUBLIC HUNGER  PUBLIC THEATER  PUBLIC EYE CARE	1,750.
WALDOBORO ME 04572  MCCORMICK & BOUCHARD  5 EDWARDS AVENUE  DAMARICOTTA ME 04543  DAMARISCOTTA EYECARE  590 MAIN STREET  DAMARISCOTTA ME 04543  SAFE HARBOR CHAPEL  50 MILL STREET  WALDOBORO ME 04572  WALDO THEATRE  916 MAIN STREET  WALDOBORO ME 04572  LIONS INTERNATIONAL  300 W 22ND STREET  OAK BROOK IL 60523  Total	
MCCORMICK & BOUCHARD  5 EDWARDS AVENUE  DAMARISCOTTA ME 04543  DAMARISCOTTA EYECARE  590 MAIN STREET  DAMARISCOTTA ME 04543  SAFE HARBOR CHAPEL  50 MILL STREET  WALDOBORO ME 04572  WALDO THEATRE  916 MAIN STREET  WALDOBORO ME 04572  LIONS INTERNATIONAL  300 W 22ND STREET  OAK BROOK IL 60523   Total  N/A  VISION CARE  PUBLIC  HUNGER  PUBLIC  HISTORIC  THEATER  PUBLIC  EYE CARE	7,500.
5 EDWARDS AVENUE DAMARICOTTA ME 04543 DAMARISCOTTA EYECARE. 590 MAIN STREET DAMARISCOTTA ME 04543 SAFE HARBOR CHAPEL 50 MILL STREET WALDOBORO ME 04572 WALDO THEATRE 916 MAIN STREET WALDOBORO ME 04572 LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total	,,555.
DAMARICOTTA ME 04543  DAMARISCOTTA EYECARE  590 MAIN STREET  DAMARISCOTTA ME 04543  SAFE HARBOR CHAPEL  50 MILL STREET  WALDOBORO ME 04572  WALDO THEATRE  916 MAIN STREET  WALDOBORO ME 04572  LIONS INTERNATIONAL  300 W 22ND STREET  OAK BROOK IL 60523   Total  Total	
DAMARISCOTTA EYECARE  590 MAIN STREET  DAMARISCOTTA ME 04543  SAFE HARBOR CHAPEL  50 MILL STREET  WALDOBORO ME 04572  WALDO THEATRE  916 MAIN STREET  WALDOBORO ME 04572  LIONS INTERNATIONAL  300 W 22ND STREET  OAK BROOK IL 60523   Total  N/A  VISION CARE  N/A  VISION CARE  N/A  VISION CARE  PUBLIC  HUNGER  PUBLIC  THEATER  PUBLIC  EYE CARE	230.
590 MAIN STREET DAMARISCOTTA ME 04543 SAFE HARBOR CHAPEL 50 MILL STREET WALDOBORO ME 04572 WALDO THEATRE 916 MAIN STREET WALDOBORO ME 04572 LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total  Total	÷
DAMARISCOTTA ME 04543  SAFE HARBOR CHAPEL  50 MILL STREET WALDOBORO ME 04572 WALDO THEATRE  916 MAIN STREET WALDOBORO ME 04572 LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total	
SAFE HARBOR CHAPEL 50 MILL STREET WALDOBORO ME 04572 WALDO THEATRE 916 MAIN STREET WALDOBORO ME 04572 LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total  Total	125.
WALDOBORO ME 04572 WALDO THEATRE 916 MAIN STREET WALDOBORO ME 04572 LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total	
WALDOBORO ME 04572 WALDO THEATRE 916 MAIN STREET WALDOBORO ME 04572 LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total  Total	
916 MAIN STREET WALDOBORO ME 04572 LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total	1,200.
WALDOBORO ME 04572 LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total	
LIONS INTERNATIONAL 300 W 22ND STREET OAK BROOK IL 60523  Total	
300 W 22ND STREET OAK BROOK IL 60523  Total	500.
OAK BROOK IL 60523    Total	
Total	
	430.
b Approved for tuture payment	11,735.
Total	

Part	XV-A Analysis of Income-Pr	oducina Activiti	es		,		
THE RESERVE TO THE RE	gross amounts unless otherwise indic			siness income	Excluded by section	n 512, 513, or 514	(-)
	Program service revenue:		(a) ness code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
	- 540 - 500 - 500 - 50 - 50 - 50 - 50 -						
	a			11			
	b						
	c d				-		
	•				-		
í							
	g Fees and contracts from governme	ent agencies			1		
		· · · ·	_				
	Interest on savings and temporary cash				14	653.	
	Dividends and interest from securities						
	Net rental income or (loss) from real es	200 000 00 00 00					
	•						
1	b Not debt-financed property						14
6 1	Net rental income or (loss) from persor						
	Other investment income	- 10 Into 1					
8 (	Gain or (loss) from sales of assets other th	nan inventory		-			
	Net income or (loss) from special even						
10 (	Gross profit or (loss) from sales of inve	entory					
11 (	Other revenue: a						
1	b						(4
	С						
	d						
	e						
	Subtotal. Add columns (b), (d), and (e)					653.	
	Total. Add line 12, columns (b), (d), an					13	653.
•	worksheet in line 13 instructions to ver						
A STATE OF THE PARTY OF THE PAR	t XV-B Relationship of Activity						
Line	Explain below now each delivity	for which income is re	eported in a	column (e) of Par	t XV-A contributed loses). (See instruc	importantly to th tions.)	ne accomplishmen
	or the realisation of exempt purpo	5000 (0 tillo) tillan by pi					
							1
					G I		Y Y
			120				
			E			17	
							2
				(8)			
-	7						
	-						

Form **990-PF** (2021)

BAA

Part	XVI	Organization	n Regarding Trans	ters to and Trans	actions and Re	iationsnips w	ith No	oncnar	Itable Ex	empt
1	Did th		directly or indirectly en	gage in any of the fo	llowing with any o	other organization	on desi	rihed	Yes	No
			ther than section 5						100	
		izations?	and than scotion s	or(o)(o) organization	10) 01 111 0001101	, ozr, rolating	, to p	Jiitioai		
а			oorting foundation to a	noncharitable even	nt organization of	f•				
а			· · · · · · · ·						1a(1)	×
									1a(1)	×
ь		transactions:							Ta(L)	
b			a noncharitable exem	nt organization					1b(1)	×
			ets from a noncharitab						1b(1)	×
			, equipment, or other						1b(3)	×
			rrangements						1b(4)	×
	33		rantees						1b(5)	×
	85-03 server	A	ervices or membership						1b(6)	×
_			quipment, mailing lists						1c	×
		-	of the above is "Yes,"							
u			ther assets, or service							
			on or sharing arranger							
(a) Line		b) Amount involved		ritable exempt organization		tion of transfers, tra				
(u) Line		2), 11100111 1111011	(-)		(4) - 333. [				0 0	
2	-						- V.,			
	_									
	- 1									
							N			
	-									
	-			-						
	_									
,	_	(a)				1				
	-									
	-					ń.				
	_									
							(i)			
2a	Is the	e foundation dir	ectly or indirectly aff	iliated with, or relate	ed to, one or mo	re tax-exempt	organiz	ations	£.	
10-10-10-10			501(c) (other than sec						☐ Yes [	× No
b			e following schedule.	35.01.50 150						
		(a) Name of organ		(b) Type of orga	inization	(c) De	escription	of relation	onship	
						29				
	Unde	er penalties of perjury,	I declare that I have examined	this return, including accom	panying schedules and s	statements, and to the	e best of r	ny knowle	edge and belief	, it is true,
Sign	corre	ect, and complete. Dec	claration of preparer (other than	taxpayer) is based on all inf	ormation of which prepar	rer has any knowledg	e.		IRS discuss th	
Here				11/08/2022	TREASURER				oreparer shows uctions. XY	
		nature of officer or tru	ustee	Date	Title			366 1113(11	otions. Mile	,5 L 110
Paid		Print/Type prepare	er's name	Preparer's signature		Date	Check	X if	PTIN	
	aror	Bruce A.	Bachelder, CPA				self-er	nployed	P012290	52
	arer Only	Firm's name	Bruce A. Bach	elder, CPA		Firm			519493	
JSE	Unity	Firm's address ▶	285 Biscay Ro			Pho	ne no. (	207)5	563-7540	)
									200 5	

Damariscotta

ME 04543

#### WALDOBORO LIONS FOUNDATION

# Form 990-PF: Return of Private Foundation

Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

### **Continuation Statement**

Name and Address Information	Form Information	Submission Information	Restrictions
STANLEY PATON	LETTER DESCRIBING AMOUNT AND	N/A	FOCUS ON LOCAL
PO BOX V	PURPOSE OF REQUEST		YOUTH, EYE SIGHT
WALDOBORO, ME 04572			1
PPATONAGENCY@ROADRUNNER.COM			
207-832-7832			<u> </u>

# Additional information from your Form 990-PF: Return of Private Foundation

### Form 990-PF: Return of Private Foundation

**Taxes** 

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
FILING FEE	35.			
990 PF	10.			
Total	45			

**Total** 45.

#### Form 990-PF: Return of Private Foundation

**Other Expenses** 

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
PO BOX	160.			
OFFICE	41.			
SUPPLIES	1,582.			
			· -	

**Total** 1,783.

# **Legal and Professional Fees**

2021

Name	Employer Identification No.
WALDOBORO LIONS FOUNDATION	46-1200251

# Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-	PF, Part I, Line 16a				

# **Line 16b - Accounting Fees**

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BRUCE BACHELDER CPA	TAX PREP	300.			
Total to Form 990-	PF, Part I, Line 16b	300.			

# Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Total to Form 990-F	PF, Part I, Line 16c				

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### **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

2021

Name of the organization **Employer identification number** WALDOBORO LIONS FOUNDATION 46-1200251 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 ★ 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** 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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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 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).

Employer identification number

46-1200251

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STANLEY BAILEY TRUST  FNWM PO POX 940  Damariscotta ME 04543	\$ 17,129.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JEAN BEGGLEY ESTATE  6 NATHAN LANE  MIDDLETON MA 01949	\$ 5,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person
(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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Part II

WALDOBORO LIONS FOUNDATION

Employer identification number

46-1200251

(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
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

**Employer identification number** 

46-1200251

	lse duplicate copies of Part III if add	ilional space is necece.	
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	ationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	ationship of transferor to transferee
		· ·	
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om trt I		(e) Transfer of gift	(d) Description of how gift is held
om	(b) Purpose of gift  Transferee's name, address, a	(e) Transfer of gift	(d) Description of how gift is held
om		(e) Transfer of gift	
	Transferee's name, address, a	(e) Transfer of gift  nd ZIP + 4 Re	lationship of transferor to transferee

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or