

Department of the Treasury Internal Revenue Service

### **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/Form990PFfor instructions and the latest information.

OMB No. 1545-0047 G **Open to Public Inspection** 

Fc	or cal	endar year 2022 or tax year beginning				and endir	ng			
Na	ime of	foundation					A	Employer identifie	cation number	
	HOD	GKINS MEMORIAL TRUST FUND					27-6149861			
		and street (or P.O. box number if mail is not delivered to	street add	dress)		Room/suite	В	Telephone numbe	r (see instructions)	
	90 1	NORTH MAIN ST.						60	3-224-1350	
		own, state or province, country, and ZIP or foreign posta	l code						<u> </u>	
							c	If exemption applicat	ion is	
	CON	CORD, NH 03301						pending, check here	••••••••••	
		ck all that apply: Initial return		Initial return	of a former n	ublic chari	tv			
Ğ	One	Final return		Amended ret			ם אי	<ol> <li>Foreign organization</li> <li>Foreign organization</li> </ol>		
		X Address change	v	Name chang				85% test, check he	ere and attach	
ш	Cho	ck type of organization: X Section 501					_	computation .	••••••••	
Г							E	If private foundation	status was terminated	
1		ection 4947(a)(1) nonexempt charitable trust		ner taxable pr			_	under section 507(b)	(1)(A), check here • • •	
1			-	nethod: X Ca	ash 🔄 Acc	rual	F		a 60-month termination	
			ther (spe				-	under section 507(b)	(1)(B), check here	
	16)		column (d	), must be on c	ash basis.)				(d) Disbursements	
F	art I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)		evenue and	(b) Net inve	estment	(c)	Adjusted net	for charitable	
		may not necessarily equal the amounts in		enses per books	incom			income	purposes	
_		column (a) (see instructions).)							(cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule) .								
	2	Check attach Sch. B.								
	3	Interest on savings and temporary cash investments-								
	4	Dividends and interest from securities $\ldots$		5,033.		4,903.			STMT 1	
	5a	Gross rents								
	b	Net rental income or (loss)								
Эľ		Net gain or (loss) from sale of assets not on line 10		4,412.						
Revenue	b	Gross sales price for all 15,339.								
ē	7	Capital gain net income (from Part IV, line 2) .				4,412.				
£	8	Net short-term capital gain								
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	b	Less: Cost of goods sold .								
	С	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule)								
_	12	Total. Add lines 1 through 11		9,445.		9,315.				
	13	Compensation of officers, directors, trustees, etc.		2,102.		1,051.			1,051.	
ses	14	Other employee salaries and wages				NONE		NONE		
en (	15	Pension plans, employee benefits				NONE		NONE		
ž	16a	Legal fees (attach schedule)								
É	b	Accounting fees (attach schedule)STMT 2		450.		NONE		NONE	450.	
i,	с	Other professional fees (attach schedule)								
rat	17	Interest								
list	18	Taxes (attach schedule) (see instructions). 3.		317.		84.				
nin	19	Depreciation (attach schedule) and depletion .								
١dr	20	Occupancy								
d A	14 15 16a b c 17 18 19 20 21 22 23 24 25	Travel, conferences, and meetings				NONE		NONE		
an	22	Printing and publications				NONE		NONE		
g	23	Other expenses (attach schedule)								
atii	24	Total operating and administrative expenses.								
er		Add lines 13 through 23		2,869.		1,135.		NONE	1,501.	
ő	25	Contributions, gifts, grants paid		19,138.					19,138.	
	26	Total expenses and disbursements. Add lines 24 and 25		22,007.		1,135.		NONE	20,639.	
	27	Subtract line 26 from line 12:								
	а	Excess of revenue over expenses and disbursements		-12,562.						
	b	Net investment income (if negative, enter -0-)				8,180.				
	С	Adjusted net income (if negative, enter -0-)						NONE		

Form 990-PF (2022) 27-6149861			-6149861	Page		
Ρ	art II	Balance Sheets Attached schedules and amounts in the	Beginning of year	End o	f year	
		description column should be for end-of-year - amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments	5,310.	3,655.	3,655.	
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	-	disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less: allowance for doubtful accounts NONE				
s	•					
ssets	8	Inventories for sale or use				
Ass	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations (attach schedule)	132,781.	105,338.	100 00/	
	b	Investments - corporate stock (attach schedule) . STMT .4.				
	11 <sup>C</sup>	Investments - corporate bonds (attach schedule). STMT .5.	39,363.	55,761.	49,091.	
		and equipment: basis				
		(attach schedule)				
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and equipment: basis				
		Less: accumulated depreciation (attach schedule)				
	15	Other assets (describe )				
	16	Total assets (to be completed by all filers - see the				
		instructions. Also, see page 1, item I)	177,454.	164,754.	182,630.	
	17	Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons.				
liq	21	Mortgages and other notes payable (attach schedule)				
Liabilities	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)		NONE		
s		Foundations that follow FASB ASC 958, check here				
ĕ		and complete lines 24, 25, 29, and 30.				
an	24	Net assets without donor restrictions				
Bal	24	Net assets with donor restrictions · · · · · · · · · · · · · · · ·				
Р	25	Foundations that do not follow FASB ASC 958, check here				
n		and complete lines 26 through 30.				
or Fund Balance			177,454.	164,754.		
		Capital stock, trust principal, or current funds	1//,1/1.	101,731.		
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund.				
SS	28	Retained earnings, accumulated income, endowment, or other funds	177 / 5/	164 754		
t A	29	Total net assets or fund balances (see instructions)	177,454.	164,754.		
Net	30	Total liabilities and net assets/fund balances (see				
		instructions)	177,454.	164,754.		
_	art I			1 1		
1		al net assets or fund balances at beginning of year - Part I		-		
		l-of-year figure reported on prior year's return)			177,454.	
		er amount from Part I, line 27a		2	-12,562.	
3	Oth	er increases not included in line 2 (itemize) <u>SEE STAT</u>	'EMENT 6	3	69.	
4	Add	d lines 1, 2, and 3		4	164,961.	
5	Dec	creases not included in line 2 (itemize) SEE STAT	'EMENT 7	5	207.	
6	Tot	al net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b)	, line 29 <b>6</b>	164,754.	

JSA 2E1420 1.000

Par	t IV Capital Gains	and Losses for Tax on Inv	estment Income			
		scribe the kind(s) of property sold (for e rick warehouse; or common stock, 200	• • •	<b>(b)</b> How acquired P - Purchase D - Donation		<b>(d)</b> Date sold (mo., day, yr.)
1 a	PUBLICLY TRADED	SECURITIES				
b						
C						
d						
e						
	(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a	15,339.		10,927.			4,412.
b						
C						
d						
e						
	Complete only for assets sh	nowing gain in column (h) and owned l	by the foundation on 12/31/69.	(1)	Gains (Col. (h) ga	in minus
(	<b>i)</b> FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less the Losses (from col	
а						4,412.
b						
C						
d						
e						
2 3	If gain, also enter in F	ain or (loss) as defined in sections	structions. If (loss), enter -0- in	2		4,412.
Par			ection 4940(a), 4940(b), or 49	-	instructions)	
1a	Exempt operating foundation Date of ruling or determination All other domestic found	ons described in section 4940(d)(2), ch letter: (attac dations enter 1.39% (0.0139) of li	neck here and enter "N/A" on li and enter "N/A" on li and enter "N/A" on li here and the second se	ne 1. ons)	1	114.
2			d taxable foundations only; others, er		2	NONE
2					3	114.
4			d taxable foundations only; others, er	nter -0-)	4	NONE
5			zero or less, enter -0-		5	114.
6	Credits/Payments:					
a		nts and 2021 overpayment credited to	<b>6a</b>	172.		
b	• •	ns - tax withheld at source		NONE		
c	1 0 0	or extension of time to file (Form 8868)		NONE		
d		ously withheld				
7		•			7	172.
8		payment of estimated tax. Check here			8	
9			ount owed		9	
10			er the <b>amount overpaid</b>		10	58.
11		to be: Credited to 2023 estimated ta			11	

JSA 2E1430 1.000

Form 990-PF (2022)

27-6149861

<b>F</b>				1
	990-PF (2022) t VI-A Statements Regarding Activities		ŀ	Page <b>4</b>
-			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	103	X
L.	participate or intervene in any political campaign?	14		
D		1b		X
	instructions for the definition			
	published or distributed by the foundation in connection with the activities.			
		1c		X
	Did the foundation file <b>Form 1120-POL</b> for this year?			
u	(1) On the foundation. \$ (2) On foundation managers. \$			
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
е	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
2	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			
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
4a b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
5	If "Yes," attach the statement required by <i>General Instruction T</i> .	-		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
U	<ul> <li>By language in the governing instrument, or</li> </ul>			
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
- 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	ME			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See 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		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A			
14	The books are in care of BAR_HARBOR_WEALTH_MANAGEMENT Telephone no (603) 224	-135	50	
	Located at 90 NORTH MAIN ST., CONCORD, NH ZIP+4 03301			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	• • •		
	and enter the amount of tax-exempt interest received or accrued during the year		V	N
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			

Form **990-PF** (2022)

	27 0149001			_
rm	990-PF (2022)		F	Page <b>5</b>
art	t VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	Х	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or			
	use of a disqualified person)?	1a(5)		X
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation			
	agreed to make a grant to or to employ the official for a period after termination of government service, if			
	terminating within 90 days.)	1a(6)		X
b	If any answer is "Yes" to 1a(1)-(6), did 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	1b		X
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 2022?	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)):			
а	At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for			
	tax year(s) beginning before 2022?	2a		X
	If "Yes," list the years,,,,			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions.)	2b		
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?	3a		X
b	If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2022.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022? 4b

Form 990-PF (2022)

Х

7

Part V

Form §	990-PF (2022)		27-61	49861		F	age 6
Par	t VI-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)			
5a	During the year, did the foundation pay or incur any am	ount to:				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?		5a(1)		Х
	(2) Influence the outcome of any specific public	c election (see sec	tion 4955); or to	carry on, directly or			
	indirectly, any voter registration drive?				5a(2)		Х
	(3) Provide a grant to an individual for travel, study, or o	other similar purposes	?		5a(3)		Х
	(4) Provide a grant to an organization other than	a charitable, etc.,	organization describe	d in section 4945(d)			
	(4)(A)? See instructions				5a(4)		Х
	(5) Provide for any purpose other than religious,						
	the prevention of cruelty to children or animals?				5a(5)		Х
b	If any answer is "Yes" to 5a(1)-(5), did any of t	ne transactions fail	to qualify under the	exceptions described			
	in Regulations section 53.4945 or in a current notice re	garding disaster assist	ance? See instructions		5b		
С	Organizations relying on a current notice regarding disa	ster assistance, check	here				
d	If the answer is "Yes" to question 5a(4), does	the foundation cla	aim exemption from	the tax because it	:		
	maintained expenditure responsibility for the grant?				5d		
	If "Yes," attach the statement required by Regulations se	ection 53.4945-5(d).					
6a	Did the foundation, during the year, receive any	funds, directly or in	ndirectly, to pay pre	miums on a personal			
	benefit contract?				6a		Х
b	Did the foundation, during the year, pay premiums, dire						Х
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited tax	shelter transaction?		7a		Х
b	If "Yes," did the foundation receive any proceeds or have	e any net income attrik	outable to the transacti	on?	7b		
8	Is the foundation subject to the section 4960 tax	on payment(s) of r	more than \$1,000,00	0 in remuneration or			
	excess parachute payment(s) during the year?				8		Х
Dor	t VII Information About Officers, Director	e Trustaas Four	ndation Managore	Uighly Daid Empl	OVOOS		
r ai	and Contractors	3, 11031263, 1001	luation managers	s, flighly raid Empi	loyees,		
	and Contractors				luyees,		
	and Contractors List all officers, directors, trustees, and foundation	n managers and th	neir compensation. (c) Compensation	See instructions. (d) Contributions to	(e) Expens	e accou	unt,
	and Contractors	on managers and th	neir compensation.	See instructions.		e accou owance	unt, es
1	and Contractors List all officers, directors, trustees, and foundation	n managers and th (b) Title, and average hours per week	<b>neir compensation.</b> (c) Compensation (If not paid,	See instructions. (d) Contributions to employee benefit plans	(e) Expens	e accou owance	unt, es
<b>1</b> BAR H	and Contractors List all officers, directors, trustees, and foundatio (a) Name and address	n managers and th (b) Title, and average hours per week devoted to position	<b>neir compensation.</b> (c) Compensation (If not paid,	See instructions. (d) Contributions to employee benefit plans	(e) Expens	e accou owance	unt, es -0-
<b>1</b> BAR H	and Contractors List all officers, directors, trustees, and foundatio (a) Name and address IARBOR WEALTH MANAGEMENT	n managers and the formation of the form	neir compensation. (c) Compensation (If not paid, enter -0-)	See instructions. (d) Contributions to employee benefit plans and deferred compensation	(e) Expens	e accou owance	es
<b>1</b> BAR H	and Contractors List all officers, directors, trustees, and foundatio (a) Name and address IARBOR WEALTH MANAGEMENT	n managers and the formation of the form	neir compensation. (c) Compensation (If not paid, enter -0-)	See instructions. (d) Contributions to employee benefit plans and deferred compensation	(e) Expens	e accou owance	es
<b>1</b> BAR H	and Contractors List all officers, directors, trustees, and foundatio (a) Name and address IARBOR WEALTH MANAGEMENT	n managers and the formation of the form	neir compensation. (c) Compensation (If not paid, enter -0-)	See instructions. (d) Contributions to employee benefit plans and deferred compensation	(e) Expens		es
<b>1</b> BAR H	and Contractors List all officers, directors, trustees, and foundatio (a) Name and address IARBOR WEALTH MANAGEMENT	n managers and the formation of the form	neir compensation. (c) Compensation (If not paid, enter -0-)	See instructions. (d) Contributions to employee benefit plans and deferred compensation	(e) Expens	e accol owance	es
<b>1</b> BAR H	and Contractors List all officers, directors, trustees, and foundatio (a) Name and address IARBOR WEALTH MANAGEMENT	n managers and the formation of the form	neir compensation. (c) Compensation (If not paid, enter -0-)	See instructions. (d) Contributions to employee benefit plans and deferred compensation	(e) Expens		es
1 BAR H 90 NC	and Contractors List all officers, directors, trustees, and foundatio (a) Name and address IARBOR WEALTH MANAGEMENT ORTH MAIN ST., CONCORD, NH 03301	n managers and th (b) Title, and average hours per week devoted to position TRUSTEE 1	neir compensation. (c) Compensation (ff not paid, enter -0-) 2,102.	See instructions. (d) Contributions to employee benefit plans and deferred compensation -0-	(e) Expens other all	owance	-0-
<b>1</b> BAR H	and Contractors         List all officers, directors, trustees, and foundation         (a) Name and address         HARBOR WEALTH MANAGEMENT         DRTH MAIN ST., CONCORD, NH 03301         Compensation of five highest-paid employees	n managers and th (b) Title, and average hours per week devoted to position TRUSTEE 1	neir compensation. (c) Compensation (ff not paid, enter -0-) 2,102.	See instructions. (d) Contributions to employee benefit plans and deferred compensation -0-	(e) Expens other all	owance	-0-
1 BAR H 90 NC	and Contractors List all officers, directors, trustees, and foundatio (a) Name and address IARBOR WEALTH MANAGEMENT ORTH MAIN ST., CONCORD, NH 03301	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	neir compensation. (c) Compensation (ff not paid, enter -0-) 2,102.	See instructions. (d) Contributions to employee benefit plans and deferred compensation -0- e 1 - see instructio (d) Contributions to	(e) Expens other all	owance	-0- enter
1 BAR E 90 NC	and Contractors         List all officers, directors, trustees, and foundation         (a) Name and address         HARBOR WEALTH MANAGEMENT         DRTH MAIN ST., CONCORD, NH 03301         Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos hours per week	neir compensation. (c) Compensation (ff not paid, enter -0-) 2,102.	See instructions. (d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred	(e) Expens other all	owance	-0- enter
1 BAR E 90 NC	and Contractors         List all officers, directors, trustees, and foundation         (a) Name and address         HARBOR WEALTH MANAGEMENT         DRTH MAIN ST., CONCORD, NH       03301         Compensation of five highest-paid employees         "NONE."       "None."	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos	e included on line	See instructions. (d) Contributions to employee benefit plans and deferred compensation -0- e 1 - see instructio (d) Contributions to employee benefit	(e) Expens other all	owance	-0- enter
1 BAR F 90 NC 2 (a)	and Contractors         List all officers, directors, trustees, and foundation         (a) Name and address         MARBOR WEALTH MANAGEMENT         DRTH MAIN ST., CONCORD, NH       03301         Compensation of five highest-paid employees         "NONE."         Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos hours per week	e included on line (c) Compensation. (lf not paid, enter -0-) 2,102.	See instructions. (d) Contributions to employee benefit plans and deferred compensation -0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all ns). If no (e) Expens other all	owance Dne, se accou	-0- enter
1 BAR E 90 NC	and Contractors         List all officers, directors, trustees, and foundation         (a) Name and address         MARBOR WEALTH MANAGEMENT         DRTH MAIN ST., CONCORD, NH       03301         Compensation of five highest-paid employees         "NONE."         Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos hours per week	e included on line	See instructions. (d) Contributions to employee benefit plans and deferred compensation -0- (d) Contributions to employee benefit plans and deferred	(e) Expens other all ns). If no (e) Expens other all	owance	-0- enter
1 BAR F 90 NC 2 (a)	and Contractors         List all officers, directors, trustees, and foundation         (a) Name and address         MARBOR WEALTH MANAGEMENT         DRTH MAIN ST., CONCORD, NH       03301         Compensation of five highest-paid employees         "NONE."         Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos hours per week	e included on line (c) Compensation. (lf not paid, enter -0-) 2,102.	See instructions. (d) Contributions to employee benefit plans and deferred compensation -0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all ns). If no (e) Expens other all	owance Dne, se accou	-0- enter
1 BAR F 90 NC 2 (a)	and Contractors         List all officers, directors, trustees, and foundation         (a) Name and address         MARBOR WEALTH MANAGEMENT         DRTH MAIN ST., CONCORD, NH       03301         Compensation of five highest-paid employees         "NONE."         Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos hours per week	e included on line (c) Compensation. (lf not paid, enter -0-) 2,102.	See instructions. (d) Contributions to employee benefit plans and deferred compensation -0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all ns). If no (e) Expens other all	owance Dne, se accou	-0- enter
1 BAR F 90 NC 2 (a)	and Contractors         List all officers, directors, trustees, and foundation         (a) Name and address         MARBOR WEALTH MANAGEMENT         DRTH MAIN ST., CONCORD, NH       03301         Compensation of five highest-paid employees         "NONE."         Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos hours per week	e included on line (c) Compensation. (lf not paid, enter -0-) 2,102.	See instructions. (d) Contributions to employee benefit plans and deferred compensation -0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all ns). If no (e) Expens other all	owance Dne, se accou	-0- enter
1 BAR F 90 NC 2 (a)	and Contractors         List all officers, directors, trustees, and foundation         (a) Name and address         MARBOR WEALTH MANAGEMENT         DRTH MAIN ST., CONCORD, NH       03301         Compensation of five highest-paid employees         "NONE."         Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos hours per week	e included on line (c) Compensation. (lf not paid, enter -0-) 2,102.	See instructions. (d) Contributions to employee benefit plans and deferred compensation -0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all ns). If no (e) Expens other all	owance Dne, se accou	-0- enter
1 BAR F 90 NC 2 (a)	and Contractors         List all officers, directors, trustees, and foundation         (a) Name and address         MARBOR WEALTH MANAGEMENT         DRTH MAIN ST., CONCORD, NH       03301         Compensation of five highest-paid employees         "NONE."         Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos hours per week	e included on line (c) Compensation. (lf not paid, enter -0-) 2,102.	See instructions. (d) Contributions to employee benefit plans and deferred compensation -0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all ns). If no (e) Expens other all	owance Dne, se accou	-0- enter
1 BAR F 90 NC 2 (a)	and Contractors         List all officers, directors, trustees, and foundation         (a) Name and address         MARBOR WEALTH MANAGEMENT         DRTH MAIN ST., CONCORD, NH       03301         Compensation of five highest-paid employees         "NONE."         Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 1 (other than thos hours per week	e included on line (c) Compensation. (lf not paid, enter -0-) 2,102.	See instructions. (d) Contributions to employee benefit plans and deferred compensation -0- e 1 - see instructio (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all ns). If no (e) Expens other all	owance Dne, se accou	-0- enter

NONE Form **990-PF** (2022)

. . . . .

Total number of other employees paid over \$50,000 .....

\_

8

3 Five	and Contractors (continued)		
0 11001	ighest-paid independent contractors for professional services. See instruction	ns. If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ONE			NONI
	er of others receiving over \$50,000 for professional services		NONE
art VIII-A	Summary of Direct Charitable Activities		
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical inform is and other beneficiaries served, conferences convened, research papers produced, etc.	nation such as the number of	Expenses
-			
1 <u>NONE</u>			
2			
3			
4			
Part VIII-B	Summary of Program-Related Investments (see instructions)		
	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1NONE			
2			
All other pr	gram-related investments. See instructions.		
3NONE			
3NONE			

\_

9

Form	990-PF (2022) 27-6149861		Page <b>8</b>
Par	<b>Minimum Investment Return</b> (All domestic foundations must complete this part. Fore see instructions.)	ign foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	197,452.
b	Average of monthly cash balances	1b	2,201.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	199,653.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	199,653.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	2,995.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	196,658.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	9,833.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here and do not complete this part.)	foundation	
1	Minimum investment return from Part IX, line 6	1	9,833.
2a	Tax on investment income for 2022 from Part V, line 5 2a 114.		
b	Income tax for 2022. (This does not include the tax from Part V.) 2b		
C	Add lines 2a and 2b	2c	114.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,719.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	9,719.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,		
	line 1	7	9,719.
Par	<b>XI</b> Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	20,639.
b	Program-related investments - total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	20,639.
			Form 990-PF (2022)

	990-PF (2022) t XII Undistributed Income (see instru	uctions)			Page <b>9</b>
Far		(a)	(b)	(c)	(d)
		Corpus	Years prior to 2021	2021	2022
1	Distributable amount for 2022 from Part X, line 7				9,719.
	Undistributed income, if any, as of the end of 2022:			0 070	
	Enter amount for 2021 only.		NONT	9,270.	
	Total for prior years: 20,20,20		NONE		
	Excess distributions carryover, if any, to 2022:				
	From 2017				
	From 2019				
	From 2021				
	Total of lines 3a through e	NONE			
	Qualifying distributions for 2022 from Part XI,				
	line 4: \$ 20,639.				
а	Applied to 2021, but not more than line 2a			9,270.	
h	Applied to undistributed income of prior years				
	(Election required - see instructions)		NONE		
с	Treated as distributions out of corpus (Election				
	required - see instructions)	NONE			
d	Applied to 2022 distributable amount				9,719.
	Remaining amount distributed out of corpus	1,650.			
	Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same				
	amount must be shown in column (a).)	NONE			NONE
	Enter the net total of each column as				
	indicated below: Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,650.			
		1,000.			
	Prior years' undistributed income. Subtract line 4b from line 2b		NONE		
	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		NONE		
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions		NONE		
е	Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see				
	instructions				
f	Undistributed income for 2022. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2023				NONE
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)	NONE			
	Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions)	NONE			
	Excess distributions carryover to 2023.				
	Subtract lines 7 and 8 from line 6a	1,650.			
	Analysis of line 9:				
	Excess from 2018 NONE				
b	Excess from 2019 NONE				
c	Excess from 2020 NONE				
d	Excess from 2021 NONE				
e	Excess from 2022 1,650.				Form <b>990-PF</b> (2022)

Form **990-PF** (2022)

JSA 2E1480 1.000

Form	990-F	PF (2022)			27-6	149861			Page <b>10</b>
Pa	't XI	Private Op	erating Foundatio	ns (see instructions a	and Part VI-A, questio	on 9)	ו	NOT A	APPLICABLE
1a	lf th		-		at it is a private opera				
			-	enter the date of the ruling					
b					foundation described in	section	4942(j)(	3) or	4942(j)(5)
-		the lesser of the ad-	Tax year		Prior 3 years			,	
		d net income from Part	(a) 2022	(b) 2021	(c) 2020	( <b>d</b> ) 20	10		(e) Total
	l or	the minimum investment	(a) 2022	(b) 2021	(0) 2020	(u) 20	15		
	return	n from Part IX for each							
	year li	isted • • • • • • • •							
b	85%	(0.85) of line 2a • • •							
C	Qualif	fying distributions from Part							
	XI, lin	e 4, for each year listed .							
d		unts included in line 2c not							
		directly for active conduct							
۵		empt activities • • • • • • • • • • • • • • • • • • •							
c		ly for active conduct of							
		pt activities. Subtract line							
3		om line 2c							
3		blete 3a, b, or c for the ative test relied upon: .							
а		ts" alternative test - enter:							
	(1)	Value of all assets							
	(2)	Value of assets qualifying							
		under section							
b		4942(j)(3)(B)(i)							
		2/3 of minimum invest-							
	ment	return shown in Part IX,							
		, for each year listed							
C		port" alternative test - enter:							
		Total support other than							
		gross investment income (interest, dividends, rents,							
		payments on securities							
		loans (section 512(a)(5)), or royalties)							
		Support from general							
		public and 5 or more							
		exempt organizations as provided in section 4942							
	ĺ	(j)(3)(B)(iii)							
		Largest amount of sup-							
		port from an exempt organization							
		Gross investment income .							

## Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 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).)

#### N/A

**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.

#### N/A

#### 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here  $\blacktriangleright \lfloor X \rfloor$  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. See instructions.

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:

**c** Any submission deadlines:

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

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 recipient         Purpose of grant or contribution         Amount								
Name and address (home or business)	show any relationship to any foundation manager as substantial contributor	status of recipient	Purpose of grant or contribution	Amount				
a Paid during the year		recipient						
n of Lamoine								
DOUGLAS HIGHWAY Lamoine ME 04605	NONE	PC	PROVIDE FINANCIAL SUPPORT	19,138				
				19,13				
• Approved for future payment								

Total . . . . . . . . . . . . . . . . . 3b . . . .

Form 990-PF(						Page <b>12</b>
Part XV-A						(0)
Enter gross a	mounts unless otherwise indicated.	Unrela (a)	ted business income (b)	Excluded by	v section 512, 513, or 514 (d)	(e) Related or exempt
1 Program	service revenue:	Business code	Amount	Exclusion code	Amount	function income (See instructions.)
-						
f						
<b>g</b> Fees a	and contracts from government agencies					
2 Members	ship dues and assessments					
3 Interest on	a savings and temporary cash investments •			1.4		
4 Dividende	s and interest from securities			14	5,033.	
	I income or (loss) from real estate:					
	financed property					
	ebt-financed property					
6 Net rental	income or (loss) from personal property					
	vestment income			18	4,412.	
	oss) from sales of assets other than inventory			10	7,112.	
	me or (loss) from special events • • •					
	ofit or (loss) from sales of inventory • • • • • • • • • • • • • • • • • • •					
e						
12 Subtotal.	Add columns (b), (d), and (e)				9,445.	
	ld line 12, columns (b), (d), and (e)					9,445.
	eet in line 13 instructions to verify calcu	ulations.)				÷
Part XV-B	Relationship of Activities	to the Ac	complishment of Ex	kempt Purp	oses	
Line No.	Explain below how each activity for	or which inc	ome is reported in colun	nn (e) of Part	XV-A contributed importan	tly to the accomplishment
	of the foundation's exempt purpose					,
			NOT APPLICABI	л.		

Form 99	90-PF (2	022)						27-6149	861			Pa	ge <b>13</b>
Part	XVI	Information Organization		Transfers	to and	Transacti	ons and	Relationsh	nips Wit	h Noncha	ritable	e Ex	empt
i	n sect	e organization dir tion 501(c) (otl rations?					-		-			Yes	No
a 1	Transfe	ers from the repo	rting foundat	tion to a nor	ncharitable	exempt or	ganization	of:					
		h											X
-		er assets									1a(2)		X
		ransactions:											v
		es of assets to a i		•	-								X X
		chases of assets ntal of facilities, e											X
		mbursement arra											X
		ins or loan guarai	-										X
(	6) Per	formance of serv	ices or mem	bership or fu	undraising	solicitation	s				1b(6)		Х
	-	g of facilities, equ		-									Х
		answer to any o											
		of the goods, oth n any transactior											
(a) Lin		(b) Amount involve		ame of nonchar				Description of trai					
(4) 211	0 110.					orgunization	(4)				inigane	ingenie	
c	describ	foundation direct ed in section 50 " complete the fo	1(c) (other th llowing sche	an section !	501(c)(3))	or in sectio	n 527?					es 🛛	K No
		(a) Name of organiz	zation		<b>(b)</b> Type	of organizatio	n		(c) Descrip	ption of relation	ship		
		er penalties of perjury, I ct, and complete. Declara								t of my knowled	ge and l	oelief, it	is true,
Sign	Cone							nas any knowledge		May the IR	S discus	s this	return
Here		<u> </u>	4		05/11	/2023		ESIDENT		with the pr	eparer s	hown	
11010	P g l	ature of officer or trus	ter		Date		Title			See instruction	ns. X	Yes	No
	JA	SON EDGAR Print/Type preparer	's name	<b>P</b> i		ature <b>^</b> .	11-	Date			PTIN		
Paid		HEATHER A.		Ľ	Tyent	$\mathcal{K}(\mathbf{r})$	TYan	<b>Date</b> 05/11			P013	7965	58
Prepa	arer	Firm's name	ERNST &	YOUNG I	.S. LLP	- <b>v</b>		100/11	Firm's El		6565		
Use (		Firm's address	99 WOOD							51	5505	570	
	•		ISELIN,	NJ			08830		Phone n	o. 732-7	67-9	100	

Form <b>99</b>	<b>)-PF</b> (2022)
----------------	--------------------

JSA 2E1493 1.000 FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME 
BAR HARBOR BANK & TRUST INST MONEY MARK SPROTT GOLD EQUITY FUND-INV VANGUARD REAL EST INDX-ADM VANGUARD TOTAL BOND FUND ADMIRAL SHARES VANGUARD DEV MKT INDX-ADM VANGUARD INFL PROCT SEC-ADM VANGUARD S/T INVEST GRD-ADM VANGUARD EM MKT STK IND-ADM VANGUARD MID CAP INDEX-ADM VANGUARD SML CAP INDX-ADM VANGUARD 500 INDEX ADMIRAL #540	27. 21. 389. 428. 869. 1,345. 364. 233. 217. 205. 935.	27. 21. 259. 428. 869. 1,345. 364. 233. 217. 205. 935.
TOTAL	5,033.	4,903.

# FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME 	ADJUSTED NET INCOME	CHARITABLE PURPOSES
TAX PREPARATION FEE (NON-ALLOC	450.			450.
TOTALS	450.	 NONE 	 NONE	450.

27-6149861

### FORM 990PF, PART I - TAXES

	REVENUE AND	NET
DESCRIPTION	EXPENSES PER BOOKS	INVESTMENT INCOME
FEDERAL TAX PAYMENT - PRIOR YE FEDERAL ESTIMATES - PRINCIPAL FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	61. 172. 66. 18.	66. 18.
TOTALS	317.	84.

#### . HODGKINS MEMORIAL TRUST FUND

### 27-6149861

# FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
VANGUARD REIT INDEX ADMIRAL SH		
VANGUARD DEVELOPED MARKET ADMI	24,513.	28,290.
VANGUARD EMERGING MKT STOCK IN	5,092.	5,273.
VANGUARD MID CAP INDEX ADMIRAL	6,908.	11,107.
VANGUARD SMALL CAP INDEX FD AD	7,284.	11,021.
VANGUARD 500 INDEX ADMIRAL SHS	44,861.	55,639.
VANGUARD S/T INVESTMENT GRADE	9,976.	9,942.
SPROTT BOLD EQUITY FUND	6,704.	8,612.
TOTALS	105,338.	129,884.
	=================	===============================

#### . HODGKINS MEMORIAL TRUST FUND

27-6149861

# FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
VANGUARD TOTAL BOND MARKET IND VANGUARD INFLATION PROTECTED S VANGUARD SHORT-TERM INVESTMENT	19,554. 18,274. 17,933.	16,644. 15,909. 16,538.
TOTALS	55,761.	49,091.
	=================	=======================================

DAF769 N012 05/11/2023 01:25:41

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION	AMOUNT
2021 INCOME POSTED TO 2022 ROUNDING	62. 7.

TOTAL

7. 69.

### STATEMENT 6

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION	

AMOUNT

2022 TRANSACTIONS POSTED IN 2023	82.
2021 BASIS ADJ FOR RETURN OF CAPITAL	125.
TOTAL	207.