2021 FILING INSTRUCTIONS

MAINE ATTORNEY GENERAL

FOR THE YEAR ENDING

December 31, 2022

Prepared by	Baker Newman & Noyes P.O. Box 507 Portland, ME 04112
	A signed copy of Form 990-PF should be sent to the Maine Attorney General's Office on or before the filing date indicated below.
	The Maine Attorney General's Office requires electronic submission.
Filing Date	May 16, 2022
Upload signed copy	https://appengine.egov.com/apps/me/privatefoundationfiling
Special Instructions	Sign and date Form 990-PF, upload to the Maine Attorney General at:
	https://appengine.egov.com/apps/me/privatefoundationfiling

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For	cale	rdar year 2021 or tax year beginning		, and ending		
Nar	ne o	f foundation			A Employer identification	number
R	av	of Hope Foundation			05-6149197	•
		and street (or P.O. box number if mail is not delivered to street	address)	Room/sulte	B Telephone number	
0	ne	Portland Square		6A	(207) 772-	8800
	_	own, state or province, country, and ZIP or foreign p	ostal code		C if exemption application is a	ending, check here
		tland, ME 04101				
G	hecl	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return			
		Address change	Name change		2. Foreign organizations me check here and attach co	esting the 85% test, omputation
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion)(A), check here
I Fa	ir m	arket value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(fr	om f	Part II, col. (c), line 16)	her (specify))(B), check here
_		805,111. (Part I, colun	nn (d), must be on cash basi	s.)		
Pε	<u>rt l</u>	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	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
			expenses per books	incoma	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	700,000.		N/A	
	2	Check if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	400	100		Ot at a second of
	4	Dividends and interest from securities	189.	189.		Statement 1
		Gross rents				_
		Net rental income or (loss)				
9	68	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				-
Revenue		assets on line 6a		0.		
Æ	7			0.		<u> </u>
	8	Net short-term capital gain		· ·		
	9	Income modifications Gross sales less returns				
	10a				'	
		Less: Cost of goods sold Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	700,189.	189.		
_	13	Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
808	16a	Legal fees				
Ē	t	Accounting fees Stmt 2	1,500.	500.		1,000.
Ä	c	Other professional fees				
<u>8</u>	17	Interest				
rat	18	Taxes				
	19	Depreciation and depletion				
Ē	20	Occupancy				
Ă	21	Travel, conferences, and meetings				
a	22	Printing and publications				
BL	23	Other expenses				
Operating and Administrative Expens	24	Total operating and administrative	1 500	F00		1 4 4 4 4 4
ğ		expenses. Add lines 13 through 23	1,500.	500.		1,000.
_		Contributions, gifts, grants paid	0.			0.
	26	Total expenses and disbursements.	1,500.	500.		1,000.
_	07	Add lines 24 and 25 Subtract line 26 from line 12:	1,300.	500.		1,000.
		SUDITACT line 2b from line 12: Excess of revenue over expenses and disbursements	698,689.			
		Net investment income (if negative, enter -0-)	330,003.	0.		
	•	Adjusted net income (if negative, enter -0-)			N/A	
_		Augusted liet liteolite (il regalive, sites -5-)	a con instructions		· · · · · · · · · · · · · · · · · · ·	Form 000_DE (2021)

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

Г	art	Balance Sheets Attached schedules and amounts in the description rolumn should be for end-of-way amounts only	Beginning of year	End of	f year
뜨	ait	Cottains another by the contains only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	106,422.	805,111.	805,111.
	3	Accounts receivable >			
		Less; allowance for doubtful accounts			
	4	Pledges receivable >			
	ľ	Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			· · ·
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts ▶			
ş		Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
₹	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
		Investments - kind, buildings, and equipment basis			,
		Less: accumulated depreciation			
	12	Investments - mortgage toans			
	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			
	l .	instructions. Also, see page 1, item I)	106,422.	805,111.	805,111.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ø	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
æ	21	Mortgages and other notes payable			
3	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	· · · · · · · · · · · · · · · · · · ·
		Foundations that follow FASB ASC 958, check here			
882		and complete lines 24, 25, 29, and 30.			
ᅙ	24	Net assets without donor restrictions			
ala	25	Net assets with donor restrictions			
0		Foundations that do not follow FASB ASC 958, check here			
5		and complete lines 26 through 30.			
5	26	Capital stock, trust principal, or current funds	0.	0.	44
ş	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
28	28	Retained earnings, accumulated income, endowment, or other funds	106,422.	805,111.	
Net Assets or Fund Balan	29	Total net assets or fund balances	106,422.	805,111.	
ž					
	30	Total liabilities and net assets/fund balances	106,422.	805,111.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
		at agree with end-of-year figure reported on prior year's return)		1	106,422.
		amount from Part I, line 27a			698,689.
3	Othe	r increases not included in line 2 (itemize)	••••••	3	0.
		lines 1, 2, and 3			805,111.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 29	В	805,111.
<u></u>					Form QQ0-PF (2021)

Part IV Capital Gains	and Losses for Tax on Ir	vestment Income				
	the kind(s) of property sold (for exa trehouse; or common stock, 200 sh		(b) F	low acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
18						
b NO	ne					
C						
<u>d</u>	<u></u>				<u>-</u> -	
в						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sale			(h) Gain or (loss ((e) plus (f) minus (
8						
b						
G	<u> </u>			.		
d						
e Complete on the control of the con	a sala la salura (h) and numed hu	the foundation on 10/01/00				
Complete only for assets snowir	ng gain in column (h) and owned by				(I) Gains (Col. (h) gain II. (k), but not less thai	
(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			Losses (from col. (h))
a						
b						
C						····
d	··· 					
		<u>[</u>		<u> </u>		
	ss) as defined in sections 1222(5) ar column (c). See instructions. If (los	nd (6): s), enter -0- in	}	3 (b) or 4948	- ego inetructi	onel
	described in section 4940(d)(2), che			• • • • • • • • • • • • • • • • • • • •	7	0113)
Date of ruling or determination		tach copy of letter if necess				0.
•	enter 1.39% (0.0139) of line 27b. E			moudouonoj	} ' 	
	2, col. (b)					
2 Tax under section 511 (domes)	tic section 4947(a)(1) trusts and tax	able foundations only other	s. enter -0	 I-1	. 2	0.
					" 3	0.
	tic section 4947(a)(1) trusts and tax				4	0.
	me. Subtract line 4 from line 3. If ze					0.
6 Credits/Payments:						
_	and 2020 overpayment credited to 2	021 6a		(0.	
	tax withheld at source			(5.	
	tension of time to file (Form 8868)			(5.	
	ly withheld			(5.	
7 Total credits and payments. Ad	d lines 6a through 6d				7	0.
	ment of estimated tax. Check here	r 1			8	0.
•••	and 8 is more than 7, enter amount				9	0.
	than the total of lines 5 and 8, enter				▶ 10	
11 Enter the amount of line 10 to t	e: Credited to 2022 estimated tax	<u> </u>		Refunded		
					F	orm 990-PF (2021)

	Т Т	Vaa	TAL-
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		162	No
any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
distributed by the foundation in connection with the activities.			
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		4.	
(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ 0 .			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. ► \$ 0 •			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	48		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		<u> </u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If "Yes," attach the statement required by General Instruction T.			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
By language in the governing instrument, or		·	l
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
remain in the governing instrument?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions.			Í
ME			ŀ
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
If "Yes," attach statement. See instructions	12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ► N/A			
	772	-88	00
Located at ▶One Portland Square, 6A, Portland, ME ZIP+4 ▶04			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			T
and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
18 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities, or other financial account in a foreign country?	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	۳		
foreign country	l .		1
	m 99 0)-PF	(2021)

	05-6149	197		Page 5
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):				l
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1a(1)		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				1
a disqualified person?		1a(2)		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		-		X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)		X
(5) Transfer any income or assets to a disqualified person (or make any of either available				
for the benefit or use of a disqualified person)?				
(6) Agree to pay money or property to a government official? (Exception. Check "No"		1a(5)		X
if the foundation agreed to make a grant to or to employ the official for a period after				
termination of government service, if terminating within 90 days.)		1a(6)		X
b If any answer is "Yes" to 1a(1)-(6), did 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		
c Organizations relying on a current notice regarding disaster assistance, check here	▶□			
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
before the first day of the tax year beginning in 2021?		1d		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
defined in section 4942(j)(3) or 4942(j)(5)):				
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines				
6d and 6e) for tax year(s) beginning before 2021?		2a		X
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.				
>				İ
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the year?		3a		х
b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after	er			
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to di				
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	3ь		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		Х
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose			4.1	
had not been removed from jeopardy before the first day of the tax year beginning in 2021?		4b		X
		rm 99 0)-PF	

Part VI-B	Statements Regarding Activities for Which	Form 4/20 May Be I	Requirea (contin	ued)			
•	year, did the foundation pay or incur any amount to:					Yes	No
	on propaganda, or otherwise attempt to influence legislation (section				5a(1)		X
	nce the outcome of any specific public election (see section 4955);		•				
any vo	oter registration drive?				5a(2)		X
	fe a grant to an individual for travel, study, or other similar purpose				5a(3)		X
	te a grant to an organization other than a charitable, etc., organizati				 		.
	d)(4)(A)? See instructions				5a(4)		X
• •	te for any purpose other than religious, charitable, scientific, literary				5a(5)		X
	evention of cruelty to children or animals? ver is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ui			•••••	38(0)		
-	.4945 or in a current notice regarding disaster assistance? See insi		-	N/A	5b		
e Organizatio	ons relying on a current notice regarding disaster assistance, check	hara					
d If the answ	ver is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	ined				
	e responsibility for the grant?			N/A	5d		
If "Yes," att	ach the statement required by Regulations section 53.4945-5(d).	•••••	•••••••••				
	endation, during the year, receive any funds, directly or indirectly, to	pay premiums on					
a personal	benefit contract?				6a		X
b Did the fou	indation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b		X
if "Yes" to	6b, file Form 8870.						
7a At any time	e during the tax year, was the foundation a party to a prohibited tax	shelter transaction?		••••••	7a		X
b If "Yes," die	I the foundation receive any proceeds or have any net income attril	outable to the transaction?		N/A	7b		
8 Is the foun	dation subject to the section 4960 tax on payment(s) of more than	\$1,000,000 in remuneration o	r				
	achute payment(s) during the year?				8		X
Part VII	Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	inagers, Highl	y			
1 List all offi	cers, 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 of employee benefit plate and deterred compensation	ns a	e) Exp count, allowai	ense other nces
Charles	Gendron	Trustee	•				
One Por	tland Square, #6A						
Portlan	d, ME 04101	0.50	0.).		0.
	Gendron	Trustee					
	tland Square, #6A]					
Portlan	d, ME 04101	0.50	0.	0) •		<u> </u>
		4					
					\perp		
		-					
		4					
2 Componed	tion of five highest-paid employees (other than those in	polydod on line 1). If none	enter "NONE "				
2 Compense	mon of five mignest-paid employees (other than those m		elitel NONE.	(d) Contributions	m 1	e) Fxp	ense
	me and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions t employee benefit pla and deferred compensation	ns ad	e) Exp count, allowar	other nces
N N	ONE	_					
	-	4					
_		 	1				
		4					
			 		+		
	-	1					
					+		
		┪					
Total number o	f other employees paid over \$50,000	<u> </u>	<u> </u>		Τ'		0
. Juli iliuilibei U	. oaio, oiipiojoso pais otoi spojoso	••••••			- 000	DE	

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

P	art IX Minimum Investment Return (All domestic foundations	s must complete this part. F	creign fou	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charit	able, etc., purposes:			
a	Average monthly fair market value of securities			1a	0.
	Average of monthly cash balances			1b	134,856.
	Fair market value of all other assets (see instructions)			1c	
	Total (add lines 1a, b, and c)			1d	134,856.
	Reduction claimed for blockage or other factors reported on lines 1a and	•••••	••••••••••		•
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	134,856.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater	amount, see instructions)		4	2,023.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3			5	132,833.
6	Minimum investment return. Enter 5% (0.05) of line 5			6	6,642.
P	BITE X Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations, check here ▶ ☐ and do not complete this pa	and (j)(5) private operating for		d certain	
1	Minimum investment return from Part IX, line 6			1	6,642.
2a	Tax on investment income for 2021 from Part V, line 5				
b	Income tax for 2021. (This does not include the tax from Part V.)	2b			
C	Add lines 2a and 2b			2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	•••••		3	6,642.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	6,642.
6	Deduction from distributable amount (see instructions)	•••••		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa			7	6,642.
P	art XI Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., p	urposes:			***************************************
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	1,000.
	Program-related investments - total from Part VIII-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chari			2	
3	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	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line			4	1,000.

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Part XII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2020	2020	2021
Distributable amount for 2021 from Part X, line 7				6,642.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only	· .	•	0.	
b Total for prior years:			4.	
,,		0.		V
3 Excess distributions carryover, if any, to 2021:	•]		. *	No.
aFrom 2016 87,750. bFrom 2017 24,400.				
bFrom 2017 24,400.			A STATE OF THE STATE OF	
c From 2018 319,698.		* A		
dFrom 2019 82, 288.		•		
e From 2020 24,620.	F20 7F6			
f Total of lines 3a through e	538,756.			
4 Qualifying distributions for 2021 from				
Part XI, line 4: ►\$ 1,000.			0.	
a Applied to 2020, but not more than line 2a b Applied to undistributed income of prior			•	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Planting and and instructions)	0.			
d Applied to 2021 distributable amount				1,000.
e Remaining amount distributed out of corpus	0.			_,,,,,,
5 Excess distributions carryover applied to 2021				
(If an amount appears in column (d), the same amount must be shown in column (a).)	5,642.			5,642.
6 Enter the net total of each column as indicated below:	522.444			n de la companya di Salamania. Mangantan
8 Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	533,114.		1	
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			- 1995 - 1995	
the section 4942(a) tax has been previously assessed		0.		
assessed d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2020. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2022				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_ :			
may be required - see instructions)	0.		****	
8 Excess distributions carryover from 2016	22 422			
not applied on line 5 or line 7	82,108.			
9 Excess distributions carryover to 2022.	454 006		en de la companya de La companya de la co	
Subtract lines 7 and 8 from line 6a	451,006.			
10 Analysis of line 9:				¥
a Excess from 2017 24,400.	ŀ			
b Excess from 2018 319,698. c Excess from 2019 82,288.	.]			
	i k			
dExcess from 2020 24,620 • Excess from 2021				
B EAUGSS HUIH ZUZ I			<u> </u>	

123581 12-10-21

Capplementary information	(continuea)			
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	contribution	, 41104111
a Paid during the year				
NT a m a				
None				
			-	
Total			> 3a	0,
b Approved for future payment				
No.				
None				
	·			
Total	L		N 0h	0

Part XV-A Analysis of Income-Producing Activiti

nter gross amounts unless otherwise indicated.	Unrelated business income			y section 512, 513, or 514	(e)
•	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a		-			
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	189.	
6 Net rental income or (loss) from real estate;					
a Debt-financed property					
b Not debt-financed property					
8 Net rental income or (loss) from personal property					
7 Other investment income					
B Gain or (loss) from sales of assets other than inventory					****
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:		· · · · · · · · · · · · · · · · · · ·			
b					
C					
d			1		
e					
2 Subtotal, Add columns (b), (d), and (e)			5.	189.	(
3 Total. Add line 12, columns (b), (d), and (e)				13	189
See worksheet in line 13 instructions to verify calculations.)					
	o the Asse	nlichment of	Evernt D		· · · · · · · · · · · · · · · · · · ·
Part XV-B Relationship of Activities t	o uie accon	ihiisiiliisii(ot	Exempt P	urposes	

Line No.	the foundation's exempt purposes (other than by providing funds for such purposes).

Form 99			f Hope Fo		on and Transactions a	nd Relations	05-614		-	ge 13
		Exempt Organ								
1 Die	the or	ganization directly or indi	rectly engage in any	of the following	ng with any other organization	on described in sec	tion 501(c)		Yes	No
(of	her tha	n section 501(c)(3) organ	nizations) or in section	on 527, relatin	g to political organizations?					
a Tra	ansfers	from the reporting found	ation to a noncharita	ble exempt or	ganization of:					
(1)	Cash							1a(1)		Х
										X
		sactions:								
(1)	Sales	of assets to a noncharita	ble exempt organiza	tion				1b(1)		X
(2)	Purch	ases of assets from a no	ncharitable exempt o	organization				1b(2)		Х
(3)	Renta	l of facilities, equipment,	or other assets					1b(3)		X
(4)	Reiml	oursement arrangements	٠					1b(4)		X
(5)	Loans	or loan guarantees						1b(5)		X
					ons					X
					nployees					X
					edule. Column (b) shouid al				sets,	
					ed less than fair market valu	ue in any transaction	n or sharing arrangement,	show in		
) the value of the goods,								
(a)Line r	10.	(b) Amount involved	(c) Name of		e exempt organization	(d) Descriptio	n of transfers, transactions, and	sharing ar	rangeme	nts
				N/A						
							the contract of the contract o			
	-									
	-									
	-									
	-									
	-									
	-									
			L							
in :	section	idation directly or indirec 501(c) (other than sectio implete the following sch	n 501(c)(3)) or in se		e or more tax-exempt organi	izations described		Yes	X	No
<u> </u>	. 00, 00	(a) Name of org			(b) Type of organization	Τ	(c) Description of relations	hip		
		N/A			, , , , ,		14	·		
		21,11					***************************************			
					ng accompanying schedules and			y the IRS	digcuge t	his
Sign Here	1	C		eparer (other tha	in taxpayer) is based on all inform	Trust	ret	wn below X Yes	e prepare ? See ins	er
	Sign	ature of officer or trustee			Date	Title	Charle 1 2 Corne			Marium .
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTIN			
Detal				1 /	/1.	04/10/00	self- employed	1 2 4 2	202	
Paid		Nicholas E		1 (TIC	04/10/22		$\frac{1310}{4045}$		
Prep	arer Only	Firm's name ► BAK	ARMWEN HE.	1 & NOY	ES		Firm's EIN ▶ 01-0	4945	40	

Phone no. (207) 879-2100

Firm's address ▶ BOX 507

PORTLAND, ME 04112

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer Identification number

R	Ray of Hope Foundation	05-6149197
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	don
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a co	
Special Rules		
sections 509(a)(contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3%(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amoreZ, line 1. Complete Parts I and II.	or 16b, and that received from any one
contributor, duri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receining the year, total contributions of more than \$1,000 exclusively for religious, charational purposes, or for the prevention of cruelty to children or animals. Complete (b) instead of the contributor name and address), II, and III.	aritable, scientific,
year, contribution is checked, ente purpose. Don't c	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receions exclusively for religious, charitable, etc., purposes, but no such contributions er here the total contributions that were received during the year for an exclusively complete any of the parts unless the General Rule applies to this organization beable, etc., contributions totaling \$5,000 or more during the year	totaled more than \$1,000. If this box ly religious, charitable, etc., ecause it received nonexclusively
answer "No" on Part IV, iii	that isn't covered by the General Rule and/or the Special Rules doesn't file Schoine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 11 or its Form 12 or 5 or	

Name of organization

Employer identification number

Ray of Hope Foundation

05-6149197

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Charles and Theresa Gendron One Portland Square, 6A Portland, ME 04101	\$	Person X Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)

Employer identification number

Ray of Hope Foundation

05-6149197

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II it additional space is needed.	<u> </u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Parti			
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
	-21	\$	Schedule B (Form 990)

Name of c	rganization		Employer Identification number				
Ray o	f Hope Foundation		05-6149197				
Part III) through (e) and the following line entry. F charitable, etc., contributions of \$1,000 or less	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year or organizations for the year. (Enter this info. once.) \$				
(a) No.	Ose duplicate copies of Fart III II additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	.,	Relationship of transferor to transferee				
(a) Na							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, and ZiP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Tegnoformala nome address o	.,	Relationship of transferor to transfero				
}	Transferee's name, address, a	MU ZIF + 4	Relationship of transferor to transferee				
1		i					

Dividend	s and Inter	est from Secur	cities St	tatement 1
Gross Amount	Gains	Revenue	(b) Net Invest- ment Income	(c) Adjusted Net Income
189	•	0. 189.	189.	
189	•	0. 189.	189.	
	Accounti	ng Fees	St	catement 2
	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
_	1,500.	500.		1,000.
1, ln 16b	1,500.	500.		1,000.
	Amount 189	Accounti (a) Expenses Per Books 1,500.	Gross Gains Revenue Amount Dividends Per Books 189. 0. 189. 189. 0. 189. Accounting Fees (a) (b) Expenses Net Invest- Per Books ment Income 1,500. 500.	Amount Dividends Per Books ment Income 189. 0. 189. 189. 189. 0. 189. 189. Accounting Fees St (a) (b) (c) Adjusted Net Income Per Books ment Income 1,500. 500.

Name of Manager

Charles Gendron Theresa Gendron