

Form 990-PF Return Summary

For calendar year 2021, or tax year beginning 10/01/21, and ending 09/30/22

-*5090

LOVEJOY HEALTH CENTER INC

Investment Income

Interest	409	
Dividends		
Gross rents		
Capital gain net income		
Other income		
Total investment income	409	

Expenses

Officer compensation		
Salaries / employee benefits		
Other expenses		
Total expenses		

Net investment income 409

Taxes / Credits

Regular tax	6	
Section 511 tax		
Subtitle A tax		
Total tax	6	

Payments / Penalties / Application

Estimated tax payments		
Tax withheld		
Other payments		
Estimated tax penalty		
Overpayment applied to next year's tax		
Payments / penalty / application		

Net tax due 6

Interest on late payments		
Failure to file penalty		
Failure to pay penalty		

Additions to tax

Balance due 6

Refund

Revenue / Expenses per Books Adjusted Net Income

Total contributions		
Interest	409	409
Dividends		
Capital gains / losses		
Income modifications		
Sale of inventory		
Other income	57,528	57,528
Total revenue	57,937	57,937
Total expenses	69,218	67,355
Excess / ANI	-11,281	

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return
Return / extended due date 02/15/23

Balance Sheet

	Beginning	Ending	Differences
Assets	869,117	857,836	
Liabilities			
Net assets	869,117	857,836	-11,281

Nicholson, Michaud & Nadeau, CPAs
76 Silver St
Waterville, ME 04901-6528
207-872-7077

January 10, 2023

CONFIDENTIAL

LOVEJOY HEALTH CENTER INC
7 SCHOOL ST
ALBION, ME 04910

Dear Leonard:

We have prepared the following returns from information provided by you without verification or audit.

Return of Private Foundation (Form 990-PF)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Nicholson, Michaud & Nadeau, CPAs

Filing Instructions

LOVEJOY HEALTH CENTER INC

Private Foundation Tax Return

Taxable Year Ended September 30, 2022

Date Due: February 15, 2023

Remittance: Your Form 990-PF for the tax year ended 9/30/22 shows a balance due of \$6. Mail a check payable to the United States Treasury in the amount of \$6. Write "E.I.N. **_***5090, Form 990-PF Balance Due for the year ended 9/30/22" on the check. Do not mail a copy of this return with the check.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Nicholson, Michaud & Nadeau, CPAs
76 Silver St
Waterville, ME 04901-6528

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 10/01, 2021, and ending 9/30, 2022

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2021

Department of the Treasury
Internal Revenue Service

Name of filer

LOVEJOY HEALTH CENTER INC

EIN or SSN

-5090

Name and title of officer or person subject to tax
JODY WATSON
TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b <u>6</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize NICHOLSON, MICHAUD & NADEAU, CPAS to enter my PIN 05090 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 01/10/23

Part III Certification and Authentication

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date 01/10/23

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

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

Open to Public Inspection

For calendar year 2021 or tax year beginning 10/01/21, and ending 09/30/22

Name of foundation LOVEJOY HEALTH CENTER INC		A Employer identification number **-***5090
Number and street (or P.O. box number if mail is not delivered to street address) 7 SCHOOL ST	Room/suite	B Telephone number (see instructions) 207-692-4842
City or town, state or province, country, and ZIP or foreign postal code ALBION ME 04910		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) ▶ \$ 165,512	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 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 <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	409	409	409	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	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	57,528		57,528		
12 Total. Add lines 1 through 11	57,937	409	57,937		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) STMT 2	1,425			1,425
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) STMT 3	3,698		3,684	14
	19 Depreciation (attach schedule) and depletion STMT 4	27,755		27,755	
	20 Occupancy	35,916		35,916	
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (att. sch.) STMT 5	424			424
	24 Total operating and administrative expenses. Add lines 13 through 23	69,218	0	67,355	1,863
	25 Contributions, gifts, grants paid	0			0
26 Total expenses and disbursements. Add lines 24 and 25	69,218	0	67,355	1,863	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-11,281				
b Net investment income (if negative, enter -0-)		409			
c Adjusted net income (if negative, enter -0-)			0		

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	42,292	58,325	58,325
	2 Savings and temporary cash investments	106,746	107,187	107,187
	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 (att. schedule) ▶ Less: allowance for doubtful accounts ▶	0		
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule)			
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment: basis ▶ Less: accumulated depreciation (attach sch.) ▶			
	12 Investments – mortgage loans			
	13 Investments – other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ 844,543 Less: accumulated depreciation (attach sch.) ▶ STMT 6 152,219	720,079	692,324	
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	869,117	857,836	165,512	
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 ▶)			
	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. ▶ <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	869,117	857,836	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. ▶ <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	869,117	857,836		
30 Total liabilities and net assets/fund balances (see instructions)	869,117	857,836		

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	869,117
2 Enter amount from Part I, line 27a	2	-11,281
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	857,836
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	857,836

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	N/A			
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.				(i) 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)	<input type="checkbox"/> If gain, also enter in Part I, line 7 <input type="checkbox"/> If (loss), enter -0- in Part I, line 7	2
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

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	6
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	6
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	6
6 Credits/Payments:		
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	
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	
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	6
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 <input type="checkbox"/> Refunded <input type="checkbox"/>	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. ▶ \$ (2) On foundation managers. ▶ \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$		
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. ▶ NONE		
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 ▶ N/A	X	
14 The books are in care of ▶ JODY WATSON Telephone no. ▶ 207-692-4842 7 SCHOOL ST		
Located at ▶ ALBION ME ZIP+4 ▶ 04910		
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 ▶ 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 ▶		

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		<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 ► 20, 20, 20, 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	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20, 20, 20, 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	<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
SEE STATEMENT 7				

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 ▶

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 THE LOVEJOY HEALTH CENTER PROVIDES A FACILITY FOR HIGH QUALITY HEALTH CARE IN RURAL CENTRAL MAINE.	69,217
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	0
b	Average of monthly cash balances	1b	157,275
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	157,275
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	157,275
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	2,359
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	154,916
6	Minimum investment return. Enter 5% (0.05) of line 5	6	7,746

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	7,746
2a	Tax on investment income for 2021 from Part V, line 5	2a	6
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	6
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,740
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	7,740
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	7,740

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	1,863
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	1,863

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				7,740
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				6,739
f Total of lines 3a through e	6,739			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ <u>1,863</u>				
a Applied to 2020, but not more than line 2a				
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				1,863
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).)	5,877			5,877
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	862			
b Prior years' undistributed income. Subtract line 4b from line 2b				
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				
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				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
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	862			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				862
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 _____

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	Prior 3 years			(e) Total
	(a) 2021	(b) 2020	(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 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:
CINDY DRAKE 207-692-4842
7 SCHOOL ST ALBION ME 04910

b The form in which applications should be submitted and information and materials they should include:
N/A

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)				
a Paid during the year N/A				
Total				▶ 3a
b Approved for future payment N/A				
Total				▶ 3b

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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?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
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.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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 [X] No

b If "Yes," complete the following schedule. Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains '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.

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

Sign Here: Signature of officer or trustee, Date, Title: TREASURER

Paid Preparer Use Only: Print/Type preparer's name (ERIK NADEAU, CPA), Preparer's signature, Date (01/10/23), Firm's name (NICHOLSON, MICHAUD & NADEAU, CPAS), Firm's address (76 SILVER ST WATERVILLE, ME 04901-6528), PTIN (*****), Firm's EIN (**-***1973), Phone no. (207-872-7077)

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

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
LOVEJOY HEALTH CENTER	\$ 57,528	\$	\$ 57,528
TOTAL	\$ 57,528	\$ 0	\$ 57,528

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING	\$ 1,425	\$	\$	\$ 1,425
TOTAL	\$ 1,425	\$ 0	\$ 0	\$ 1,425

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
REAL ESTATE TAX	\$ 3,684	\$	\$ 3,684	\$
FEDERAL INCOME TAX	14			14
TOTAL	\$ 3,698	\$ 0	\$ 3,684	\$ 14

Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation

Description	Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
LAND	12/31/77	\$ 2,000	\$		0	\$	\$	\$
BUILDING	7/01/78	32,000	3,200	S/L	40	800		800
BUILDING ADDITION - SOUTHERLY WING	8/01/85	60,000	6,000	S/L	40	1,500		1,500

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Federal Statements

FYE: 9/30/2022

Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

Description								
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income	
BUILDING ADDITION - EXTENSION OF SOUTHERLY WI								
7/01/91	\$ 142,862	\$ 14,286	S/L	40	\$ 3,572	\$	\$ 3,572	
BUILDING IMPROVEMENTS								
9/30/91	483	48	S/L	40	12		12	
LANDSCAPING								
9/30/91	7,552	755	S/L	40	189		189	
BUILDING ADDITION								
9/30/92	51,687	5,169	S/L	40	1,292		1,292	
BUILDING IMPROVEMENTS								
9/30/92	7,681	768	S/L	40	192		192	
BUILDING IMPROVEMENTS								
9/30/93	1,272	127	S/L	40	32		32	
BUILDING ADDITION								
9/30/93	33,356	3,336	S/L	40	833		833	
BUILDING IMPROVEMENTS								
9/30/94	1,034	103	S/L	40	26		26	
LAND								
3/01/96	15,000			0				
BUILDING IMPROVEMENTS								
9/30/97	3,188	319	S/L	40	80		80	
PAVED PARKING LOT								
9/30/99	16,721	1,672	S/L	40	418		418	
BUILDING IMPROVEMENTS								
9/30/99	15,561	1,556	S/L	40	389		389	
BUILDING IMPROVEMENTS								
9/30/00	5,679	568	S/L	40	142		142	
BUILDING ADDITION - OFFICE								
11/01/01	171,894	17,189	S/L	40	4,298		4,298	
BUILDING IMPROVEMENTS								
9/30/02	46,402	4,640	S/L	40	1,160		1,160	
PAVED PARKING LOT								
7/01/05	20,225	5,393	S/L	15	1,349		1,349	
BUILDING IMPROVEMENTS								
9/30/05	5,866	587	S/L	40	146		146	

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Federal Statements

FYE: 9/30/2022

Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

Description									
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income		
BUILDING IMPROVEMENTS									
9/30/06	\$ 709	\$ 71	S/L	40	\$ 18	\$		\$	18
GUTTERS									
3/01/07	2,685	993	S/L	39	67				67
ELECTRICAL UPGRADE									
3/01/07	4,056	1,499	S/L	39	102				102
CHAIRS									
3/01/07	2,717	2,717	S/L	7					
SIGN									
4/30/09	465	465	S/L	7					
PAVING									
4/30/09	10,570	8,750	S/L	15	704				704
VACCUM CLEANER									
4/30/09	591	591	S/L	5					
SECURITY SYSTEM									
4/01/10	3,147	3,147	S/L	5					
BUILDING IMPROVEMENTS									
4/01/11	34,485	9,137	S/L	39	862				862
ADDITION CONCEPT STUDY									
3/01/14	1,285	128	S/L	40	33				33
NEW FLOORING									
3/01/14	7,198	1,369	S/L	39	180				180
STORAGE CLOSETS									
3/01/14	1,508	1,508	S/L	7					
DESKS									
3/01/14	1,261	1,261	S/L	7					
SEPTIC SYSTEM									
11/01/18	101,635	23,427	150DB	15	7,821				7,821
LANDSCAPING									
11/01/18	8,936	2,060	150DB	15	688				688
FRENCH DRAIN									
11/01/18	5,167	1,191	150DB	15	397				397
FLOORING									
10/01/20	17,665	434	S/L	39	453				453

Federal Statements**Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation (continued)**

Description	Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
TOTAL		\$ 844,543	\$ 124,464			\$ 27,755	\$ 0	\$ 27,755

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	\$	\$	\$	\$
SHIPPING AND POSTAGE	24			24
BANK FEES	36			36
MISCELLANEOUS	329			329
LICENSES AND PERMITS	35			35
TOTAL	\$ 424	\$ 0	\$ 0	\$ 424

Statement 6 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
BUILDINGS, ETC	\$ 703,079	\$ 827,543	\$ 152,219	\$
LAND	17,000	17,000		
TOTAL	\$ 720,079	\$ 844,543	\$ 152,219	\$ 0

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Federal Statements

FYE: 9/30/2022

Statement 7 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
MATHEW WARD 7 SCHOOL ST ALBION ME 04910	PRESIDENT	2.00	0	0	0
MICHELLE KELLEY 7 SCHOOL ST ALBION ME 04910	VICE PRESIDE	2.00	0	0	0
LEONARD A DOW 7 SCHOOL ST ALBION ME 04910	SECRETARY	2.00	0	0	0
JODY WATSON 7 SCHOOL ST ALBION ME 04910	TREASURER	2.00	0	0	0
DOLLY BATTEESE 7 SCHOOL STREET ALBION ME 04910	DIRECTOR	2.00	0	0	0
BEVERLY WINSHIP 7 SCHOOL ST ALBION ME 04910	DIRECTOR	2.00	0	0	0
FRAN WARD 7 SCHOOL ST ALBION ME 04910	DIRECTOR	2.00	0	0	0
HEATHER PROVOST 7 SCHOOL ST ALBION ME 04910	DIRECTOR	2.00	0	0	0
LESLIE PAGE 7 SCHOOL ST ALBION ME 04910	DIRECTOR	2.00	0	0	0

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Depreciation Adjustment Report

FYE: 9/30/2022

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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Future Depreciation Report**FYE: 9/30/23**

FYE: 9/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
22	Gutters	3/01/07	2,685	67	0
23	Electrical upgrade	3/01/07	4,056	101	0
29	Building Improvements	4/01/11	34,485	862	0
31	New flooring	3/01/14	7,198	180	0
34	Septic System	11/01/18	101,635	7,038	0
35	Landscaping	11/01/18	8,936	618	0
36	French Drain	11/01/18	5,167	358	0
37	FLOORING	10/01/20	17,665	453	0
			<u>181,827</u>	<u>9,677</u>	<u>0</u>
Other Depreciation:					
1	Land	12/31/77	2,000	0	0
2	Building	7/01/78	32,000	800	0
3	Building Addition - Southerly Wing	8/01/85	60,000	1,500	0
4	Building Addition - Extension of Southerly WI	7/01/91	142,862	3,571	0
5	Building Improvements	9/30/91	483	12	0
6	Landscaping	9/30/91	7,552	189	0
7	Building addition	9/30/92	51,687	1,292	0
8	Building Improvements	9/30/92	7,681	192	0
9	Building Improvements	9/30/93	1,272	32	0
10	Building addition	9/30/93	33,356	834	0
11	Building improvements	9/30/94	1,034	26	0
12	Land	3/01/96	15,000	0	0
13	Building Improvements	9/30/97	3,188	79	0
14	Paved Parking Lot	9/30/99	16,721	418	0
15	Building improvements	9/30/99	15,561	389	0
16	Building improvements	9/30/00	5,679	142	0
17	Building addition - office	11/01/01	171,894	4,297	0
18	Building improvements	9/30/02	46,402	1,160	0
19	Paved parking lot	7/01/05	20,225	1,348	0
20	Building improvements	9/30/05	5,866	147	0
21	Building improvements	9/30/06	709	17	0
24	Chairs	3/01/07	2,717	0	0
25	Sign	4/30/09	465	0	0
26	Paving	4/30/09	10,570	705	0
27	Vaccum cleaner	4/30/09	591	0	0
28	Security system	4/01/10	3,147	0	0
30	Addition concept study	3/01/14	1,285	32	0
32	Storage closets	3/01/14	1,508	0	0
33	Desks	3/01/14	1,261	0	0
	Total Other Depreciation		<u>662,716</u>	<u>17,182</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>662,716</u>	<u>17,182</u>	<u>0</u>
	Grand Totals		<u>844,543</u>	<u>26,859</u>	<u>0</u>

Underdistribution and Excess Distributions for Part XII

Form **990-PF**

2021

For calendar year 2021, or tax year beginning 10/01/21, ending 09/30/22

Name

LOVEJOY HEALTH CENTER INC

Employer Identification Number
-*5090

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						
2020						
2021			7,740	7,740		
Total Carryover to Next Year						0

* 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	6,739	5,877
Current Year Excess Distribution Generated (2021)		862
Total Carryover to Next Year		862

Form **990PF**

Two Year Comparison Report

2020 & 2021

For calendar year 2021, or tax year beginning 10/01/21, ending 09/30/22

Name

LOVEJOY HEALTH CENTER INC

Taxpayer Identification Number

-*5090

		2020		2021		Differences	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
Revenue	1. Contributions, gifts, grants, and similar amounts received	1.					
	2. Interest on savings and temporary cash investments	2.	1,022	1,022	409	409	-613
	3. Dividends and interest from securities	3.					
	4. Gross rents	4.					
	5. Net gain or (loss) from sale of assets	5.					
	6. Capital gain net income	6.					
	7. Gross profit or (loss)	7.					
	8. Other income	8.	58,406		57,528		-878
	9. Total. Add lines 1 through 8	9.	59,428	1,022	57,937	409	-1,491
Expenses & Deductions	10. Compensation of officers, directors, trustees, etc.	10.					
	11. Other employee salaries and wages	11.					
	12. Pension plans, employee benefits	12.					
	13. Professional fees	13.	500		1,425		925
	14. Interest	14.					
	15. Taxes	15.	1,629		3,698		2,069
	16. Depreciation and depletion	16.	28,889		27,755		-1,134
	17. Occupancy	17.	24,254		35,916		11,662
	18. Other expenses	18.	1,505		424		-1,081
	19. Contributions, gifts, grants paid	19.	0		0		0
	20. Total expenses and disbursements. Add lines 10 through 19	20.	56,777		69,218		12,441
21. Net income (if negative investment activity, enter -0-)	21.	2,651	1,022	-11,281	409	-13,932	-613
Taxes	22. Excise Tax	22.		14		6	-8
	23. Section 511 Tax	23.					
	24. Subtitle A income tax	24.					
	25. Total Taxes	25.		14		6	-8
	Due / Refund	26. Estimates and overpayments credited	26.				
27. Foreign tax withheld		27.					
28. Other Payments		28.					
29. Total payments and credits		29.					
30. Balance due / (Overpayment)		30.		14		6	-8
31. Overpayment credited to next year		31.					
32. Penalty		32.					
33. Net due / (Refund)	33.		14		6	-8	
Other	34. Total assets	34.	869,117		857,836		-11,281
	35. Total liabilities	35.	0		0		0
	36. Net assets	36.	869,117		857,836		-11,281

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 409		14		
TOTAL	<u>\$ 409</u>				

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