

Form **990-PF**

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

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

For calendar year 2021 or tax year beginning , and ending

Name of foundation Anne Whiteman Richardson Residuary Charitable Trust		A Employer identification number 01-6145027
Number and street (or P.O. box number if mail is not delivered to street address) 5 Milk Street, First Floor	Room/suite	B Telephone number (see instructions) 207-619-8600
City or town, state or province, country, and ZIP or foreign postal code Portland ME 04101		C If exemption application is pending, check here .. <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here " <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation, <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here " <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) u \$ 2,119,864	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here " <input type="checkbox"/>
(Part I, column (d), must be on cash basis.)		

Part 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) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check u <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	34,302	34,302	34,302	
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	102,831			
	b Gross sales price for all assets on line 6a 347,948				
	7 Capital gain net income (from Part IV, line 2)		102,831		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule) Stmt 1	108	108	108		
12 Total. Add lines 1 through 11	137,241	137,241	34,410		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	6,000			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) Stmt 2	1,290	1,290		
	c Other professional fees (attach schedule) Stmt 3	24,264	24,264		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) Stmt 4	800	800		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (att. sch.) Stmt 5	30			
	24 Total operating and administrative expenses. Add lines 13 through 23	32,384	26,354	0	0
	25 Contributions, gifts, grants paid	63,037			63,037
26 Total expenses and disbursements. Add lines 24 and 25	95,421	26,354	0	63,037	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	41,820				
b Net investment income (if negative, enter -0-)		110,887			
c Adjusted net income (if negative, enter -0-)			34,410		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2021)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year		End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1 Cash – non-interest-bearing	9	1		
	2 Savings and temporary cash investments	137,419	118,495	118,495	
	3 Accounts receivable u				
	Less: allowance for doubtful accounts u				
	4 Pledges receivable u				
	Less: allowance for doubtful accounts u				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (att. schedule) u				
	Less: allowance for doubtful accounts u	0			
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments – U.S. and state government obligations (attach schedule) Stmt 6	209,144	159,012	157,820	
	b Investments – corporate stock (attach schedule) See Stmt 7	799,853	766,182	1,481,516	
	c Investments – corporate bonds (attach schedule) See Stmt 8	51,250			
	11 Investments – land, buildings, and equipment: basis u				
Less: accumulated depreciation (attach sch.) u					
12 Investments – mortgage loans					
13 Investments – other (attach schedule) See Statement 9	164,921	360,726	362,033		
14 Land, buildings, and equipment: basis u					
Less: accumulated depreciation (attach sch.) u					
15 Other assets (describe u)					
16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	1,362,596	1,404,416	2,119,864		
Liabilities	17 Accounts payable and accrued expenses				
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable (attach schedule)				
	22 Other liabilities (describe u)				
	23 Total liabilities (add lines 17 through 22)	0	0		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. u <input type="checkbox"/>				
	24 Net assets without donor restrictions				
	25 Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. u <input checked="" type="checkbox"/>				
	26 Capital stock, trust principal, or current funds	1,362,592	1,404,416		
	27 Paid-in or capital surplus, or land, bldg., and equipment fund				
	28 Retained earnings, accumulated income, endowment, or other funds	4			
29 Total net assets or fund balances (see instructions)	1,362,596	1,404,416			
30 Total liabilities and net assets/fund balances (see instructions)	1,362,596	1,404,416			

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	1,362,596
2 Enter amount from Part I, line 27a	2	41,820
3 Other increases not included in line 2 (itemize) u	3	
4 Add lines 1, 2, and 3	4	1,404,416
5 Decreases not included in line 2 (itemize) u	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	1,404,416

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Worksheet				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		2	102,831	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 }		3	-7,790	

Part V 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 <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	1	1,541
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	0
3 Add lines 1 and 2	3	1,541
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1,541
6 Credits/Payments:		
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	591
b Exempt foreign organizations – tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d	7	591
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	950
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 2022 estimated tax u Refunded u	11	

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		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?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. u \$ (2) On foundation managers. u \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. u \$		
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
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: ● 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	
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	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. u ME, MA		
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 <i>General Instruction G</i> ? If "No," attach explanation	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 instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		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		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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address u N/A	X	
14 The books are in care of u Christopher Maniatty Telephone no. u 207-619-8600 Camden National Bank Located at u Portland ME ZIP+4 u 04101		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year u 15		
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country u		

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	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)	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)?	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	N/A
c Organizations relying on a current notice regarding disaster assistance, check here	u <input type="checkbox"/>	
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	N/A
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 XIII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
If "Yes," list the years u 20 20 , 20 19 , 20		
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.)	2b	X
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. u 20		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)	3b	N/A
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 2021?	4b	X

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	u <input type="checkbox"/>	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(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) Expense account, other allowances
Christopher Maniatty Camden National Bank Portland ME 04101	Trustee 1.00	6,000	0	0

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). 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	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 **0**

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services **u**

Part VIII-A Summary of Direct Charitable Activities

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 Distributions to charitable organizations for their unrestricted use.	63,037
2	
3	
4	

Part VIII-B Summary of Program-Related Investments (see instructions)

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.	

Total. Add lines 1 through 3 **▶**

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,883,765
b	Average of monthly cash balances	1b	127,957
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,011,722
e	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	2,011,722
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	30,176
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	1,981,546
6	Minimum investment return. Enter 5% (0.05) of line 5	6	99,077

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	99,077
2a	Tax on investment income for 2021 from Part V, line 5	2a	1,541
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	1,541
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	97,536
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	97,536
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	97,536

Part XI Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	63,037
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	
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	4	63,037

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				97,536
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			94,555	
b Total for prior years: 20 15 , 20____, 20____		29,549		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e				
4 Qualifying distributions for 2021 from Part XI, line 4: u \$ 63,037				
a Applied to 2020, but not more than line 2a			63,037	
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2021 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		29,549		
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		29,549		
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount – see instructions			31,518	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				97,536
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling _____ **u** _____

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed

	Tax year				(e) Total
	(a) 2021	(b) 2020	Prior 3 years (c) 2019 (d) 2018		
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test – enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
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 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 **u** 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:
N/A

b The form in which applications should be submitted and information and materials they should include:
See Statement 10

c Any submission deadlines:
N/A

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

Part XIV Supplementary Information *(continued)*

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)				
<p><i>a Paid during the year</i> Yale University P.O. Box 208241 New Haven CT 06520</p>			<p>Payment</p>	<p>31,518</p>
<p>Episcopal Church of At. James & And 99 Brattle Street Cambridge MA 02138</p>			<p>Payment</p>	<p>31,519</p>
<p>Total</p>			<p>u 3a</p>	<p>63,037</p>
<p><i>b Approved for future payment</i> N/A</p>				
<p>Total</p>			<p>u 3b</p>	

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:		
(1) Cash		X
(2) Other assets		X
b Other transactions:		
(1) Sales of assets to a noncharitable exempt organization		X
(2) Purchases of assets from a noncharitable exempt organization		X
(3) Rental of facilities, equipment, or other assets		X
(4) Reimbursement arrangements		X
(5) Loans or loan guarantees		X
(6) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer or trustee _____ Date _____ **Trustee** _____ Title _____

May the IRS discuss this return with the preparer shown below? See instructions. Yes No

Paid Preparer Use Only	Print/Type preparer's name David R. Hawkes	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed
	Firm's name ,, Hawkes & Quirk, LLC	PTIN P00141575		
	Firm's address ,, 66 Main St Ste 303 Ellsworth, ME 04605-1971	Firm's EIN ,, 26-2427545		
		Phone no. 207-667-2581		

Capital Gains and Losses for Tax on Investment Income

Form **990-PF****2021**

For calendar year 2021, or tax year beginning

, and ending

Name

**Anne Whiteman Richardson Residuary
Charitable Trust**

Employer Identification Number

01-6145027

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) Northrop Grumman 3.5%	P	03/14/20	03/15/21
(2) Northwest Natural Holding Co.	P	03/14/20	03/15/21
(3) Avalon Bay Communities Inc.	P	03/14/20	03/15/21
(4) Northwest Natural Holding Co.	P	03/15/20	03/16/21
(5) McDonalds Corp.	P	05/05/20	05/06/21
(6) Microsoft Corp.	P	05/05/20	05/06/21
(7) Republic Services Inc.	P	05/05/20	05/06/21
(8) Xylem Inc.	P	05/05/20	05/06/21
(9) Accenture PLC	P	05/05/20	05/06/21
(10) Finalcial Select Sector SPDR ETF	P	05/05/20	05/06/21
(11) Linde PLC	P	05/05/20	05/06/21
(12) U.S. Treasury Note 1.375%	P	05/31/20	06/01/21
(13) FHLB 1.875%	P	09/10/20	06/11/21
(14) Organon & Co	P	06/23/20	06/24/21
(15) Johnson & Johnson	P	07/05/20	07/06/21

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 50,000		51,250	-1,250
(2) 1,206		976	230
(3) 11,131		12,565	-1,434
(4) 27,351		21,912	5,439
(5) 3,511		1,437	2,074
(6) 17,267		1,789	15,478
(7) 2,707		764	1,943
(8) 10,961		2,427	8,534
(9) 10,163		1,067	9,096
(10) 2,377		1,924	453
(11) 7,087		4,086	3,001
(12) 20,000		19,963	37
(13) 10,000		10,281	-281
(14) 15		8	7
(15) 3,309		594	2,715

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(1)			-1,250
(2)			230
(3)			-1,434
(4)			5,439
(5)			2,074
(6)			15,478
(7)			1,943
(8)			8,534
(9)			9,096
(10)			453
(11)			3,001
(12)			37
(13)			-281
(14)			7
(15)			2,715

Capital Gains and Losses for Tax on Investment Income

Form **990-PF**

2021

For calendar year 2021, or tax year beginning _____, and ending _____

Name
Anne Whiteman Richardson Residuary Charitable Trust

Employer Identification Number
01-6145027

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) Pepsico Inc.	P	07/05/20	07/06/21
(2) T-mobile US Inc.	P	07/05/20	07/06/21
(3) Proctor & Gamble Co.	P	07/05/20	07/06/21
(4) Zoetis Inc.	P	07/05/20	07/06/21
(5) Linde PLC	P	07/05/20	07/06/21
(6) Xylem Inc.	P	07/05/20	07/06/21
(7) Accenture PLC	P	07/05/20	07/06/21
(8) Republic Services	P	07/05/20	07/06/21
(9) Adobe Inc.	P	07/05/20	07/06/21
(10) Target Corp.	P	07/05/20	07/06/21
(11) Microsoft Corp.	P	07/05/20	07/06/21
(12) Alibaba Group Holdings Ltd.	P	07/29/20	07/28/21
(13) Becton Dickinson	P	08/19/20	08/20/21
(14) Kimberly Clark Corp.	P	11/03/20	11/04/21
(15) U.S. Treasury Notes 2.125%	P	12/30/20	12/31/21

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 3,703		938	2,765
(2) 5,076		2,518	2,558
(3) 3,379		1,678	1,701
(4) 7,534		3,780	3,754
(5) 4,353		2,452	1,901
(6) 4,814		1,022	3,792
(7) 2,997		305	2,692
(8) 4,976		1,376	3,600
(9) 5,845		1,498	4,347
(10) 2,429		673	1,756
(11) 4,061		383	3,678
(12) 15,384		20,168	-4,784
(13) 35,059		24,158	10,901
(14) 35,181		12,876	22,305
(15) 20,000		19,888	112

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(1)			2,765
(2)			2,558
(3)			1,701
(4)			3,754
(5)			1,901
(6)			3,792
(7)			2,692
(8)			3,600
(9)			4,347
(10)			1,756
(11)			3,678
(12)			-4,784
(13)			10,901
(14)			22,305
(15)			112

Capital Gains and Losses for Tax on Investment Income

Form **990-PF**

2021

For calendar year 2021, or tax year beginning _____, and ending _____

Name

Anne Whiteman Richardson Residuary Charitable Trust

Employer Identification Number

01-6145027

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) iShares 0-5 Yr INV Grd Corp	P	12/07/20	12/08/21
(2) iShares 0-5 Yr INV Grd Corp	P	12/09/20	12/08/21
(3) Vanguard S/T Bond Index-adm	P	12/22/20	12/23/21
(4) Vanguard S/T Bond Index-adm	P	12/24/20	12/23/21
(5) Vanguard Intm Trm T/e Fd-adm	P	12/29/20	12/30/21
(6) Vangaurd Intm Trm T/e Fd-adm	P	12/31/20	12/30/21
(7) Vertex Pharmaceuticals Inc.	P	08/18/20	08/17/21
(8) Vertex Pharmaceuticals Inc.	P	08/16/20	08/17/21
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 100			100
(2) 7			7
(3) 261			261
(4) 14			14
(5) 70			70
(6) 18			18
(7) 9,061		11,825	-2,764
(8) 6,541		8,536	-1,995
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(1)			100
(2)			7
(3)			261
(4)			14
(5)			70
(6)			18
(7)			-2,764
(8)			-1,995
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

Federal Statements**Statement 1 - Form 990-PF, Part I, Line 11 - Other Income**

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
Litigation Settlement	\$ 108	\$ 108	\$ 108
Total	<u>\$ 108</u>	<u>\$ 108</u>	<u>\$ 108</u>

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Total	\$ 1,290	\$ 1,290	\$ 0	\$ 0
	<u>\$ 1,290</u>	<u>\$ 1,290</u>	<u>\$ 0</u>	<u>\$ 0</u>

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Camden National Wealth	\$ 18,160	\$ 18,160	\$	\$
Attorney Fees	6,104	6,104		
Total	<u>\$ 24,264</u>	<u>\$ 24,264</u>	<u>\$ 0</u>	<u>\$ 0</u>

Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Foreign Taxes	\$ 800	\$ 800	\$	\$
Total	<u>\$ 800</u>	<u>\$ 800</u>	<u>\$ 0</u>	<u>\$ 0</u>

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$

Federal Statements**Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)**

Description				
	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses	\$	\$	\$	\$
Ellsworth American				
	30			
Total	\$ 30	\$ 0	\$ 0	\$ 0

Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description				
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Federal Farm Credit Bank 1.950%	\$ 20,541	\$ 20,541	Cost	\$ 20,188
Federal Farm Credit Bank 2.13%	25,734	25,734	Cost	25,764
Federal Farm Credit Bank 2.3%	30,757	30,757	Cost	31,022
Federal Home Loan Bank 2.125%	10,307	10,307	Cost	10,082
Federal Home Loan Bank 1.875%	10,281		Cost	
Federal Home Loan Bank 2.5%	31,291	31,291	Cost	30,594
U.S. Gov. Treasury Notes-2.125%	19,888		Cost	
U. S. Gov. Treasury Notes-2.5%	20,388	20,388	Cost	20,016
U.S. Gov. Treasury Notes- 1.375%	19,963		Cost	
U.S. Gov. Treasury Notes- 1.5%	19,994	19,994	Cost	20,154
Total	\$ 209,144	\$ 159,012		\$ 157,820

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description				
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Accenture Ltd	\$ 5,641	\$ 4,269	Cost	\$ 58,037
Adobe Systems Inc	12,735	11,237	Cost	42,530
Alcon Inc	1,454	11,822	Cost	15,682
Alibaba Group Holdings	20,168		Cost	

Federal Statements**Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
AvalonBay Communities Inc REIT	\$ 12,565	\$	Cost	\$
Ball Corp		18,162	Cost	19,735
BCE Inc	26,403	26,403	Cost	33,826
Becton Dickinson	24,158		Cost	
Checkpoint Software Tech LTD	11,851	11,851	Cost	18,067
Chubb Corp	27,659	27,659	Cost	48,134
Costco Wholesale Corp	16,827	24,666	Cost	45,416
Duke Energy Corp	8,512	8,512	Cost	14,686
Edwards Lifesciences Corp	17,425	17,425	Cost	29,797
Equinix Inc	11,727	11,727	Cost	14,379
Expeditors Intl of Washington Inc.		6,869	Cost	8,057
Fidelity Natl Information Svcs	12,519	12,519	Cost	12,007
Financial Select sector	24,571	22,647	Cost	29,873
Fortinet Inc.		6,148	Cost	14,376
Genuine Parts CO	23,848	23,848	Cost	37,854
Home Depot Inc.		6,501	Cost	10,375
Intel Corp	21,734	21,734	Cost	33,475
Johnson & Johnson	7,864	7,270	Cost	41,912
JP Morgan Chase & CO	17,455	17,455	Cost	26,920
Kimberly Clark Corp	12,876		Cost	
Kinder Morgan Inc	24,692	23,426	Cost	19,349
L3 Harris Tech	18,879	18,879	Cost	18,125
Linde PLC	29,422	22,884	Cost	48,500
McCormick & Co Inc.		6,362	Cost	7,729
McDonald's Corp	18,203	16,766	Cost	46,912
Medtronic PLC	12,373	12,373	Cost	15,518

Federal Statements**Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Merck & Co	\$ 15,794	\$ 15,050	Cost	\$ 32,572
Microsoft Corp	6,260	4,088	Cost	53,811
Mondelez International	12,273	12,273	Cost	18,898
NextEra Energy	10,967	10,967	Cost	18,672
Northwest Natural Holding CO	22,888		Cost	
Novartis AG SPONS ADR	10,517	10,517	Cost	13,121
NVIDIA Corp		5,899	Cost	5,882
Omnicom Group Inc	16,275	16,275	Cost	30,407
Oracle Corp		12,448	Cost	16,570
Organon & Co.		735	Cost	1,279
Pepsico Inc	11,068	10,130	Cost	46,902
Proctor & Gamble Co	21,644	19,966	Cost	49,074
Prologis Inc REIT	12,382	17,096	Cost	33,672
Public Storage Inc REIT	19,704	19,704	Cost	31,838
Quanta Services Inc		6,418	Cost	6,306
Republic Services Inc	12,569	10,428	Cost	50,899
S&P Global Inc	11,681	11,681	Cost	16,518
Sysco Corp	4,610	4,610	Cost	12,961
T-Moblie US Inc	23,639	21,121	Cost	32,474
Target Corp	11,786	11,113	Cost	38,189
TC Energy Corp	10,923	10,923	Cost	12,100
Texas Instruments Inc.		10,080	Cost	10,366
Thermo Fisher Scientific	6,700	6,700	Cost	13,345
TJX Cos Inc	12,002	12,002	Cost	24,294
Truist Financial Corp	23,505	23,505	Cost	30,153
US Bancorp New	20,061	20,061	Cost	26,962

Federal Statements**Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
Vertex Pharmaceuticals	\$ 20,360	\$ 9,514	Cost	\$ 10,981
Visa Inc CL A	23,924	23,924	Cost	36,841
Xylem Inc	12,534	9,094	Cost	42,692
Zoetis Inc	24,226	20,446	Cost	52,466
Total	<u>\$ 799,853</u>	<u>\$ 766,182</u>		<u>\$ 1,481,516</u>

Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
Northrop Grumman Corp-3.5%	\$ 51,250		Cost	\$
Total	<u>\$ 51,250</u>	<u>\$ 0</u>		<u>\$ 0</u>

Statement 9 - Form 990-PF, Part II, Line 13 - Other Investments

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
Vanguard Short-term Bond Index	\$ 95,000	\$ 100,000	Cost	\$ 100,251
Vanguard Intermediate-Term Tax-Exemp	50,000	75,000	Cost	77,094
iShares 0-5 Investment Grade-2.5%	19,921	80,012	Cost	79,128
iShares Barclays TIPS Bond ETF		14,714	Cost	14,858
Vanguard Short-Term Tax-Exempt Fund		91,000	Cost	90,702
Total	<u>\$ 164,921</u>	<u>\$ 360,726</u>		<u>\$ 362,033</u>

Statement 10 - Form 990-PF, Part XIV, Line 2b - Application Format and Required ContentsDescription

Distributions to charitable organizations for their unrestricted use.

**Anne Whiteman Richardson Residuary
Charitable Trust**

01-6145027 Form 990-PF Estimates

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0047

(Worksheet)

Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations)
Go to www.irs.gov/Form990W for instructions and the latest information.
Keep for your records. Do not send to the Internal Revenue Service.

2022

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	1,541
b	Enter the tax shown on the 2021 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	1,541
c	2022 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	1,541

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	05/16/22	06/15/22	09/15/22	12/15/22
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12	400	400	400	400
13	2021 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14	400	400	400	400

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Underdistribution and Excess Distributions for Part XIIForm **990-PF****2021**

For calendar year 2021, or tax year beginning , ending

Name

**Anne Whiteman Richardson Residuary
Charitable Trust**Employer Identification Number
01-6145027**Undistributed Income Carryovers**

Form 990-PF, Part XII

Tax Year	Prior Undistributed Income			Current Year Decreases	Next Year Carryover	
	Nontaxable or Previously Taxed	Taxable in 2021	Total per Year		Nontaxable or Previously Taxed	Taxable in 2022
Years prior						
20 17						
20 18						
20 19	29,549		29,549		29,549	
2020		94,555	94,555	63,037	31,518	
2021			97,536			97,536
Total Carryover to Next Year					61,067	97,536

* Carryover amount includes 4942(a) amounts

Excess Distribution Carryovers

Form 990-PF, Part XII

Preceding Tax Year Excess Distributions	Current Year	Next Year
	Decreases	Carryover
2016		
2017		
2018		
2019		
2020		
Current Year Excess Distribution Generated (2021)		0
Total Carryover to Next Year		0

Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>US Obs (\$ or %)</u>
Taxable Dividends	\$ 29,231				
Interest	5,071				
Total	<u>\$ 34,302</u>				

Other Investment Income

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
Litigation Settlement	\$ 108			
Total	<u>\$ 108</u>			

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

MAURA HEALEY
ATTORNEY GENERAL

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/2021 to 12/31/2021

AG Account #: _____ Federal ID #: 01-6145027

Electronic Payment Confirmation #: _____
Attach printout of electronic payment confirmation.

Electronic Payment Date: _____

When did the organization first engage in charitable work in Massachusetts? _____

Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application OR date of determination letter: _____

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes No

Check all items attached (if applicable)

- Filing Fee or Printout of Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

Organization Data

Anne Whiteman Richardson Residuary

Name: Charitable Trust

Mailing Address: 5 Milk Street, First Floor

City: Portland State: ME Zip: 04101

Phone Number: 207-619-8600 Fax Number: _____

Email: _____ Website: _____

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.

Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	<input type="text"/>	Organization Purpose Code 1	<input type="text"/>
Type of Organization (Table 2)	<input type="text"/>	Organization Purpose Code 2	<input type="text"/>

Please check box if final return prior to dissolution:

Office Use Only: **Payment Received**

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All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? _____
2. Where was the organization created? _____
3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	
B.	Gross support and revenue	34,410
C.	Program services and similar amounts paid out	63,037
D.	Fundraising expenses	
E.	Management and general expenses	
F.	Payments to affiliates	
G.	Total expenses	95,421
H.	Net assets or fund balances at the end of the year	1,404,416

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.					
2.					
3.					
4.					
5.					

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

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8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.			
2.			
3.			
4.			
5.			

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number

10. What is the organization's accounting method? Cash Accrual
 Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____
 City: _____ State: _____ Zip Code: _____

12. Contact Person Name: Christopher Maniatty

Street Address: Camden National Bank

City: Portland State: ME Zip Code: 04101

Phone Number: _____

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13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [<i>The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.</i>]	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. **None**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization. **See Statement 1**

18. Attach a list of name, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

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20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No

(c) Been the subject of a proceeding regarding any solicitation or registration? Yes No

(d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

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24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver or interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: **Christopher Maniatty**

Title: **Trustee**

Name of Preparer: **Hawkes & Quirk, LLC**

Address **66 Main St Ste 303**
Ellsworth, ME 04605-1971

City _____ State _____ Zip Code _____

Phone Number **207-667-2581**

Massachusetts Statements

Statement 1 - Form PC, Page 4, Line 17 - Officers, Directors, Trustees, and Principal Salaried Executives

<u>Name</u>	<u>Title</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Address</u>				
Christopher Maniatty Camden National Bank	Trustee	Portland	ME	04101