## IRS e-file Signature Authorization for an Exempt Organization

			•			
alendar year 2020, or fiscal year beginning	JUL	1	, 2020, and ending	JUN	30	. 20 2 1

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization or person subject to tax Taxpayer identification number TOURISM RESEARCH AND DEVELOPMENT 85-2924698 OF MAINE Name and title of officer or person subject to tax ALISON SUCY PRESIDENT Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a 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, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a Form 990 check here 2a Form 990-EZ check here Dulub Total revenue, if any (Form 990-EZ, line 9) 2b \_\_\_\_ b Total tax (Form 1120-POL, line 22) \_\_\_\_ 3b 3a Form 1120-POL check here 4a Form 990-PF check here 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b b Total tax (Form 990-T, Part III, line 4) 6a Form 990-T check here b Total tax (Form 4720, Part III, line 1) 7a Form 4720 check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 💹 I am an officer of the above organization or 📖 I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 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 Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize ALBIN, RANDALL & BENNETT 01923 to enter my PIN **ERO firm name** do not enter all zeros as my signature on the tax year 2020 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 organization, I will enter my PIN as my signature on the tax year 2020 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. Signature of officer or person subject to tax

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

01088612079

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 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.

Date ▶ 03/09/22

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

**Return of Private Foundation** 

OMB No. 1545-0047 Open to Public Inspection

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.

Ing JUL 1, 2020 , and ending JUN 30

Fo	rcalend	dar year 2020 or tax year beginning JUI	1, 2020	, and ending	JUN 30, 2021	
		foundation			A Employer identification	n number
		RISM RESEARCH AND DEVE	LOPMENT			
_		MAINE		·	85-2924698	<u> </u>
		nd street (or P.O. box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
_		WATER STREET			207-623-56	·
		wn, state or province, country, and ZIP or foreign p LOWELL, ME 04347	postal code		C If exemption application is p	pending, check here
$\overline{}$		all that apply: X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization:	s check here
		Final return	Amended return	on parties on any		
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
Н	Check t	type of organization: X Section 501(c)(3) e	xempt private foundation	····· , <u> </u>	E If private foundation sta	
$\underline{\mathbb{L}}$	Sec		Other taxable private founda	ation	under section 507(b)(1)	)(A), check here
		ket value of all assets at end of year J Account		Accrual	F If the foundation is in a	
			ther (specify)		under section 507(b)(1)	
	<b>▶</b> \$		nn (d), must be on cash bas	is.)		
Р	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		Contributions, gifts, grants, etc., received	100.		N/A	
	2 0	Check X if the foundation is not required to attach Sch. B				****
	3 8	Interest on savings and temporary cash investments		V-1.00		
	4 0	Dividends and interest from securities				
	5a (	Gross rents				
	þΛ	Net rental income or (loss)				
Revenue	6a N	Net gain or (loss) from sale of assets not on line 10				
	b a	assets on line 6a				
æ	7 0	Capital gain net Income (from Part IV, line 2)		0.		
		Net short-term capital gain				
	1 6	ncome modifications				
		ind allowances			· · · · · · · · · · · · · · · · · · ·	
	6.6	ess: Cost of goods sold				
		Other income				
	12 T	Fotal. Add lines 1 through 11	100.	0.		
		Compensation of officers, directors, trustees, etc.	0.	0.		0.
		Other employee salaries and wages			·····	
	15 P	ension plans, employee benefits				-
Ses	16a L	egal fees				
Den		ccounting fees				
and Administrative Expense		other professional fees				
tive		nterest				
tra	18 Ta	axes				
į		Pepreciation and depletion			···	
Ę	20 0	occupancy				<del> </del>
Ď		ravel, conferences, and meetings				
gar	23 0	rinting and publications Ither expenses			·	
Operating	1	otal operating and administrative				
ē		xpenses. Add lines 13 through 23	0.	0.		0.
ŏ		ontributions, gifts, grants paid	0.			0.
		otal expenses and disbursements.				<u></u>
j		dd lines 24 and 25	0.	0.	ŀ	0.
		ubtract line 26 from line 12;				
	a Ex	xcess of revenue over expenses and disbursements	100.		ļ	
		et investment income (if negative, enter -0-)		0.		****
	C A	djusted net income (if negative, enter -0-)		- · · · · ·	N/A	

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Page 2

	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year
Ľ	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		100.	100.
	2	Savings and temporary cash investments			
		Accounts receivable		· ·	
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less; allowance for doubtful accounts			
	5	<u> </u>			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	'	Less; allowance for doubtful accounts			
w	l g	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			· · .
Ass	10.	Investments - II S and state government obligations	<del></del>		
-		Investments - U.S. and state government obligations			
		Investments - corporate stock			
	[°	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	15	Other assets (describe )			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	0.	100.	100.
	17	Accounts payable and accrued expenses			
		Grants payable			
ģ	19	Deferred revenue			<del></del>
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ä	21	Mortgages and other notes payable			
	22	Other liabilities (describe ▶ )			<del></del>
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow FASB ASC 958, check here			
Ø		and complete lines 24, 25, 29, and 30.			
ces	24	New years and the second decrease and the second			<i>2</i>
lar		Net assets with donor restrictions  Net assets with donor restrictions			
8	20	Foundations that do not follow FASB ASC 958, check here			
פור					
ŗ	ne.	and complete lines 26 through 30.	0.	ا ۸	
s o	26	Capital stock, trust principal, or current funds	0.	0.	
Net Assets or Fund Baland	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	• - 1	<del></del>
As	28	Retained earnings, accumulated income, endowment, or other funds		100.	
<u>ë</u>	29	Total net assets or fund balances	0.	100.	· · · · · · · · · · · · · · · · · · ·
-				400	
	30	Total liabilities and net assets/fund balances	0.	100.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
			10		
		net assets or fund balances at beginning of year - Part II, column (a), line 2			_
1	(mus	t agree with end-of-year figure reported on prior year's return)			0.
		amount from Part I, line 27a		2	100.
3 (	Other	increases not included in line 2 (itemize)		3	0.
4 /	40 <b>0</b> I	ines 1, 2, and 3		4	100.
		eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 29	6	100.

	MAINE			85-292	4698 Page 3
Part IV Capital Gains	and Losses for Tax on I	vestment Income			· · · · · · · · · · · · · · · · · · ·
	the kind(s) of property sold (for exa arehouse; or common stock, 200 sh		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b NC	NE				
C					
d		<del></del>	<u> </u>		
<u>e</u>	(f) Danyasishing allowed	/a\Cashan alban basis	<u> </u>	(1) (2) (1)	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(ħ) Gain or (loss) ((e) plus (f) minus (	
a	<u> </u>	' '		((-)   (-)	
b					
C					
d					
<u>e</u>					
Complete only for assets snowl	ng gain in column (h) and owned by	·	<b></b>	(I) Gains (Col. (h) gain i ol. (k), but not less than	minus -0-) or
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	l "	Losses (from col. (f	1))
a					·
b					<del></del>
С	· · · · · <sub></sub> -			<u> </u>	
d					·
<u>e</u>					
A Destination of the control of the	∫ If gain, also enter		)		
2 Capital gain net income or (net ca	( ( )		} 2		
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) an column (c). See instructions, If (loss	d (6):			
Part I, line 8	column (c). See instructions, it (1055	), enter -0- in	3		
	nder Section 4940(e) for				
	ON 4940(e) REPEALED O	N DECEMBER 20, 2	019 - DO NOT (	COMPLETE.	
1 Reserved					(a)
(a) Reserved	(b) Reserved		(c) Reserved	Res	(d) erved
Reserved	1,1000,100				
Reserved		**************************************	<del> </del>		
Reserved					
Reserved					
Reserved					
2 Reserved				2	<del></del>
3 Reserved				3	
• 110301400	•••••••••••••••••••••••••••••••••••••••			-3	
4 Reserved				4	
5 Reserved	•••••			5	
6 Reserved				. 6	
7. Dansand					
7 Reserved				7	· · · · · · · · · · · · · · · · · · ·
B Reserved				8	
TIGGOLANA		***************************************		•	

TOURISM RESEARCH AND DEVELOPMENT Form 990-PF (2020) OF MAINE 85-2924698 Page 4 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigs \) and enter "N/A" on line 1. Date of ruling or determination letter: \_\_\_\_\_\_ (attach copy of letter if necessary-see instructions) b Reserved \_\_\_\_\_ 0. 1 c All other domestic foundations enter 1,39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 3 Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: a 2020 estimated tax payments and 2019 overpayment credited to 2020 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) Ò. d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ..... 10 11 Enter the amount of line 10 to be: Credited to 2021 estimated tax Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Yes No any political campaign? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? Х 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? X 5 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? X 6 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 XV X 7

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

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)

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

of each state as required by General Instruction G? If "No," attach explanation N/A

year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV

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Form 990-PF (2020) OF MAINE 85-2924698 Page 5 Part VII-A | Statements Regarding Activities (continued) Yes No 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X section 512(b)(13)? If "Yes," attach schedule. See instructions 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions Х 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address 14 The books are in care of ALISON SUCY Telephone no. ▶ 207-623-5646 Located at ► 327 WATER STREET, HALLOWELL, ME ZIP+4 ▶04347 15 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-PF in lieu of Form 1041 - check here N/A and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank. Yesl No securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the Part VII-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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No (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.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A 1b Organizations relying on a current notice regarding disaster assistance, check here c 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 2020? X 1c 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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect 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 during the year? b If "Yes," did it have excess business holdings in 2020 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 2020.) N/A

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 had not been removed from jeopardy before the first day of the tax year beginning in 2020?

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X

3b

4a

(4) Provide a grant to an organization other than a charitable, etc., organiza 4945(d)(4)(A)? See instructions		🗀 ү	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, litera	ry, or educational purposes, or	for	-		٠,
the prevention of cruelty to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify		in Deculations	es 🔼 NO		
	•	•	NI/A	5b	-
section 53.4945 or in a current notice regarding disaster assistance? See in	Structions		······································	OD	
Organizations relying on a current notice regarding disaster assistance, chec c If the answer is "Yes" to question 5a(4), does the foundation claim exemption					.
			es 🔲 No		
expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53.4945-5(d).		W.A	ES NO		
6a Did the foundation, during the year, receive any funds, directly or indirectly,					
a personal benefit contract?	*****************************	Y	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on If "Yes" to 6b, file Form 8870.	a personal benefit contract?			6b	X
7a At any time during the tax year, was the foundation a party to a prohibited ta	x shelter transaction?	Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attr				7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more that					
excess parachute payment(s) during the year?	<b>,</b>		es X No	٠ .	
excess parachute payment(s) during the year?  Part VIII Information About Officers, Directors, True	stees. Foundation Ma	nagers. Highl	V		
Paid Employees, and Contractors			•		
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 to employee benefit plans and deferred compensation	(e) acco allo	Expense ount, other owances
ALISON SUCY	PRESIDENT		Componential		
327 WATER STREET					
HALLOWELL, ME 04347	┦ 0.50	0.	0.		0.
ANTHONY CAMERON	SECRETARY				
327 WATER STREET	7				
HALLOWELL, ME 04347	0.00	0.	0.		0.
ROBERT MEYERS	TREASURER				
56 GREEN STREET	7				
BATH, ME 04530	0.00	0.	0.		0.
AVERY DAY	BOARD MEMBER				• •
82 WINTHROP STREET		]			
AUGUSTA, ME 04330	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acco	Expense unt, other owances
NONE					
	7				
	7				
	7		ļ		
	7				
Total number of other employees paid over \$50,000					0

## TOURISM RESEARCH AND DEVELOPMENT

Form 990-PF (20	20)	OF	MAINE					8	5-2924698	Page
Part VIII	Informa	tior	About Officers,	Directors,	Trustees,	Foundation	Managers,	Highly		

3 Five highest-paid independent contractors for professional services. If none, en		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		-
		<del></del>
	<del> </del>	
	_	
Total number of others receiving over \$50,000 for professional services		🕨 (
Part IX-A   Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pr	istical information such as the oduced, etc.	Expenses
1 N/A		
		]
2		_
		1
0		<u> </u>
3		-
		1
4	<del></del>	
Part IX-B Summary of Program-Related Investments	y fines 4 and 6	I
Describe the two largest program-related investments made by the foundation during the tax year o  N/A	n lines   and 2.	Amount
1 N/A		
		1
2		
All other program-related investments. See instructions.		
3		
<u> </u>		
		ĺ
Total. Add lines 1 through 3	<b>&gt;</b>	0.

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Part X	finimum Investment Return (All domestic foundat	tions must cor	nplete this part. Foreign fo	undations, see ins	structions.)
1 Fair market	value of assets not used (or held for use) directly in carrying out cl	haritable, etc., p	ironses:	1	
	nthly fair market value of securities			18	0.
b Average of r	monthly cash balances				75.
	value of all other assets	***************************************		10	0.
d Total (add li	ines 1a, b, and c)	***************************************	•••••••••••••	1d	75.
e Reduction of	laimed for blockage or other factors reported on lines 1a and		***************************************		· · · · · · · · · · · · · · · · · · ·
	etailed explanation)	1e	0	.	
2 Acquisition i	indebtedness applicable to line 1 assets			1         2	0.
3 Subtract line	e 2 from line 1d			3	75.
4 Cash deeme	d held for charitable activities. Enter 1 1/2% of line 3 (for greater a	mount, see insti	uctions)	4	1.
	f noncharitable-use assets. Subtract line 4 from line 3. Enter here				74.
	vestment return. Enter 5% of line 5			6	4.
Part XI D	istributable Amount (see instructions) (Section 4942) reign organizations, check here   and do not complete this	(j)(3) and (j)(5) p		and certain	1. <b>-</b> M
1 Minimum in	vestment return from Part X, line 6	• • • • • • • • • • • • • • • • • • • •		1	4.
	stment income for 2020 from Part VI, line 5				
	or 2020. (This does not include the tax from Part VI.)			7	
	and 2b			2c	0.
3 Distributable	amount before adjustments. Subtract line 2c from line 1			3	4.
4 Recoveries of	of amounts treated as qualifying distributions			4	0.
5 Add lines 3 a	and 4			5	4.
6 Deduction from	om distributable amount (see instructions)			6	0.
7 Distributable	e amount as adjusted. Subtract line 6 from line 5. Enter here and o	on Part XIII, line	1	7	4.
Part XII Q	ualifying Distributions (see instructions)				
	d (including administrative expenses) to accomplish charitable, etc			j	
a Expenses, co	ontributions, gifts, etc total from Part I, column (d), line 26			1a	0.
b Program-rela	ated investments - total from Part IX-B				0.
	d to acquire assets used (or held for use) directly in carrying out c	haritable, etc., p	urposes	2	
	aside for specific charitable projects that satisfy the:				
a Suitability tes	st (prior IRS approval required)			3a	
b Cash distribu	ution test (attach the required schedule)			3b	
	istributions. Add lines 1a through 3b. Enter here and on Part V, lin		II, line 4	4	0.
	that qualify under section 4940(e) for the reduced rate of tax on ne				· · · · · · · · · · · · · · · · · · ·
income. Ente	r 1% of Part I, line 27b			5	0.
6 Adjusted qua	alifying distributions. Subtract line 5 from line 4			6	0.
	nount on line 6 will be used in Part V, column (b), in subsequent y e) reduction of tax in those years.	ears when calcu	lating whether the foundation	qualifies for the sect	ion

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI,	Corpus	Todio pilot to 2010	2010	
line 7		·		4.
2 Undistributed income, if any, as of the end of 2020:		•	_	
a Enter amount for 2019 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:	and the second of the second o			
1				
1.5 00.40				
		* .		
15 0010			e e	
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2020 from		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>	
Part XII, line 4: ►\$				
a Applied to 2019, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2020 distributable amount	•			0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2020				<u> </u>
(If an amount appears in column (d), the same amount must be shown in column (a).)	0.	<del> </del>		0.
6 Enter the net total of each column as indicated below;				
â Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously	,			
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		·
e Undistributed income for 2019. Subtract line				
4a from line 2a. Taxable amount - see instr	· .		0.	
f Undistributed income for 2020. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2021				4.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	•		4	
section 170(b)(1)(F) or 4942(g)(3) (Election			•	•
may be required - see instructions)	0.			
8 Excess distributions carryover from 2015				
not applied on line 5 or line 7	0.	·		
9 Excess distributions carryover to 2021.				
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9:				
a Excess from 2016	ļ	į		
b Excess from 2017				• •
c Excess from 2018	ļ			
d Excess from 2019	Ì		·	
e Excess from 2020	. }			

TOURISM RESEARCH AND DEVELOPMENT Form 990-PF (2020) OF MAINE 85-2924698 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(5) 4942(i)(3) or Tax vear 2 a Enter the lesser of the adjusted net Prior 3 years (a) 2020 (b) 2019 (c) 2018 (d) 2017 income from Part I or the minimum (e) Total investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII. 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 Complete 3a, b, or c for the alternative test relied upon: a "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 X, line 6, for each year listed c "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 Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🔼 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include;

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines;

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Part XV Supplementary Information				
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment	· · · · · · · · · · · · · · · · · · ·	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient		
a Paid during the year				
NONE				
HONE				
		-		
• • • • • • • • • • • • • • • • • • • •			·	
Total			> 3a	0
b Approved for future payment				
NONE				
				• .
	<u> </u>			
			[	
		ļ	İ	
		Ì		
Total			<b>▶</b> 3b	0.
r wed!		******************************	30	υ,

Enter gross amounts unless otherwise indicated.		d business income		uded by section 512, 513, or 514	(e)
1 Program service revenue;	(a) Business code	( <b>b</b> ) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
C	_				
d	_				
e	_				
	_				
g Fees and contracts from government agencies			ļ		
2 Membership dues and assessments	·				. <u> </u>
3 Interest on savings and temporary cash					
investments	·	··· · · · · · · · · · · · · · · · · ·	-		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:				<u> </u>	
a Debt-financed property	·		<del> </del>		
<ul><li>b Not debt-financed property</li><li>6 Net rental income or (loss) from personal</li></ul>			1		
, , ,					
7 Other investment income			1		
8 Gain or (loss) from sales of assets other	•		<del>                                     </del>		
than inventory					
9 Net income or (loss) from special events	·				
10 Gross profit or (loss) from sales of inventory			+-	<u> </u>	
11 Other revenue:	·		<del> </del>		
a					
	·				
C C					
d	·				····
e			<u> </u>		
12 Subtotal. Add columns (b), (d), and (e)		0.	1:	0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Acco	mplishment of Ex	kemp	t Purposes	
Line No. Explain below how each activity for which inco	ome is reported in	column (e) of Part XVI-A	contrib	outed importantly to the accor	nplishment of
▼ the foundation's exempt purposes (other than	n by providing fun	ds for such purposes).			
			••••		

				AND DEVELOPMENT		05 2024600	-	
		PF (2020) OF MA				85-2924698		ige 13
P	art X\	Information R Exempt Organ		s to and Transactions a	and Relationships With	Noncharitable		
1	Did th	ne organization directly or ind	irectly engage in any of the	following with any other organizati	on described in section 501(c)		Yes	No
	(other	r than section 501(c)(3) orga	nizations) or in section 527	, relating to political organizations?				
а	Trans	fers from the reporting found	lation to a noncharitable exe	empt organization of:				
	(1) C	Cash				1a(1)		X
								X
b		transactions:						
	(1) S	Sales of assets to a noncharita	able exempt organization			1b(1)		Х
	(2) P	ourchases of assets from a no	ncharitable exempt organiz	ation		1b(2)		X
								X
	(4) R	Reimbursement arrangements				1b(4)		X
								X
	(6) P	Performance of services or me	embership or fundraising so	olicitations		1b(6)		X
C				oaid employees			Х	
				ng schedule. Column (b) should al			ets,	
	or ser	vices given by the reporting f	oundation. If the foundation	received less than fair market valu	ue in any transaction or sharing a	rrangement, show in		
	colum	nn (d) the value of the goods,	other assets, or services re	ceived.				
a)ı	ine no.	(b) Amount involved	(c) Name of nonch	naritable exempt organization	(d) Description of transfers, tra	ansactions, and sharing arr	angeme	nts
:		1.	MAINE TOURIS	M ASSOCIATION	SEE STATEMEN	r 1		
	0							
						***************************************		
_								
_				*****				
_								
2 a	Is the	foundation directly or indirect	tly affiliated with, or related	to, one or more tax-exempt organi	zations described			
				27?		X Yes		No
h		s," complete the following sch		<del>-</del> :			-	
	.1 100	(a) Name of org		(b) Type of organization	(c) Descriptio	n of relationship		
ĮΑ	INE	TOURISM ASSO		501(C)(6)	SEE STATEMENT			
			J	00=10/10/				
_								

Sign Here

Inder 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, it is true, correct, and complete. Qeclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					May the IRS discuss return with the prepar
Ollinan	2 Sura	13/14/22	PRE	SIDENT	shown below? See in
Signature of officer or trustee	``	Date	Title		
Print/Type preparer's name	Preparer's si	gnature	Date	Check if F	PTIN

990-PF INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT 1 PART XVII, LINE 1, COLUMN (D)

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

MAINE TOURISM ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

THE PRIVATE FOUNDATION UTILIZES THE OFFICE SPACE, EQUIPMENT AND PAID EMPLOYEES OF THE MAINE TOURISM ASSOCIATION IN ORDER TO ACCOMPLISH ITS TAX-EXEMPT PURPOSE.

990-PF AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS STATEMENT PART XVII, LINE 2, COLUMN (C)

NAME OF AFFILIATED OR RELATED ORGANIZATION

MAINE TOURISM ASSOCIATION

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION FOUNDING CONTRIBUTOR WITH OVERLAPPING BOARD MEMBERS.