, and ending

#### Form 990-PF Return Summary

For calendar year 2022, or tax year beginning

01-0546382 SOMES POND CENTER Investment Income Interest Dividends Gross rents Capital gain net income Other income 34,364 Total investment income **Expenses** Officer compensation Salaries / employee benefits 10,695 Other expenses 10,695 Total expenses 23,669 Net investment income Taxes / Credits 329 Regular tax Section 511 tax Subtitle A tax Total tax 329 Payments / Penalties / Application Estimated tax payments Tax withheld Other payments Estimated tax penalty Overpayment applied to next year's tax Payments / penalty / application 329 Net tax due Interest on late payments Failure to file penalty Failure to pay penalty Additions to tax 329 Balance due Refund Revenue / Expenses per Books Adjusted Net Income Total contributions 27,390 Next Year's Estimates Interest Dividends 1st quarter Capital gains / losses 2nd quarter Income modifications 3rd quarter Sale of inventory 4th quarter 700 Other income Total ,754 Total revenue 39,652 Total expenses 22,102 Excess / ANI Miscellaneous Information Amended return 05/15/23 **Balance Sheet** Return / extended due date **Ending Beginning Differences** 1,200,939 1,144,815 Assets Liabilities ,144,815 200,939 -56,124 Net assets

Form **8879-TE** 

Department of the Treasury

# IRS *e-file* Signature Authorization for a Tax Exempt Entity

Entity	OMB No. 1545-0047
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For calendar year 2022, or fiscal year beginning ......

....., 2022, and ending ...., 20 .....

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

2022

Internal Revenue Service FIN or SSN Name of filer 01-0546382 SOMES POND CENTER Name and title of officer or person subject to tax JUDITH GOLDSTEIN PRESIDENT Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here ...... **b Total revenue,** if any (Form 990-EZ, line 9) 2b 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) ...... 8b 9a Form 5330 check here ..... 10a Form 8038-CP check here .... Amount of credit payment requested (Form 8038-CP, Part III, line 22) ... 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only HMV LLC I authorize \_ to enter my PIN as my signature Enter five numbers, but on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 03/25/23 Signature of officer or person subject to tax **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 01107543990 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163. Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 03/25/23 ERO's signature . ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

# Form 990-PF

#### Return of Private Foundation

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

OMB No. 1545-0047

Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Go to www.irs.gov/Form990PF for instructions and the latest information. Open to Public Inspection For calendar year 2022 or tax year beginning , and ending A Employer identification number Name of foundation 01-0546382 SOMES POND CENTER Number and street (or P.O. box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) PO BOX 115 207-266-1814 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ... ME 04644 HULLS COVE Initial return **D** 1. Foreign organizations, check here G Check all that apply: Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation . Address change Name change Check type of organization: |X| Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here ..... Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation J Accounting method: Cash X Accrual I Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here ...... end of year (from Part II, col. (c), 302,369 line 16) (Part I, column (d), must be on cash basis.) \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (c) Adjusted net (b) Net investment for charitable amounts in columns (b), (c), and (d) may not necessarily equa expenses per books income income purposes the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 27,390 1 2 Check | if the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 2,883 2,883 2,883 Dividends and interest from securities 4 19,700 19,700 19,700 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 11,776 6a Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 11,776 7 Net short-term capital gain Income modifications 9 10a Gross sales less returns and allowances Less: Cost of goods sold ...... b Gross profit or (loss) (attach schedule) С Other income (attach schedule) 11 Total. Add lines 1 through 11 ..... 61,754 12 34,364 22,588 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages ..... Pension plans, employee benefits ..... 15 Legal fees (attach schedule) ..... 16a Accounting fees (attach schedule) STMT 1 1,725 863 862 Other professional fees (attach schedule) STMT 2 2,850 2,850 17 7,509 1,469 5,685 Taxes (attach schedule) (see instructions) STMT 3 18 Depreciation (attach schedule) and depletion STMT 4 16,782 3,356 19 20 Occupancy 21 Travel, conferences, and meetings .....

10,786

39,652

39,652

22,102

2,157

10,695

10,695

23,669

Subtract line 26 from line 12:

Printing and publications

Other expenses (att. sch.) STMT 5

Contributions, gifts, grants paid

Total expenses and disbursements. Add lines 24 and 25 . .

Excess of revenue over expenses and disbursements

Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-) .

Total operating and administrative expenses. Add lines 13 through 23

0

22,588

8,629

15,176

22

23

25

26 27

	11111 990	5-F1 (2022) SOMES FOND CENTER	01 03103	<u> </u>	raye Z
	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	<u> </u>	End o	
$\neg$			(a) book value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	15,971	23,821	23,821
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
	-	instructions)			
	7	Other notes and loans receivable (att. schedule)			
	•	Less: allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
۱	10a	Investments – U.S. and state government obligations (attach schedule)	312,592	231,114	221 114
	b	Investments – corporate stock (attach schedule) SEE STMT 6	312,592	231,114	231,114
	C	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment: basis			
	12	Less: accumulated depreciation (attach sch.)			
	13	Investments – mortgage loans Investments – other (attach schedule) SEE STATEMENT 7	42,922	47,434	47,434
	14	Land buildings and equipment basis 1 08/1152	42,922	1/,131	17,131
	14	Land, buildings, and equipment: basis 1,084,152 Less: accumulated depreciation (attach sch.) STMT 8 241,706	829,454	842,446	
	15	Other assets (describe	029,434	042,440	
	16	Other assets (describe )  Total assets (to be completed by all filers – see the			
	10	instructions. Also, see page 1, item I)	1,200,939	1,144,815	302,369
┪	17	Accounts payable and accrued expenses	1,200,333	1,144,015	302,307
	18	Grants payable			
ပ္လ	19	Deferred revenue			
≝I	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	0	
7		Foundations that follow FASB ASC 958, check here			
es		and complete lines 24, 25, 29, and 30.			
	24	Net assets without donor restrictions	1,200,939	1,144,815	
<u>a</u>	25	Net assets with donor restrictions		<u> </u>	
מ ב		Foundations that do not follow FASB ASC 958, check here			
or Fund Balanc		and complete lines 26 through 30.			
딘	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
Net Assets	28	Retained earnings, accumulated income, endowment, or other funds			
455	29	Total net assets or fund balances (see instructions)	1,200,939	1,144,815	
닒	30	Total liabilities and net assets/fund balances (see			
Ž		instructions)	1,200,939	1,144,815	
	Part I				
1		net assets or fund balances at beginning of year - Part II, column (a), line 29 (mus	-		
	end-c	of-year figure reported on prior year's return)		1	1,200,939
2	Enter	amount from Part I, line 27a		2	22,102
3	Othe	r increases not included in line 2 (itemize)		3	
4	Add I	ines 1, 2, and 3			1,223,041
					78,226
_6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b	o), line 29	6	1,144,815

	000 (2022) 201122 2	0112 02111211					. ago <b>c</b>
P	art IV Capital Gains a	nd Losses for Tax on Investn	nent Income				
		e kind(s) of property sold (for example, real house; or common stock, 200 shs. MLC Co		(b) How acquired P – Purchase D – Donation		Date acquired o., day, yr.)	(d) Date sold (mo., day, yr.)
1a	SEE WORKSHEET						
b							
c							
d							
e							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis nse of sale			or (loss) minus (g))
_a							
b							
С							
d							
е							
	Complete only for assets showin	g gain in column (h) and owned by the	foundation on 12/31/0	69.		(I) Gains (Col.	. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	, ,	ss of col. (i) . (j), if any	(	col. (k), but not	less than -0-) <b>or</b> om col. (h))
а							
b							
С							
d							
e							
2	Capital gain net income or (net or	capital loss)  If gain, also enter in If (loss), enter -0- in	•		2		11,776
3	Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and	(6):				
	If gain, also enter in Part I, line 8	3, column (c). See instructions. If (loss),	enter -0- in				
					3		
P	art V Excise Tax Bas	sed on Investment Income (Se	ection 4940(a), 49	940(b), or 4948–	-see	instruction	ns)
1a	Exempt operating foundations	described in section 4940(d)(2), check	here and ent	er "N/A" on line 1.			
		letter: (attach co	_	sary—see instruction	ons)	1	329
b		enter 1.39% (0.0139) of line 27b. Exer					
		12, col. (b)					
2		stic section 4947(a)(1) trusts and taxable				2	0
3	· ·		•			3	329
4	Subtitle A (income) tax (domes	stic section 4947(a)(1) trusts and taxable	le foundations only: o	thers, enter -0-)		4	0
5		<b>come.</b> Subtract line 4 from line 3. If zero				5	329
6	Credits/Payments:	John Gubliadi inio 1 nom inio 6. ii 2010					327
а		and 2021 overpayment credited to 2022	2 6	a			
b		- tax withheld at source					
C	Tay paid with application for or	ktension of time to file (Form 8868)	6				
_							
d 7	Total gradity and navenate A	ly withheld	<u>b</u>			7	
7	Total credits and payments. At	dd lines 6a through 6d	if Form 2000 is -**-			7	
8		yment of estimated tax. Check here				8	200
9		and 8 is more than line 7, enter amoun				9	329
10		e than the total of lines 5 and 8, enter the	ne amount overpaid			10	
11	Enter the amount of line 10 to	ha: Craditad to 2023 actimated tay		Refunded	ı	11	

Pa	art VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
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		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? $N/A$	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	● By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.  ME			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See 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	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A			
14	The books are in care of THE FOUNDATION  P.O. BOX 115		412	2
	Located at HULLS COVE ME ZIP+4 0464	<del>1</del>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country	Form QC	20.55	
		_ ()(		- (0000)

_Pa	art 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?			X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified	1a(1)		
	person?	1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Х	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or			
	use of a disqualified person)?	1a(5)		X
	(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)		X
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			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
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 2022? $N/A$	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 2022, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for			
	tax year(s) beginning before 2022?	2a		X
	If "Yes," list the years 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.) $N/A$	2b		
С	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 , 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		X
b	If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose 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 2022.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable			
	purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			
	its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning			
	in 2022?	l 4h	1	ΙX

	art VI-B Statements Regarding Activities for Which Form 4		Required (con	tinued)			aye C
	During the year did the foundation pay or incur any amount to:	FIZO May BC I	required (corr	шиса		Yes	No
Ju	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4)	1945(۵))2			5a(1)	103	X
	(2) Influence the outcome of any specific public election (see section 4955); or to				Ja(1)		21
					5a(2)		Х
	indirectly, any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purposes?				5a(2)		X
	(4) Provide a grant to an organization other than a charitable, etc., organization				Ja(J)		21
					E0(4)		Х
	<ul><li>(4)(A)? See instructions</li><li>(5) Provide for any purpose other than religious, charitable, scientific, literary, or</li></ul>	advectional purpo	oog or for		5a(4)		-21
					Ea/E\		v
	the prevention of cruelty to children or animals?				5a(5)		X
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the property of the transactions fail to qualify under the state of the transactions fail to a state of the transactions fail to qualify under the state of the transactions fail to qualify under the state of the transactions fail to qualify under the state of the transactions fail to qualify under the state of the transactions fail to qualify under the state of the transactions fail to qualify under the state of the transactions fail to qualify under the state of the sta			NT / 7\			
	in Regulations section 53.4945 or in a current notice regarding disaster assistan				5b		
C	Organizations relying on a current notice regarding disaster assistance, check he						
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro			3T / 7			
	maintained expenditure responsibility for the grant?			N/A	5d		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pa	y premiums on a	personal				7.7
	benefit contract?				6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	rsonal benefit cont	ract?		6b		X
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh				7a		X
b	If "Yes," did the foundation receive any proceeds or have any net income attribut			N/.A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,						
	excess parachute payment(s) during the year?				8		X
Pa	art VII Information About Officers, Directors, Trustees, Fo	undation Mana	agers, Highly	Paid Employ	ees,		
	and Contractors						
<u>1 I</u>	List all officers, directors, trustees, and foundation managers and their comp	pensation. See in	structions.	Г			
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Ev	pense a	ccount
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		r allowa	
		devoted to position	criter 07	compensation	_		
SE	E STATEMENT 10						
		ļ.					
2	Compensation of five highest-paid employees (other than those included or	n line 1 – see ins	tructions). If non	e, enter			
	"NONE."						
		(b) Title, and average		(d) Contributions to	(a) Ev	nonco a	ccount
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred		pense a er allowa	
		devoted to position		compensation			
NC	)NE						
					1		
Tota	I number of other employees paid over \$50,000						0

	Information About Officers, Directors, Trustees, Foundation Man	ogors Highly Doid En	nnlovees
	and Contractors (continued)	iagers, migniy raid En	npioyees,
3 Five higher	est-paid independent contractors for professional services. See instruct	ions. If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of o	others receiving over \$50,000 for professional services		
Part VIII-A	Summary of Direct Charitable Activities		
List the foundation organizations and	n's four largest direct charitable activities during the tax year. Include relevant statistical information other beneficiaries served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 SEE ST	PATEMENT 11		
			29,465
2			•
3			
4			
Part VIII-B	Summary of Program-Related Investments (see instructions)	Т	
	argest 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.		
•			
Total. Add lines 1	through 3		

Pa	Art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn fo	undations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		005 200
а	Average monthly fair market value of securities	1a	287,382
b	Average of monthly cash balances	1b	12,151
C	Fair market value of all other assets (see instructions)	1c	000 533
d	Total (add lines 1a, b, and c)	1d	299,533
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e 0	_	0
2	Acquisition indebtedness applicable to line 1 assets	2	000 533
3	Subtract line 2 from line 1d	3	299,533
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		4 400
_	instructions)	4	4,493
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	295,040
<u>6</u>	Minimum investment return. Enter 5% (0.05) of line 5	6	14,752
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	four	idations
_	and certain foreign organizations, check here and do not complete this part.)	1	14,752
1	Minimum investment return from Part IX, line 6	1	14,/32
2a			
b	,	2-	220
C	Add lines 2a and 2b	2c 3	329 14,423
3	Distributable amount before adjustments. Subtract line 2c from line 1		14,423
4	Recoveries of amounts treated as qualifying distributions	4	1/ //2
5	Add lines 3 and 4	5	14,423
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,	_	14 400
	art XI Qualifying Distributions (see instructions)	7	14,423
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
' a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	15,176
a b	Program related investments - total from Part VIII P	1b	13,170
2	Program-related investments – total from Part VIII-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
2		2	
2	purposes  Amounts set aside for specific charitable projects that satisfy the:		
3	· · · · · · · · · · · · · · · · · · ·	30	
a	Suitability test (prior IRS approval required)  Cash distribution test (attach the required schedule)	3a 3b	
ь 4	Cash distribution test (attach the required schedule)  Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	3D 4	15,176
-	waamying alsamuulons. Add ines ta ullough so. Elitel nele alla on fall All, lille 4	-+	10,110

Pa	Irt XII Undistributed Income (see instructions	)			
		<b>(a)</b> Corpus	(b) Years prior to 2021	<b>(c)</b> 2021	<b>(d)</b> 2022
1	Distributable amount for 2022 from Part X, line 7	·			14,423
2	Undistributed income, if any, as of the end of 2022:				11/123
	Enter amount for 2021 only				
	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2022:				
	From 2017 10,794				
b	From 2018 9,853				
С	From 2019 9,832				
d	From 2020 6,133				
е	From 2021 4,380				
f	Total of lines 3a through e	40,992			
4	Qualifying distributions for 2022 from Part XI,				
	line 4: \$ 15,176				
а	Applied to 2021, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2022 distributable amount				14,423
е	Remaining amount distributed out of corpus	753			
5	Excess distributions carryover applied to 2022				
	(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:				
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	41,745			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
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				
a	Subtract line 6c from line 6b. Taxable				
_	amount – see instructions Undistributed income for 2021. Subtract line				
е					
	4a from line 2a. Taxable amount – see instructions				
f	Undistributed income for 2022. Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2023				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)				
8	Excess distributions carryover from 2017 not				
	applied on line 5 or line 7 (see instructions)	10,794			
9	Excess distributions carryover to 2023.				
	Subtract lines 7 and 8 from line 6a	30,951			
10	Analysis of line 9:				
а	Excess from 2018 9 , 853				
b	Excess from 2019 9,832				
С	Excess from 2020 6,133				
d	Excess from 2021 4,380				
е	Excess from 2022 753				

Pa	rt XIII Private Operating For	<b>undations</b> (see in	structions and Pa	art VI-A, question 9		
1a	If the foundation has received a ruling or			ating		
	foundation, and the ruling is effective for				140(')(0) 1	2(')(E)
b	Check box to indicate whether the foundation		ating foundation desc		4942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	(b) 2024	Prior 3 years	(d) 2010	(e) Total
	income from Part I or the minimum	(a) 2022	<b>(b)</b> 2021	(c) 2020	<b>(d)</b> 2019	
	investment return from Part IX for					
	each year listed			1		
b	85% (0.85) of line 2a			1		
С	Qualifying distributions from Part XI,					
	line 4, for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test – enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part IX, line 6, for each year listed					
С	"Support" alternative test – enter:					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
_	(4) Gross investment income		this want authorit	the formulation ha	-l &F 000	
Pa	rt XIV Supplementary Inform	• •	•	the foundation ha	a \$5,000 or more	e in assets at
	any time during the ye		Juons.)			
1	Information Regarding Foundation Ma	=	ro than 20/ of the tota	l contributions received	by the foundation	
а	List any managers of the foundation who				-	
	before the close of any tax year (but only $N/A$	ii they have contribu	ted more than \$5,000	). (See Section 507(d)(2)	.)	
	List any managers of the foundation	who own 10% or n	nore of the stock of	a corporation (or an	equally large portion	of the
b	ownership of a partnership or other entity				equally large portion	or tric
	N/A	) or writer the lourida	lion has a 1070 of gre	ater interest.		
2	Information Regarding Contribution, G	rant Gift Loan Sc	holarshin etc Prog	rame:		
-			• • • •	able organizations and d	nes not accent	
	unsolicited requests for funds. If the foun		•	•	•	
	complete items 2a, b, c, and d. See instr		rants, etc., to maividuo	als of organizations und	er other conditions,	
	The name, address, and telephone numb		of the person to whom	applications should be	addrassad:	
а	N/A	ei di eman address d	or the person to whom	i applications should be	addressed.	
	N/A					
	The form in which applications should be	submitted and inform	nation and materials the	nev should include:		
~	N/A	Samuel and midfil	The materials to	.,		
С	Any submission deadlines:					
	N/A					
d	Any restrictions or limitations on awards,	such as by geograph	nical areas, charitable	fields, kinds of institution	ns, or other	
	factors:					
	N/A					

01-0546382

Page **11** 

Part XIV Supplementary Information (continued)							
3 Grants and Contributions Paid During t	he Year or Approved for		1				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
N/A							
Total		<u> </u>	3a				
<b>b</b> Approved for future payment							
N/A							
Total			3b				

Form 990-PF (2022) SOMES POND CENTER		01-	05463	82	Page <b>12</b>
Part XV-A Analysis of Income-Producing A	ctivities				· ·
Enter gross amounts unless otherwise indicated.		d business income (b)	Exclude (c)	d by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue:	Business code	Amount	Exclusion code	Amount	function income (See instructions.)
ab	-				
С					
d	_				
e	-				
g Fees and contracts from government agencies	-				
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	5	
4 Dividends and interest from securities			14	2,883	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			1.0	10.700	
b Not debt-financed property			16	19,700	
6 Net rental income or (loss) from personal property					
<ul><li>7 Other investment income</li><li>8 Gain or (loss) from sales of assets other than inventory</li></ul>			18	11,776	
9 Net income or (loss) from special events			1 -0	11,770	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a	_				
b	_				
c	_				
d	-				
e	_		0	24.264	0
12 Subtotal. Add columns (b), (d), and (e)			_	34,364 <b>13</b>	
<b>13 Total.</b> Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)					34,304
Part XV-B Relationship of Activities to the	Accomplishm	ent of Exempt	Purpose	es	
Line No. Explain below how each activity for which incom of the foundation's exempt purposes (other than	ne is reported in c	olumn (e) of Part X	V-A contrib	outed importantly to the	accomplishment
N/A					

Part		Information Rega Organizations	arding Tra	ansfers To an	d Transactio	ns and Relationships W	ith Noncharitab	ole Ex	empt	
1 Die			irectly engag	e in any of the fol	lowing with any	other organization described			Yes	No
	_	01(c) (other than section		-	-	_			100	110
	ganizations		)	organizations) or i	11 30011011 321, 10	hatting to political				
•	•	om the reporting found	ation to a no	oncharitable exemi	ot organization o	<b>f</b> :				
					•			1a(1)		X
								1a(2)		X
h (+)	her transa	actions.						Ta(Z)		
			ahla avamnt	organization				1b(1)		X
(1)	Durchae	assets to a nonchant	oncharitable	evennt organization				1b(1)		X
(2)	Pental o	of facilities equipment	or other acc	exempt organization	011			1b(2)		X
(4)	Poimhur	reament arrangements	oi otilei ass					1b(4)		X
(5)	Loane o	r loan guarantees	·					1b(5)		X
(6)	Derform	ance of services or m	 omborshin o	r fundraicing colici	tatione			1b(6)		X
(U)	oring of f	acilities equipment m	oiling liete of	than accets or pai	id omployees			1c		X
						mn <b>(b)</b> should always show the		IC		
		•				• •				
		-	_		-	the foundation received less that the goods, other assets, or ser				
	ine no.	(b) Amount involved		e of noncharitable exem		(d) Description of transfers,		arrangeme	ents	
$\frac{(a)}{N/A}$	ine no.	(b) Amount involved	(c) Ivaini	e of fioricialitable exem	pt organization	(a) Description of transiers,	nanacions, and snanny e	mangeme	into	
IV/A										
20 lo	the found	ation directly or indirec	the offiliated i	with as salated to	ana ar mara ta	( exempt executions				
		,	,			c-exempt organizations		Ye	V	l Na
		section 501(c) (other		501(C)(3)) OF IT SE	ection 527?			1¢	2S A	NO
D II		nplete the following sc Name of organization	nedule.	(b) Type of o	organization	(c) Doser	iption of relationship			
N/		ny Name or organization		(b) Type of C	organization	(c) Descr	plion of relationship			
IN /	<u>A</u>									
	Under pen	alties of periury. I declare the	at I have examir	Led this return, including	g accompanying sche	dules and statements, and to the best of	mv knowledge and belie	f. it is true	<b>)</b> .	
						which preparer has any knowledge.	May the IRS dis	•		$\neg$
Cian							with the prepare			
Sign							See instructions		Yes	No
Here						DDECIDENT				
	Signaturo	of officer or truetoe			Date	PRESIDENT	<u>-</u>		_	
	Ť	of officer or trustee			1		<del></del>			
	Print/Typ	pe preparer's name			Preparer's signatu	re	Date		Check	if
Paid	T7.400	יייי דרו ארויים וו					04/1	0 / 22	self-emp	oloyed
Prepare	r JAMES						04/1			
Use Onl	Firm's n			1 2				0133		<del></del>
	Firm's a		BOX 54 ORTH,		<u> </u>			-021: 7-66'		
	1	ELLSW	OKIH.	1410 OH00;	י		I Phone no. ∠U	7-00	7-5:	ンムタ

Capital Gains and Losses for Tax on Investment Income Form **990-PF** 2022 For calendar year 2022, or tax year beginning and ending Employer Identification Number Name 01-0546382 SOMES POND CENTER (b) How acquired P-Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. (c) Date acquired (mo., day, yr.) (d) Date sold (mo., day, yr.) D-Donation 02/14/22 ALCON INC Ρ (1) Ρ COSTCO WHOLESALE CORP 02/14/22 (2)CLARIVATE PLC Ρ 02/14/22 (3)HOME DEPOT INC P 02/14/22 (4) IDEXX LABORATORIES Ρ 02/14/22 (5) INTERNATIONAL INC. Ρ 02/14/22 METTLER -TOLEDO (6)ROPER TECHNOLOGIES Ρ 02/14/22 INC (7)Ρ 02/14/22 STERIS PLC (8)Ρ 02/14/22 TJX COMPANIES INC (9)02/14/22 Ρ (10)T ROWE PRICE GROUP INC Ρ 02/14/22 VISA INC (11)BROOKFIELD ASSET Ρ 12/16/22 (12)(13)(14)(15)(h) Gain or (loss)
(e) plus (f) minus (g) (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale 910 1,146 236 (1) <u>,</u>307 1,520 213 (2)-2,4805,758 (3)3,278 1,741 141 1,600 (4) 775 5,083 308 (5)2,858 420 2,438 (6)881 800 81 (7)315 141 456 (8)154 341 187 (9)721 300 421 (10)3,391 281 3,110 (11)14 21 -7 (12)(13)(14)(15)Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) Or Losses (from col. (h)) (i) F.M.V. as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any 236 (1) 1,307 (2)-2.480(3) 1,600 (4) 4,775 (5)2,438 (6)81 (7)141 (8) 154 (9)421 (10)3,110 (11)(12)(13)(14)

(15)

01-0546382

FYE: 12/31/2022

#### **Federal Statements**

#### Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	_	Total	_ Inv	Net estment	 usted Net	aritable urpose
INDIRECT ACCOUNTING FEES	\$	1,725	\$	863	\$ 	\$ 862
TOTAL	\$	1,725	\$	863	\$ 0	\$ 862

#### Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	 Total	Inv	Net vestment	Adju N	sted et	_	ritable pose
INVESTMENT ADVISORY FEES	\$ 2,850	\$	2,850	\$		\$	
TOTAL	\$ 2,850	\$	2,850	\$	0	\$	0

#### Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description		Total		Net Investment		Adjusted Net		Charitable Purpose		
PROPERTY TAXES FOREIGN TAX EXCISE TAX	\$5	7,107 48 354	\$	1,421	\$		\$	5,685		
TOTAL	\$	7,509	\$	1,469	\$	0	\$	5,685		

#### Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation

Description

	Description						
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
LAND							
5/15/07 \$	450,000	\$		0 \$	5	\$	\$
BUILDING							
5/15/07	550,000	206,255	S/L	39	14,102	2,820	

01-0546382

FYE: 12/31/2022

## **Federal Statements**

#### Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

Description

Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life_	Current Year Depreciation	Net Investment Income	Adjusted Net Income
FURNITURE AND A	RTWORKS						
11/16/07 \$	10,000	\$ 10,000	S/L	7 \$		\$	\$
BUILDING IMPROVI	EMENTS						
4/07/09	11,658	3,800	S/L	39	299	60	
GENERATOR SYSTEM	VI						
3/13/15	19,718	3,435	S/L	39	505	101	
SEPTIC IMPROVEME							
7/14/20	12,000	1,200	S/L	15	800	160	
DISHWASHER							
11/15/20	1,002	234	S/L	5	200	40	
REFRIGERATOR							
5/10/22	2,039		S/L	5	272	54	
FENCING			- 1-				
5/10/22	6,041		S/L	15	268	54	
HEAT/ AIR CONDIT			- (-	2.2	0.4.5	4.0	
6/18/22	19,162		S/L	39	246	49	
ARTWORK	0 500			_	2.0	1.0	
9/20/22 _	2,532		S/L	7 .	90	18	
TOTAL \$	1,084,152	\$ 224,924		\$	16,782	\$ 3,356	\$0

01-0546382

FYE: 12/31/2022

### **Federal Statements**

#### Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose	
	\$	\$	\$	\$	
EXPENSES					
INSURANCE: PROPERTY	4,338	868		3,470	
REPAIRS	871	174		697	
BOOKKEEPING	1,340	268		1,072	
UTILITIES	667	133		534	
LANDSCAPING	1,508	302		1,206	
SUPPLIES	91	18		73	
TELEPHONE	1,873	375		1,498	
MISCELLANEOUS	62	12		50	
BANK CHARGES	36	7		29	
TOTAL	\$ 10,786	\$ 2,157	\$0	\$ 8,629	

#### Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	F	air Market Value
EQUITIES - SEE ATTACHED	\$ 312,592	\$ 231,114	MARKET	\$	231,114
TOTAL	\$ 312,592	\$ 231,114		\$	231,114

#### Statement 7 - Form 990-PF, Part II, Line 13 - Other Investments

Description	B	eginning of Year	 End of Year	Basis of Valuation	F 	air Market Value
INVESTMENT CASH FUND	\$	42,922	\$ 47,434	MARKET	\$	47,434
TOTAL	\$	42,922	\$ 47,434		\$	47,434

01-0546382

## **Federal Statements**

FYE: 12/31/2022

#### Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description	Beginning Net Book		End Cost / Basis		End Accumulated Depreciation		 Net FMV
	\$	379,454 450,000	\$	634,152 450,000	\$	241,706	\$ 
TOTAL	\$	829,454	\$	1,084,152	\$	241,706	\$ 0

4/19/2023

**Federal Statements** 

FYE: 12/31/2022

01-0546382

Statement 9 - Form 990-PF, Part III, Line 5 - Other Decreases

Description		Amount
UNREALIZED LOSSES	\$	78,226
TOTAL	\$_	78,226

4/19/2023

01-0546382

## **Federal Statements**

FYE: 12/31/2022

#### Statement 10 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JUDITH GOLDSTEIN P.O. BOX 115 HULLS COVE ME 04644	PRESIDENT	2.50	0	0	0
DENNIS BRACALE PO BOX 115 HULLS COVE ME 04644	EX.DIREC, TR	2.50	0	0	0
JACK RUSSELL PO BOX 115 HULLS COVE ME 04644	DIRECTOR	1.00	0	0	0
CHRISTIAN VAN HEERDEN PO BOX 115 HULLS COVE ME 04644	DIRECTOR	1.00	0	0	0
SCOTT KONIECKO PO BOX 115 HULLS COVE ME 04644	DIRECTOR	1.00	0	0	0
BETSY HEWLETT PO BOX 115 HULLS COVE ME 04644	DIRECTOR	1.00	0	0	0
JACOB KREILKAMP PO BOX 115 HULLS COVE ME 04644	DIRECTOR	1.00	0	0	0
MOLLY CATLIN PO BOX 115 HULLS COVE ME 04644	DIRECTOR	1.00	0	0	0
CATHERINE SCHMITT PO BOX 115 HULLS COVE ME 04644	DIRECTOR	1.00	0	0	0
WILLIAM HELPRIN	DIRECTOR	1.00	0	0	0

**Federal Statements** 

FYE: 12/31/2022

01-0546382

# Statement 10 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address

Title

Average Hours

Compensation

**Benefits** 

Expenses

4/19/2023

PO BOX 115

HULLS COVE ME 04644

01-0546382 SOMES POND CENTER
Federal Statements

FYE: 12/31/2022

#### Statement 11 - Form 990-PF, Part VIII-A, Line 1 - Summary of Direct Charitable Activities

#### Description

IN 2022, SOMES POND CENTER CONTINUED THE DEVELOPMENT OF EDUCATIONAL ACTIVITIES. GARDENS WERE VISITED BY CLASSES FROM COLLEGE OF THE ATLANTIC AND NUMEROUS OTHER PEOPLE INTERESTED IN LANDSCAPE HISTORY. THE CENTER CONTINUED TO CULTIVATE CLOSER TIES WITH COLLEGE OF THE ATLANTIC. GARDENS WERE EXPANDED TO FULFILL CENTER OBJECTIVES OF CREATING A NATURALISTIC LANDSCAPE, DERIVED FROM EXISTING FLORA, BOULDERS AND TREES. COMMUNITY MEMBERS CONTINUED TO USE AND ENJOY THE SOMES POND LANDING FOR BOATING AND SWIMMING PURPOSES.

DURING THIS YEAR WE SPENT A LARGE AMOUNT OF OUR TIME ENVISIONING THE NEXT PHASE OF THE SOMES POND CENTER. THIS WILL TAKE EFFECT WHEN OUR PRESIDENT, JUDY GOLDSTEIN, PASSES AWAY AND LEAVES A SUBSTANTIAL ENDOWMENT TO THE CENTER.

# Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

SOMES POND C	'ENTER   01	L-0546382
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se	ee
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining contributions.	
Special Rules		
regulations under s 16b, and that recei	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a yed from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or unt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any on the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.	e
contributor, during contributions totaled during the year for General Rule appl	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any on the year, contributions exclusively for religious, charitable, etc., purposes, but no such d more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the lies to this organization because it received nonexclusively religious, charitable, etc., contribution	ns
Caution: An organization to must answer "No" on Part	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 99 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, neet the filing requirements of Schedule B (Form 990).	,,
2, to certify that it doesn't n	neet the filing requirements of Schedule B (Form 990).	

0000 2

Name of organization
SOMES POND CENTER

Employer identification number

01-0546382

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of P	art I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	JUDITH GOLDSTEIN 1088 PARK AVENUE NEW YORK CITY NY 10128	\$ 26,390	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SOMES POND CENTER

Employer identification number 01-0546382

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) ARTWORK 1.... \$ 2,532 09/20/22 (a) No. (c) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) . . . . . . . (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ ..... (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) \$ ..... (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) \$ .....

Form **4562** 

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

ttachment 170

Identifying number

OMB No. 1545-0172

SOMES POND CENTER 01-0546382 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,080,000 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,700,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions ...... 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ...... Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 <u>15</u> Other depreciation (including ACRS) ..... Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2022 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (a) Classification of property (business/investment use (a) Depreciation deduction placed in period only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property S/L 25 yrs. 27.5 yrs. MM S/L Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real S/L MM Section C-Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. 30-year MM S/L 30 yrs. 40-year MM 40 yrs. S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 ...... 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 16,782 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions .... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ..... 23

04/19/2023

SPC6382XXXX SOMES POND CENTER

01-0546382

# Form 990, Page 1

FYE: 12/31/2022

Asset	Description	Date In Service	Cost	Bus <u>%</u>	Sec 179Bonus	Basis for Depr	Per Conv Meth	Prior .	Current
Other  1 2 3 4 5 6 7 8 9 10 11	Depreciation: LAND BUILDING FURNITURE AND ARTWORKS BUILDING IMPROVEMENTS GENERATOR SYSTEM SEPTIC IMPROVEMENTS DISHWASHER REFRIGERATOR FENCING HEAT/ AIR CONDITION PUMPS ARTWORK  Total Other Depreciation	5/15/07 5/15/07 11/16/07 4/07/09 3/13/15 7/14/20 11/15/20 5/10/22 5/10/22 6/18/22 9/20/22	450,000 550,000 10,000 11,658 19,718 12,000 1,002 2,039 6,041 19,162 2,532			450,000 550,000 10,000 11,658 19,718 12,000 1,002 2,039 6,041 19,162 2,532 1,084,152	0 Land 39 MO S/L 7 MO S/L 39 MO S/L 39 MO S/L 15 MO S/L 5 MO S/L 5 MO S/L 15 MO S/L 15 MO S/L 15 MO S/L 17 MO S/L 18 MO S/L 19 MO S/L	0 206,255 10,000 3,800 3,435 1,200 234 0 0 0	0 14,102 0 299 505 800 200 272 268 246 90
Total ACRS and Other Depreciation		1,084,152		-	1,084,152		224,924	16,782	
	Grand Totals Less: Dispositions and Transf Less: Start-up/Org Expense Net Grand Totals	`ers _ =	1,084,152 0 0 1,084,152		-	1,084,152 0 0 1,084,152		224,924 0 0 224,924	16,782 0 0 16,782

04/19/2023

SPC6382XXXX SOMES POND CENTER

01-0546382

AMT Asset Report Form 990, Page 1

FYE: 12/31/2022

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	Per Conv Meth	Prior	Current
1 2 3 4 5 6 7 8 9	Depreciation: LAND BUILDING FURNITURE AND ARTWORKS BUILDING IMPROVEMENTS GENERATOR SYSTEM SEPTIC IMPROVEMENTS DISHWASHER REFRIGERATOR FENCING HEAT/ AIR CONDITION PUMPS	5/15/07 5/15/07 11/16/07 4/07/09 3/13/15 7/14/20 11/15/20 5/10/22 5/10/22 6/18/22	450,000 550,000 10,000 11,658 19,718 12,000 1,002 2,039 6,041 19,162			450,000 550,000 10,000 11,658 19,718 12,000 1,002 2,039 6,041 19,162	0 Land 39 MO S/L 7 MO S/L 39 MO S/L 39 MO S/L 15 MO S/L 5 MO S/L 5 MO S/L 15 MO S/L 39 MO S/L	0 206,255 10,000 3,800 3,435 1,200 234 0 0	0 14,102 0 299 505 800 200 272 268 246
11	ARTWORK  Total Other Depreciation	9/20/22 _	2,532 1,084,152		-	2,532 1,084,152	7 MO S/L	224,924	90 16,782
	Total ACRS and Other Depreciation		1,084,152		:	1,084,152		224,924	16,782
	Grand Totals Less: Dispositions and Transfers Net Grand Totals		1,084,152 0 1,084,152		- -	1,084,152 0 1,084,152		224,924 0 224,924	16,782 0 16,782

**All Business Activities** 

04/19/2023

FYE: 12/31/2022 AMT Adjustments/ Preferences AMT Form Unit Asset Description Tax There are no assets that meet the criteria of this report

04/19/2023

SPC6382XXXX SOMES POND CENTER
01-0546382 Future Depreciation Report FYE: 12/31/23

Form 990, Page 1 FYE: 12/31/2022

<u>Asset</u>	Description	Date In Service	Cost	Tax	AMT
Other I	Depreciation:				
1	LAND	5/15/07	450,000	0	0
2	BUILDING	5/15/07	550,000	14,103	14,103
3	FURNITURE AND ARTWORKS	11/16/07	10,000	0	0
4	BUILDING IMPROVEMENTS	4/07/09	11,658	299	299
5	GENERATOR SYSTEM	3/13/15	19,718	506	506
6	SEPTIC IMPROVEMENTS	7/14/20	12,000	800	800
7	DISHWASHER	11/15/20	1,002	201	201
8	REFRIGERATOR	5/10/22	2,039	408	408
9	FENCING	5/10/22	6,041	403	403
10	HEAT/ AIR CONDITION PUMPS	6/18/22	19,162	491	491
11	ARTWORK	9/20/22	2,532	362	362
	<b>Total Other Depreciation</b>		1,084,152	17,573	17,573
	Total ACRS and Other Depreciat	ion	1,084,152	17,573	17,573
	Grand Totals		1,084,152	17,573	17,573

Form <b>990-PF</b>	Underdistribution and Excess D			2022
	For calendar year 2022, or tax year beginning	, ending		
Name			Employer le	lantification Number
SOMES POND	CENTER		01-054	dentification Number

# Undistributed Income Carryovers Form 990-PF, Part XII

	Pri	or Undistributed In	ncome		Next Year	Carryover
Tax Year	Nontaxable or Previously Taxed	Taxable in 2022	Total per Year	Current Year Decreases	Nontaxable or Previously Taxed	Taxable in 2023
Years prior						
20 18						
20 19						
20 20						
2021						
2022			14,423	14,423		
Total Carryove	er to Next Year					0

<sup>\*</sup> Carryover amount includes 4942(a) amounts

# Excess Distribution Carryovers Form 990-PF, Part XII

	Current Year	Next Year
Preceding Tax Year Excess Distributions	Decreases	Carryover
10,794	10,794	
2018 9,853		9,853
2019 9,832		9,832
2020 6,133		6,133
2021 4,380		4,380
Current Year Excess Distribution Gener	ated (2022)	753
Total Carryover to Next Year		30,951

Form <b>990-PF</b>	Electronic Funds V	Vithdrawal		2022
	For calendar year 2022 or tax year beginning	, ending		
Name			Employer Id	lentification Number
SOMES POND	CENTER		01-054	6382

#### Form Payment Record

This record is included with the IRS electronic file for taxpayers who elect to pay their tax balances by electronic funds withdrawal

Routing Transit Number	011201759
Bank Account Number	77549218
Type of Account	CHECKING
Taxpayer Phone Number	207-266-1814
Requested Payment Date	05/01/23
Amount of Tax Payment	329

DO NOT SUBMIT THIS DOCUMENT TO THE IRS

 $\mathsf{Form}~\mathbf{990PF}$ 

## Two Year Comparison Report

2021 & 2022

For calendar year 2022, or tax year beginning

, ending

Name
SOMES POND CENTER

Taxpayer Identification Number 0.1 – 0.546382

			SOMES	POND CENTER	{		01	-0546382	
	_		:	2021	20	22	Differences		
			Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	
	1. Contributions, gifts, grants, and similar amounts received	1.	11,000		27,390		16,390		
n e	2. Interest on savings and temporary cash investments	2.	5	5	5	5			
_ _	3. Dividends and interest from securities	3.	2,124	2,124	2,883	2,883	759	759	
>	4. Gross rents	4.	28,700	28,700	19,700	19,700	-9,000	-9,000	
R	5. Net gain or (loss) from sale of assets	5.	6,388		11,776		5,388		
	6. Capital gain net income	6.		6,388		11,776		5,388	
	7. Gross profit or (loss)	7.							
	8. Other income	8.	470				-470		
	9. Total. Add lines 1 through 8	9.	48,687	37,217	61,754	34,364	13,067	-2,853	
	· · · · · · · · · · · · · · · · · · ·	10.							
0	11. Other employee salaries and wages	11.							
Ξ	12. Pension plans, employee benefits	12.							
3		13.	4,684	3,772	4,575	3,713	-109	-59	
e d	14. Interest	14.							
	<b>15.</b> Taxes	15.	6,835	1,290	7,509	1,469	674	179	
∞	<b>16.</b> Depreciation and depletion	16.	15,909	3,182	16,782	3,356	873	174	
e 8	17. Occupancy	17.							
n S	18. Other expenses	18.	17,508	3,502	10,786	2,157	-6,722	-1,345	
9	19. Contributions, gifts, grants paid	19.	100		0		-100		
×	<b>20.</b> Total expenses and disbursements. Add lines 10 through 19	20.	45,036	11,746	39,652	10,695	-5,384	-1,051	
	21. Net income (if negative investment activity, enter -0-)	21.	3,651	25,471	22,102	23,669	18,451	-1,802	
		22.		354		329		-25	
. S	23. Section 511 Tax	23.							
_â	24. Subtitle A income tax	24.							
	25. Total Taxes	25.		354		329		-25	
	· · · · · · · · · · · · · · · · · · ·	26.							
_		27.							
un	28. Other Payments	28.							
Ref	29. Total payments and credits	29.							
-		30.		354		329		-25	
	31. Overpayment credited to next year	31.							
		32.							
	33. Net due / (Refund)	33.		354		329		-25	
إ		34.	1,200,939		1,144,815		-56,124		
the	35. Total liabilities	35.	0		0		0		
0	36. Net assets	36.	1,200,939		1,144,815		-56,124		

 $\mathsf{Form}~\mathbf{990PF}$ 

## Tax Return History

Use the 2Yr Report for more recent historical information

Name

Taxpayer Identification Number

2022

	SOMES POND CENTER						01	L-0546382
			20	18	2	019	202	20
			Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
	1. Contributions, gifts, grants, and similar amounts received	1.			2,000			
e l	2. Interest on savings and temporary cash investments	2.			2	2	2	2
_	3. Dividends and interest from securities	3.			3,087	3,087	2,389	2,389
>	4. Gross rents	4.			7,500	7,500	14,315	14,315
8 8	5. Net gain or (loss) from sale of assets	5.			70,599		23,769	
	6. Capital gain net income	6.				70,599		23,769
	7. Gross profit or (loss)	7.						
	8. Other income	8.						
	9. Total. Add lines 1 through 8	9.	0	C	83,188	81,188	40,475	40,475
S	10. Compensation of officers, directors, trustees, etc.	10.						
0 1	11. Other employee salaries and wages	11.						
\.	12. Pension plans, employee benefits	12.						
3 1		13.			5,610	4,110	4,329	3,267
e d	14. Interest	14.						
	15. Taxes	15.			6,443	1,241	7,409	1,205
∞ 1	16. Depreciation and depletion	16.			14,908	2,982	15,339	3,068
8 1 0	I7. Occupancy	17.						
S u	18. Other expenses	18.			19,317	3,863	15,692	3,134
9 1	19. Contributions, gifts, grants paid	19.			0		1,025	
×	20. Total expenses and disbursements. Add lines 10 through 19	20.			46,278	12,196	43,794	10,674
	21. Net income (if negative investment activity, enter -0-)	21.	0	C	36,910	68,992	-3,319	29,801
2	22. Excise Tax	22.				1,380		414
S 2	23. Section 511 Tax	23.						
_æ  ₂	24. Subtitle A income tax	24.						
	25. Total Taxes	25.				1,380		414
		26.						
2		27.						
_  2	28. Other Payments	28.				1,389		
S 2	29. Total payments and credits	29.				1,389		
Sef.	30. Balance due / (Overpayment)	30.		C		0		414
	31. Overpayment credited to next year	31.						
Ď	32. Penalty	32.				9		
3	33. Net due / (Refund)	33.		C		0		414
ي :		34.	0		1,133,280		1,147,528	
Į.	35. Total liabilities	35.	0		0		0	
<u> </u>	36. Net assets	36.	0		1,133,280		1,147,528	

SPC6382XXXX SOMES POND CENTER 4/19/2023 **Federal Statements** 01-0546382 FYE: 12/31/2022 **Taxable Interest on Investments** US Unrelated Exclusion Postal Obs (\$ or %) Description Amount Code Code Business 5 CHECKING ACCOUNT 14 5 TOTAL \$ **Taxable Dividends from Securities** Unrelated Exclusion Postal US Obs (\$ or %) Description Amount Business Code Code 14 INVESTMENT ACCOUNTS 2,883 2,883 TOTAL