## Form **990-PF**

## **Return of Private Foundation**

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

► Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

Depa	rtmen		social security numbers on			LULI
Inter	al Re	venue Service Go to www.	irs.gov/Form990PF for instru		ormation.	Open to Public Inspection
-		ndar year 2021 or tax year beginning		, and ending	A Francisco identificati	in a make
Na	ne o	foundation			A Employer identificat	ion number
		BER FAMILY CHARITABLE E			46-456542	27
		and street (or P.O. box number if mail is not delivered to stree	22 (+ 27) 4- 45) (- 4-5) (- 4-6) (- 4-5) (- 4-5)	Room/suite	B Telephone number	
		KEARSARGE MOUNTAIN ROA			404-579-6	5275
		own, state or province, country, and ZIP or foreign p. NER,NH 03278	postal code		C If exemption application i	s pending, check here
G (	heck	all that apply: Initial return	Initial return of a for	mer public charity	D 1. Foreign organization	ons, check here
		Final return	Amended return		2 Earnian organizations	meeting the 85% test
		Address change	Name change		Foreign organizations check here and attach	computation
H	-	type of organization: X Section 501(c)(3) e			E If private foundation s	
<u>_</u>		ction 4947(a)(1) nonexempt charitable trust			The second of th	(1)(A), check here▶ L
		arket value of all assets at end of year J Account		Accrual		a 60-month termination (1)(B), check here
	0111 r -\$	Part II, col. (c), line 16)	other (specify) mn (d), must be on cash basis	5.)	dilder section 507(b)	( I)(b), check here
	rt I		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	4	Contributions, gifts, grants, etc., received	150,000.		N/A	(Cash basis Only)
	1 2	Check if the foundation is not required to attach Sch. B	130,000.		• • • • • • • • • • • • • • • • • • • •	
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	52.	52.		STATEMENT 1
	5a	Gross rents				
	0000	Net rental income or (loss)				
Φ	6a	Net gain or (loss) from sale of assets not on line 10				
Ž	b	Gross sales price for all assets on line 6a				
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
ш	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
	0.00	and allowances		200		
		Less: Cost of goods sold Gross profit or (loss)				
		Other income	1,000.	0.		STATEMENT 2
	12	Total. Add lines 1 through 11	151,052.	52.		
	13	Compensation of officers, directors, trustees, etc.	15,000.	0.		15,000.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
sesuec	16a	Legal fees STMT 3	260.	0.		260.
per	b	Accounting fees STMT 4	1,510.	60.		1,450.
Ä		Other professional fees			ļ	
ıţķ		Interest				
stra	18 19	Taxes Depreciation and depletion		III.	PAGE TO SERVICE AND THE PAGE	
Ë	20	Occupancy	<del> </del>			
Adn	21	Travel, conferences, and meetings				
ď	22	Printing and publications		CONTRACTOR OF THE STATE OF THE		
ıga	23	Other expenses STMT 5	42.	0.		42.
Operating and Administrative	24	Total operating and administrative	9 100 0 1000	955,000		
ber		expenses. Add lines 13 through 23	16,812.	60.		16,752.
O		Contributions, gifts, grants paid	12,000.			12,000.
	26	Total expenses and disbursements.	20 012	60		28,752.
	07	Add lines 24 and 25	28,812.	60.		20,132.
		Subtract line 26 from line 12:	122,240.			
		Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	122,240.	0.		
		Adjusted net income (if pegative, enter -0-)			N/A	

Б	Part II Balance Sheets Attached schedules and amounts in the description		Beginning of year	End o	End of year			
	art	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing	513,409.	635,649.	635,649.			
	2	Savings and temporary cash investments						
		Accounts receivable						
		Less: allowance for doubtful accounts						
	4	Pledges receivable						
		Less: allowance for doubtful accounts		THE STATE OF THE S	SOCIETY AND ATTENDED SERVICE OF THE			
	5	Grants receivable						
	_	Receivables due from officers, directors, trustees, and other						
Assets	-	disqualified persons						
	7	Other notes and loans receivable						
	Ι΄.	Less; allowance for doubtful accounts						
	۵	Inventories for sale or use						
	0	Prepaid expenses and deferred charges						
		I Investments - U.S. and state government obligations						
		Investments - corporate stock						
		Investments - corporate bonds						
	11	Investments - land, buildings, and equipment basis	1					
		Less: accumulated depreciation						
	100000	Investments - mortgage loans	1					
	13	Investments - other						
	14	Land, buildings, and equipment; basis						
		Less; accumulated depreciation						
		Other assets (describe						
	16	Total assets (to be completed by all filers - see the		605 640	625 640			
_		instructions. Also, see page 1, item I)		635,649.	635,649.			
	17	Accounts payable and accrued expenses		ate				
	18	Grants payable						
es	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
iab		Mortgages and other notes payable						
_	22	Other liabilities (describe >)						
	23	Total liabilities (add lines 17 through 22)	0.	0.				
		Total liabilities (add lines 17 through 22)  Foundations that follow FASB ASC 958, check here						
S		and complete lines 24, 25, 29, and 30.						
Š	24	Net assets without donor restrictions		THE PLANE WHICH SWITTERS AND				
Balances	25	Net assets with donor restrictions						
nd B		Foundations that do not follow FASB ASC 958, check here						
Ē		and complete lines 26 through 30.						
2	26	Capital stock, trust principal, or current funds	0.	0.				
Net Assets or Fu	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.				
SSe	28	Retained earnings, accumulated income, endowment, or other funds	513,409.	635,649.				
t A	29	Total net assets or fund balances	513,409.	635,649.	STATEMENT 6			
Š	-"	Total not adobte of fund bullings						
	30	Total liabilities and net assets/fund balances	513,409.	635,649.				
_				00070191				
	art				<u> </u>			
1		I net assets or fund balances at beginning of year - Part II, column (a), line						
		st agree with end-of-year figure reported on prior year's return)			513,409.			
		r amount from Part I, line 27a	•••••		122,240.			
3	Othe	r increases not included in line 2 (itemize)		3	0.			
		lines 1, 2, and 3		4	635,649.			
		eases not included in line 2 (itemize)		5	0.			
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 29	6	635,649.			

		the kind(s) of property sold (for example arehouse; or common stock, 200 shs		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b	NO	NE				
C	W	Marin - 1000 110 Marin - 100 M	245 - 2 - 100 - 2 - 100			
d			selection of the select			
е					(1) (1)	
(e) Gro	oss sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	5	(h) Gain or (loss) ((e) plus (f) minus (	
a						
b	- VIII					
C					and the second second	
<u>d</u>						
Complete	only for accets chowing	 ng gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Col. (h) gain	minus
Complete	Olly for assets shown	(j) Adjusted basis	(k) Excess of col. (i)		ol. (k), but not less than	1 -0-) <b>or</b>
(i) FMV	as of 12/31/69	as of 12/31/69	over col. (j), if any		Losses (from col. (	h))
a						
b			And the second		Secretary and the second	
C						
d						
е						
	n net income or (net co	apital loss)	- in Part I, line 7	}		and the second s
If gain, also	o enter in Part I, line 8, 8	column (c). See instructions. If (loss	s), enter -0- in	} ] 3		
		sed on Investment Incon			- see instruction	ons)
		described in section 4940(d)(2), che				0.
Date of r	uling or determination	letter: (at	tach copy of letter if necessa	ry - see instructions)	\	U •
		enter 1.39% (0.0139) of line 27b. Ex				
enter 4%	(U.U4) of Part I, line	12, col. (b) tic section 4947(a)(1) trusts and taxa	able foundations only others	anter -0-1	) 2	0.
3 Add lines						0.
		stic section 4947(a)(1) trusts and tax				0.
	1/20	me. Subtract line 4 from line 3. If zer				0.
6 Credits/F						
		and 2020 overpayment credited to 20	021 <b>6a</b>	1	0.	
		tax withheld at source	6b		0.	
		tension of time to file (Form 8868)			0.	
		ly withheld			0.	
7 Total cre	dits and payments. Ac	ld lines 6a through 6d				10.
		ment of estimated tax. Check here				0.
		and 8 is more than 7, enter <b>amount</b> o			9	10
		than the total of lines 5 and 8, enter			10	10.
11 Enter the	amount of line 10 to	be: Credited to 2022 estimated tax	Z	10 - Refunded		orm <b>990-PF</b> (2021

Pa	irt VI-A	Statements Regarding Activities			
1a	During the t	tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any politica	I 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 definitio	n <b>1b</b>		X
	If the answe	er is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed	by the foundation in connection with the activities.			
C	Did the four	ndation file Form 1120-POL for this year?	1c		X
d	I Enter the ar	nount (if any) of tax on political expenditures (section 4955) imposed during the year:	the contract		
	(1) On the	foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$			
е		imbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers.	<b>&gt;</b> \$0.			
2		ndation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," atta	ach a detailed description of the activities.			
3	Has the fou	ndation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or o	other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a		ndation have unrelated business gross income of \$1,000 or more during the year?	(2)		X
b	If "Yes," has	it filed a tax return on Form 990-T for this year?	N/A 4b		
		ı liquidation, termination, dissolution, or substantial contraction during the year?			X
	If "Yes," atta	ich the statement required by General Instruction T.			
6	Are the requ	uirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
		age in the governing instrument, or			
	<ul><li>By state I</li></ul>	egislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la	W		
	remain in th	ne governing instrument?	6	X	
7	Did the four	ndation 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 st	ates to which the foundation reports or with which it is registered. See instructions. ▶			
	ME			i i v an	
b	If the answ	er is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
		te as required by General Instruction G? If "No," attach explanation		X	
9		dation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend			
	year 2021 d	or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		Scoreningers a	X
		sons 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	1		
		(b)(13)? If "Yes," attach schedule. See instructions			X
12	Did the four	ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privi	leges?		2000
	If "Yes," atta	ich statement. See instructions	12		X
13	Did the four	ndation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
		dress ▶ N/A			
14	The books	are in care of MARK LEEBER Telephone no.	<u>404-579-6</u>	275	
	Located at	▶6675 BROOKLINE CT, CUMMING, GA	P+4 ▶ <u>30040</u>		
15		47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		🕨	-
	and enter th	ne amount of tax-exempt interest received or accrued during the year	15 N	[/A	
16	At any time	during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		Yes	_
	securities,	or other financial account in a foreign country?	16		X
	See the inst	tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign cou				
			Form QQ	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? X (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) X a disqualified person? (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)? X (6) Agree to pay money or property to a government official? (Exception. Check "No" 1a(5) if the foundation agreed to make a grant to or to employ the official for a period after X termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations X section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions c Organizations relying on a current notice regarding disaster assistance, check here \_\_\_\_\_\_ ▶ L 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 X 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)): a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines X 2a 6d and 6e) for tax year(s) beginning before 2021? b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time X during the year? 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.) N/A 3b X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that X had not been removed from jeopardy before the first day of the tax year beginning in 2021? 4b

Form 990-PF (2021)

Part VI-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	Daniel Barrier	157	N.
5a During the year, did the foundation pay or incur any amount to:					Yes	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section				5a(1)		X
(2) Influence the outcome of any specific public election (see section 4955);				5a(2)		X
any voter registration drive?  (3) Provide a grant to an individual for travel, study, or other similar purpose				5a(2)	-	X
(4) Provide a grant to an organization other than a charitable, etc., organization				34(0)		
4945(d)(4)(A)? See instructions				5a(4)		X
(5) Provide for any purpose other than religious, charitable, scientific, literary	y, or educational purposes, or t	for				
the prevention of cruelty to children or animals?				5a(5)		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	nder the exceptions described	in Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See inst				5b		E 1633 N
c Organizations relying on a current notice regarding disaster assistance, check						
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption			N/A	5d		
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).			N/.A	Ju		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	n nav premiums on					
a personal benefit contract?				6a	2 2 2 2 2	X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a				6b		Х
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax				7a	$\perp$	X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						19.352.5
1.1						х
excess parachute payment(s) during the year?  Part VII Information About Officers, Directors, Trus	toos Foundation Ma	nagers Highly	······································	8		
Paid Employees, and Contractors	tees, i oundation me	magers, mgm	A			
1 List all officers, directors, trustees, and foundation managers and	their compensation.					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit pla and deferred compensation	o ns a	(e) Exp account, allowar	other
DONALD LEEBER	PRESIDENT			T		
7507 HOGAN COURT				.		^
NAPLES, FL 34113 MARK LEEBER	5.00 TREASURER	0.	L U	) .		0.
6675 BROOKLINE COURT	TIKENSOKEK			_		
0012 DECOMPTED COOKT	· ·					
	15.00	15.000.		1.		0.
CUMMING, GA 30040	15.00 SECRETARY	15,000.	С	).	<b>Marketine</b>	0.
CUMMING, GA 30040 TRACY CONNOLLY	15.00 SECRETARY	15,000.	C	١.		0.
CUMMING, GA 30040		15,000.		).		0.
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD	SECRETARY					
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD	SECRETARY					
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD WARNER, NH 03278	SECRETARY 5.00	0.				
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD	SECRETARY 5.00	0.	(d) Contributions	).	(e) Exp	0.
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD WARNER, NH 03278	SECRETARY  5.00  Icluded on line 1). If none,  (b) Title, and average hours per week	0.	(d) Contributions : employee benefit and deferred	).	(e) Exp.	0.
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD WARNER, NH 03278  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	SECRETARY  5.00  cluded on line 1). If none, (b) Title, and average	0 . enter "NONE."	(d) Contributions	).	(e) Expiccount,	0.
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD WARNER, NH 03278  2 Compensation of five highest-paid employees (other than those in	SECRETARY  5.00  Icluded on line 1). If none,  (b) Title, and average hours per week	0 . enter "NONE."	(d) Contributions : employee benefit and deferred	).	(e) Exp.	0.
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD WARNER, NH 03278  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	SECRETARY  5.00  Icluded on line 1). If none,  (b) Title, and average hours per week	0 . enter "NONE."	(d) Contributions : employee benefit and deferred	).	(e) Exp. ccount, allowar	0.
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD WARNER, NH 03278  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	SECRETARY  5.00  Icluded on line 1). If none,  (b) Title, and average hours per week	0 . enter "NONE."	(d) Contributions : employee benefit and deferred	).	(e) Exp. ccount, allowar	0.
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD WARNER, NH 03278  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	SECRETARY  5.00  Icluded on line 1). If none,  (b) Title, and average hours per week	0 . enter "NONE."	(d) Contributions : employee benefit and deferred	).	(e) Exp ccount, allowar	0.
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD WARNER, NH 03278  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	SECRETARY  5.00  Icluded on line 1). If none,  (b) Title, and average hours per week	0 . enter "NONE."	(d) Contributions : employee benefit and deferred	).	(e) Exp ccount, allowar	0.
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD WARNER, NH 03278  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	SECRETARY  5.00  Icluded on line 1). If none,  (b) Title, and average hours per week	0 . enter "NONE."	(d) Contributions : employee benefit and deferred	).	(e) Exp ccount, allowar	0.
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD WARNER, NH 03278  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	SECRETARY  5.00  Icluded on line 1). If none,  (b) Title, and average hours per week	0 . enter "NONE."	(d) Contributions : employee benefit and deferred	).	(e) Exp. ccount, allowar	0.
CUMMING, GA 30040 TRACY CONNOLLY 812 KEARSARGE MTN ROAD WARNER, NH 03278  2 Compensation of five highest-paid employees (other than those in  (a) Name and address of each employee paid more than \$50,000	SECRETARY  5.00  Icluded on line 1). If none,  (b) Title, and average hours per week	0 . enter "NONE."	(d) Contributions : employee benefit and deferred	).	(e) Expiccount, allowar	0.

Part VII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NC	NE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		0
Part VIII-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	nformation such as the , etc.	Expenses
1 N/A		
2		
3		
4		
	and the state of t	
Part VIII-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.		
3		
		0.
Total. Add lines 1 through 3		0.

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1a Average monthly fair market value of securities 1b b Average of monthly cash balances c Fair market value of all other assets (see instructions) 10 516,779. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 516,779. 3 Subtract line 2 from line 1d 7,752. Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) 4 509,027. Net value of noncharitable-use assets. Subtract line 4 from line 3 5 Minimum investment return. Enter 5% (0.05) of line 5 6 | 6 |

art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain 25,451. foreign organizations, check here 
and do not complete this part.) 25,451. Minimum investment return from Part IX, line 6 1 1 2a Tax on investment income for 2021 from Part V, line 5 Income tax for 2021. (This does not include the tax from Part V.) b 2c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 ,000. 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 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) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 28,752. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part VIII-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 28,752. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 4

Form **990-PF** (2021)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7		•		26,451.
2 Undistributed income, if any, as of the end of 2021:				20,431.
a Enter amount for 2020 only			0.	
b Total for prior years:		9.9		
g rotation prior years.		0.		
3 Excess distributions carryover, if any, to 2021:			and the second second second second second	
aFrom 2016 6,014.				
bFrom 2017 4,148.				
cFrom 2018 5,459.				
dFrom 2019 4,662.				
eFrom 2020				
f Total of lines 3a through e	20,283.			
4 Qualifying distributions for 2021 from				
Part XI, line 4: ▶\$ 28,752.				
a Applied to 2020, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			25 154
d Applied to 2021 distributable amount				26,451.
e Remaining amount distributed out of corpus	2,301.			
Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	22,584.		***	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
dSubtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2020. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2022				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	ا م			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2016	6 014			
not applied on line 5 or line 7	6,014.			
9 Excess distributions carryover to 2022.	16,570.			
Subtract lines 7 and 8 from line 6a  10 Analysis of line 9:	10,570.			
a Excess from 2017 4,148.				
a Excess from 2017 4,148. b Excess from 2018 5,459.				
c Excess from 2019 4,662.				
dExcess from 2020				
eExcess from 2021 2,301.				
123581 12-10-21				Form <b>990-PF</b> (2021)

Part XIII   Private Operating F	oundations (see in	structions and Part V	-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	r 2021, enter the date of t	the ruling			
b Check box to indicate whether the found				4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		1
income from Part I or the minimum	(a) 2021	(b) 2020	(c) 2019	(d) 2018	(e) Total
investment return from Part IX for					
each year listed					
<b>b</b> 85% (0.85) of line 2a			<del> </del>	<del> </del>	
c Qualifying distributions from Part XI,			<del>                                     </del>	<del> </del>	
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e 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:					
a "Assets" alternative test - enter:					
(1) Value of all assets			<u> </u>	<del> </del>	
(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		100 Miles			
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section			1		
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 XIV   Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during t					
1 Information Regarding Foundatio					
a List any managers of the foundation who	have contributed more t	than 2% of the total cont	ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed m	ore than \$5,000). (See se	ection 507(d)(2).)			
DONALD LEEBER					
b List any managers of the foundation who	o own 10% or more of the	stock of a corporation (	or an equally large portion	n of the ownership of a pa	artnership or
other entity) of which the foundation has	a 10% or greater interes	t.			
NONE					
2 Information Regarding Contributi					
Check here ► X if the foundation o					ests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	tions under other condit	ions, complete items 2a, l	o, c, and d.	
a The name, address, and telephone number	per or email address of the	e person to whom applic	ations should be address	ed:	
b The form in which applications should b	a submitted and informati	ion and materials they sh	ould include:		
	o o o o o o o o o o o o o o o o o o o	on and materials tries si	iodių moiduo,		
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geographica	areas, charitable fields,	kinds of institutions, or o	ther factors:	

Supplementary Information (continued) Part XIV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Purpose of grant or contribution Foundation Amount status of recipient any foundation manager Name and address (home or business) or substantial contributor a Paid during the year CATHOLIC CHARITIES MAINE N/A PC OPERATING SUPPORT P.O. BOX 10660 PORTLAND, ME 04104 2,000. OPERATING SUPPORT MAINE VITAE SOCIETY N/A PC PO BOX 257 1,000. AUBURN, ME 04212 NORTHERN LIGHT MERCY HOSPITAL N/A PC OPERATING SUPPORT 175 FORE RIVER PARKWAY 5,000. PORTLAND, ME 04102 PC OPERATING SUPPORT ST. VINCENT DE PAUL N/A 1301 CENTER RD 2,000. VENICE, FL 34292 OPERATING SUPPORT ST. VINCENT DE PAUL N/A PC 10 LOCUST ST 2,000. PORTLAND, ME 04101 **▶** 3a 12,000. Total ..... b Approved for future payment NONE 0.

Total

Enter gross amounts unless otherw	ise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:		(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a						
b						
C						
4			*********	$\vdash$		
Δ						
f				+		
g Fees and contracts from gov	ernment agencies			$\vdash$		
2 Membership dues and assessme						
3 Interest on savings and tempora				+		
investments						
4 Dividends and interest from seco	urities			14	52.	
5 Net rental income or (loss) from				12		
a Debt-financed property						
b Not debt-financed property				+		
				+		
6 Net rental income or (loss) from property						
7 Other investment income						
8 Gain or (loss) from sales of asse				1 1		
than inventory						
9 Net income or (loss) from specia						
10 Gross profit or (loss) from sales	of inventory					
11 Other revenue:					4 000	
a GRANT RECOVER	RED			14	1,000.	
b						
C						
d						
e						
12 Subtotal. Add columns (b), (d), a			0.	C-107-C-0-1	1,052.	0
13 Total. Add line 12, columns (b),					13	1,052
See worksheet in line 13 instruction	is to verify calculations.)					
Part XV-B Relations	ship of Activities to	the Acco	omplishment of Ex	cempt	Purposes	
				contribu	ted importantly to the accompl	lishment of
the foundation's exe	empt purposes (other than by	providing ful	ilus ioi sucii purposes).			AND AND ADDRESS OF THE PARTY OF
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					The second secon	AM CONTRACTOR OF THE CONTRACTO
			***************************************		**************************************	

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

N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (3) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign  Here    Date   Check   If   Print/Type preparer's name   Preparer's signature   Date   Check   If   Print/Type preparer's name   Preparer's signature   Date   Check   If   Print/Type   Print/Type   Print/Type   Preparer's signature   Date   Check   If   Print/Type   Print/Type   Preparer's signature   Date   Check   If   Print/Type   Preparer's signature   Date   Check   If   Print/Type   Print/Type   Preparer's signature   Date   Check   If   Print/Type   Print/Type   Preparer's signature   Date   Check   If   Print/Type   Preparer's signature   Date   Check   If   Print/Type   Preparer's signature   Date   Check   Print/Type   Preparer's signature   Date   Check   Print/Type   Print/Type   Preparer's signature   Date   Check   Print/Type   Preparer's signature   Date   Check   Print/Type   Preparer's signature   Date   Check   Print/Type   Print/Type   Print/Type   Preparer's signature   Date   Check   Print/Type   Print/Type	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash (2) Other assets  1a(2)  (3) Rental of facilities, equipment, or other assets  (3) Rental of facilities, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or loan quarantees  (6) Performance of services or membership or fundraising solicitations  (6) Performance of services or membership or fundraising solicitations  (7) Interest of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other as or services green by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, shown in column (d) the value of the goods, other assets, or services received.  (a) Live no.  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of relationship  (e) Name of organization  (f) Type of organization (e) Description of relationship  (h) Yes, complete the following schedule.  (a) Name of organization  (b) Amount involved  (c) Name of organization  (d) Type of organization (e) Description of relationship  (e) Description of relationship  (f) Type of organization  (g) Type of organization (e) Description of relationship  (h) Yes, complete the following schedule.  (a) Name of organization  (b) Area of organization (e) Type of organization (e) Description of relationship  (e) Description of relationship  (f) Type of organization (f) Type of organization of which reposer has any knowledge and behavior and information of which reposer has any knowledge and behavior all information of which reposer has any knowledge and behavior all information of which reposer has any knowledge and behavior all information of which reposer has any knowledge and behavior all information of which reposer has any knowledge and behavior all information of which reposer has any knowledge and behavior all information of which reposer has any knowledge and behavior all information of whi		
(2) Other assets b  Other transactions:  (1) Sales of assets from a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or loan guarantees  (6) Performance of services or membership or fundralising solicitations  (10) Office or services given by the reporting foundation, if the foundation received less than fair market value in any transaction or sharing arrangement, shown column (d) the value of the goods, other assets, or services received.  (a) June no.  (b) Amount involved  (c) Name of noncharitable evering torganization  (d) Description of transfers, transactions, and sharing:  N/A  (d) Description of transfers, transactions, and sharing:  N/A  (e) Name of organization  (f) Type of organization (e) Description of relationship  (i) Sales of transfers, and other loads of transfers, transactions, and sharing:  N/A  (a) Rental of facilities, equipment, mailing lists, other assets, or services received.  (b) Amount involved  (c) Name of noncharitable evering torganization  (d) Description of transfers, transactions, and sharing:  N/A  (a) Description of relationship  (b) Asset of organization  (c) Description of relationship  N/A  Under printing of content, and complete. Declaration of preparer (other transactions) and information of which proper has any transactions.  Sign  Under printing of content, and complete. Declaration of preparer (other transactions) and information of which prepare has any transactions.  Print/Type preparer's name  Preparer's signature  Date  Title  Check if if Print/Type preparer's name		
(2) Other assets   1a(2)    Other transactions:  (1) Sales of assets to a noncharitable exempt organization   1b(1)    (2) Purchases of assets from a noncharitable exempt organization   1b(2)    (3) Rental of facilities, equipment, or other assets   1a(3)    (4) Reimbursement arrangements   1b(4)    (5) Loans or loan guarantees   1b(6)    (6) Performance of services or membership or fundraising solicitations   1b(6)    (7) Other assets or services seededed.   1b(6)    (8) Earling of facilities, equipment, mailing lists, other assets, or paid employees   1c    (8) If the answer to any of the above is "vs.; complete the following schedule. Column (8) should always show the fair market value of the goods, other assets, or services received.   1a(1)    (9) Name of inoncharitable exempt organization   (9) Description of transfers, transactions, and charing a rangement, show in column (9) the value of the goods, other assets, or services received.   1a(1)    (a) Line no   (b) Amount involved   (c) Name of noncharitable exempt organization   (d) Description of transfers, transactions, and charing a rangement, show in section 501(c) (other than section 501(c)(other than section 501(c)(3)) or in section 527?   yes   1f "Yes," complete the following schedule.   (a) Name of organization   (b) Type of organization   (c) Description of relationship   N/A     (b) Type of organization   (c) Description of relationship   N/A		X
(1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (a) Rental of facilities, equipment, mailing lists, other assets, or paid employees (b) Performance of services in Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (c) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharings in section 501(c) (other than section 501(c)(3)) or in section 52/?  (a) Name of organization (b) Type of organization (c) Description of relationship  (b) Type of organization (c) Description of relationship  (d) Description of relationship  (e) Description of relationship  (f) Type of organization (g) Type of organization (g) Description of relationship  (g) Description of relationship  (h) Type of organization (g) Description of relationship  (g) Description of relationship  (h) Type of organization (g) Description of relationship  (g) Description of relationship  (h) Type of organization (g) Description of relationship  (h) Type of organization (g) Description of relationship  (g) Description of relationship  (h) Type of organization (h) Type of org		X
(2) Purchases of assets from a noncharitable exempt organization [1] (2) Rental of facilities, equipment, or other assets [1] (3) Rental of facilities, equipment, or other assets [1] (4) Relimbursement arrangements [1] (5) Loans or loan quarantees [1] (6) Performance of services or membership or fundraising solicitations [1] (6) Performance of services or membership or fundraising solicitations [1] (6) Performance of services or membership or fundraising solicitations [1] (6) Performance of services or membership or fundraising solicitations [1] (6) If the answer to any of the above is "es; "complete the following schedule, Column (0) should always show the fair market value of the goods, other as or services given by the reporting foundation, if the foundation deceived less than fair market value in any transaction or sharing arrangement, show in column (0) the value of the goods, other assets, or services received.    a) Line no   (b) Amount involved   (c) Name of noncharitable exempt organization   (d) Description of trenders, transactions, and aborting a line of the services of the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 (c) (d) other than section 50 ((c)(3)) or in section 52/?    b		100
(2) Purchases of assets from a noncharitable exempt organization   10/2   (3) Rental of facilities, equipment, or other assets   13/3   (4) Relimbursement arrangements   13/4   (5) Loans or loan quarantees   13/6   (6) Performance of services or membership or fundraising solicitations   13/6   (6) Performance of services or membership or fundraising solicitations   13/6   (6) Performance of services or membership or fundraising solicitations   13/6   (6) Performance of services or membership or fundraising solicitations   13/6   (6) Performance of services or membership or fundraising solicitations   13/6   (6) Afficial the answer to any of the above is Yes, 'complete the following schedule. Collumn (b) should always show the fair market value of the goods, other assets, or services received.   (a) Line no (b) Amount involved   (c) Name of noncharitable exempt organization   (d) Description of transfers, transactions, and sharing a noncharitable exempt organization   (d) Description of transfers, transactions, and sharing a line section 501(c) (other than section 501(c)(3)) or in section 527?   Yes   (a) Name of organization   (b) Type of organization   (e) Description of relationship   N/A      Very Complete the following schedule.   (a) Name of organization   (b) Type of organization   (c) Description of relationship   N/A      Very Complete the following schedule.   (a) Name of organization   (b) Type of organization   (c) Description of relationship   N/A      Very Complete the following schedule.   (a) Name of organization   (b) Type of organization   (c) Description of relationship   N/A      Very Complete the following schedule.   (b) Type of organization   (c) Description of relationship   N/A   (c) Type of office or organization   (e) Description of very knowledge   (e) Title		X
(4) Reimbursement arrangements		X
(6) Performance of services or membership or fundraising solicitations	<u> </u>	X
(6) Performance of services or membership or fundraising solicitations  (a) Sharing of facilities, equipment, mailing lists, other assets, or paid employees  of If the answer to any of the above is "ves," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets or services received.  a) Line no.  (b) Amount involved  (e) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing at N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  b) If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A   Under parafitish of person, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  Sign and perforting the person, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  Sign and perforting the person, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  Sign and perforting the person, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  Sign and perforting the person, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  Sign and perforting the person, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.  Sign and perforting the person of the perso		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other as or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing a N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Under population (c) Description of relationship  N/A  Under population (c) Description of relationship  N/A  Under population (c) Description of relationship  N/A  Print/Type preparer's name  Preparer's signature  Date  Check if Self-employed	<u> </u>	X
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.    A) Line no.		X
column (d) the value of the goods, other assets, or services received.  (a) Line no.  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing a N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(e) (other than section 501(e)(3)) or in section 527?  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign Here  Under portation by printips by person, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and to be printips by person, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name  Preparer's signature  Date  Check if PIIN	sets,	
a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing a N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign Here    Under profettles br perjary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and before the perjary of the perjary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and before the perjary of the perjary of the perjary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and before the perjary of the perjary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and before the perjary of the perjary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and before the perjary of the perj		
N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedules.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign Here    Date   Check		
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  b If Yes,* complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Sign  Under pointing by perjary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beta fixed by the perjary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beta fixed by the perjary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beta fixed by the perjary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beta fixed by the perjary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beta fixed by the perjary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beta fixed by the perjary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beta fixed by the perjary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and beta fixed by the perjary in t	rangem	ents
in section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this five, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN self-employed		
in section 501(c) (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this five, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  Signature of officer or trustee  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN self-employed		
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Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief this time, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.    OS   II   22		
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self- employed		
	20/	1
Preparer   Firm's name   ALBIN, RANDALL & BENNETT   Firm's EIN   01-04480		
Use Only	50	
Firm's address ▶ PO BOX 445, 130 MIDDLE STREET		
PORTLAND, ME 04112-0445 Phone no. 207-772-1	.981	L
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