# Form **990-PF**Department of the Treasury Internal Revenue Service

## Extended to November 15, 2022 Return of Private Foundation

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

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

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

OMB No. 1545-0047
2021

For	rcale	ndar year 2021 or tax year beginning		, and ending		
		f foundation			A Employer identificati	on number
- 5	rhe	e Bob and Sandy Bahre I	Educational			
_		Center			85-430418	4
		and street (or P.O. box number if mail is not delivered to st	reet address)	Room/suite	B Telephone number	
_		). Box 198			(207) 879	-2100
		town, state or province, country, and ZIP or foreig	n postal code		C If exemption application is	pending, check here
_		ord, ME 04270				
G	Chec	k all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizatio	ns, check here
		Final return	Amended return		2	The state of the s
_		Address change	Name change		Foreign organizations r check here and attach	computation
H		k type of organization: X Section 501(c)(3	exempt private foundation		E If private foundation s	tatus was terminated
+		ection 4947(a)(1) nonexempt charitable trust			under section 507(b)(	1)(A), check here 🕨 🗔
		arket value of all assets at end of year J Accou		Accrual	F If the foundation is in	a 60-month termination
	rom i ►\$	Part II, col. (c), line 16)	Other (specify)		under section 507(b)(	1)(B), check here
	-φ	U .   (Fditi, CU	lumn (d), must be on cash basi			
	arti	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	(oasii baais oiliy)
	2	Check if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	58	Gross rents				
		Net rental income or (loss)				
a)	6a	Net gain or (loss) from sale of assets not on line 10				
Š	b	Gross sales price for all assets on line 6a	great and the second			
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
œ	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income				
_	12	Total. Add lines 1 through 11		0.		
	13	Compensation of officers, directors, trustees, etc.		0.		0.
	14	Other employee salaries and wages				
ģ	15	Pension plans, employee benefits				
penses		Legal fees Stmt 1	11,537.	0.		11,537.
		Accounting fees Stmt 2	9,100.	0.		9,100.
ũ		Other professional fees Stmt 3	2,603.	0.		0.
aţi	17   18	Interest				
str	19	Taxes Depreciation and depletion				
ini	20	Occupancy				ESTERNAME.
Adn	21	Travel, conferences, and meetings				
ď	22	Printing and publications				
g	23	Other expenses Stmt 4				2 602
aţi		Total operating and administrative	-			2,603.
Operating and Administrative	-	expenses. Add lines 13 through 23	23,240.	0.		23,240.
Ö	25	Contributions, gifts, grants paid				23,240.
		Total expenses and disbursements.				<del>                                     </del>
		Add lines 24 and 25	23,240.	0.		23,240.
	27	Subtract line 26 from line 12:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		23,240;
	a	Excess of revenue over expenses and disbursements	0.			
		Net investment income (if negative, enter -0-)		0.		
		Adjusted net income (if negative, enter -0-)			N/A	Finally Spanish

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

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8	ь.	_	А	-2	n	Λ	7	Ω	л	
	_		-3	_	1.7	-	_	C.	-	

Page 2

		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
L	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	· · · · · · · · · · · · · · · · · · ·		
	2	Savings and temporary cash investments			
		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			
	ľ	disqualified persons			
	7	Other notes and loans receivable			
	ľ	Less: allowance for doubtful accounts			
ဟ	8	Inventories for sale or use			
Assets	٩	Prepaid expenses and deferred charges			<del></del>
As	102	. Incontract II C and state accommon to blood on a			
		Investments - 0.5. and state government obligations Investments - corporate stock			
	,	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	''				
	12	Less: accumulated depreciation			
		Investments - mortgage loans			
	14	Investments - other			
	14	Land, buildings, and equipment: basis			
	4.5	Less: accumulated depreciation			
		Other assets (describe			
	10	Total assets (to be completed by all filers - see the	_	0	
_	47	instructions. Also, see page 1, item I)	0.	0.	0.
		Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities		Deferred revenue			
ij		Loans from officers, directors, trustees, and other disqualified persons			
<u></u>	21	Mortgages and other notes payable			N 8-71 3011 K Q
	22	Other liabilities (describe			
		Total Patrickian and Days 47 Harrist 600		^	
_	23	Total liabilities (add lines 17 through 22)  Foundations that follow FASB ASC 958, check here	0.	0.	
alances	24	and complete lines 24, 25, 29, and 30.			
au		Net assets without donor restrictions			
	25	Net assets with donor restrictions			
Pu		Foundations that do not follow FASB ASC 958, check here			
Ē	00	and complete lines 26 through 30.	0	_	
S	26	Capital stock, trust principal, or current funds	0.	0.	
set	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	28	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Net Assets or Fund B	29	Total net assets or fund balances	0.	0.	
	20	Total liabilities and net assets/fund balances	0.	_	
_	_			0.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
		st agree with end-of-year figure reported on prior year's return)			0.
2	Enter	r amount from Part I, line 27a			0.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		3	0.
5	Decr	eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29		0.
_		The state of the state of	14/1 11/2		Form <b>990-PF</b> (2021)

Part IV Capital Gains	and Losses for Tax on In	vestment Income		02 430	TIOT Fage 3
	the kind(s) of property sold (for exar		T(b) How acquired T	(a) Data as suited	(4) D. (c. ) (1)
2-story brick w	arehouse; 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			D Donation		
b NO	NE				
C					
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale		(h) Gain or (loss) ((e) plus (f) minus (	
a					
b					
C					
d					
e					
Complete only for assets showin	ng gain in column (h) and owned by t	he foundation on 12/31/69.	(1	) Gains (Col. (h) gain	minus
(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	còl	. (k), but not less than Losses (from col. (l	1-0-) or
a					
b					
C					
d					
е					
If gain, also enter in Part I, line 8, Part I, line 8	pital loss) If (loss), enter -0- is) as defined in sections 1222(5) and column (c). See instructions. If (loss)	f (6): , enter -0- in	}		
In Example operation foundations	ed on Investment Incom	e (Section 4940(a),	4940(b), or 4948	- see instruction	ns)
Date of ruling or determination	described in section 4940(d)(2), chec				
	enter 1.39% (0.0139) of line 27b. Exe	ch copy of letter if necessa	ry - see instructions)	1	0.
enter 4% (0.04) of Part I line 19	2 col (b)	empt foreign organizations,			
2 Tax under section 511 (domesti	2, col. (b) ic section 4947(a)(1) trusts and taxab	Na foundations only athens		MINISTER OF THE PARTY OF THE PA	
3 Add lines 1 and 2		ne roundations only, others,	enter -0-)	2	0.
4 Subtitle A (income) tax (domest	tic section 4947(a)(1) trusts and taxal	nle foundations only others	antor ()	3	0.
5 Tax based on investment incor	me. Subtract line 4 from line 3. If zero	or less anter N-	enter -0-)	5	0.
6 Credits/Payments:				5	0.
	nd 2020 overpayment credited to 202	1	0		
	tax withheld at source		0		
c Tax paid with application for ext	ension of time to file (Form 8868)	6c	0	the second second	
d Backup withholding erroneously	/ withheld	6d	0		
7 Total credits and payments. Add	lines 6a through 6d			7	0.
8 Enter any penalty for underpayr	ment of estimated tax. Check here	if Form 2220 is attached	······	8	0.
	nd 8 is more than 7, enter <b>amount ov</b>		***************************************	9	0.
10 Overpayment. If line 7 is more t	than the total of lines 5 and 8, enter th	ne amount overnaid		10	<u> </u>
11 Enter the amount of line 10 to be	e: Credited to 2022 estimated tax	**************************************	Refunded	11	
-			Holanavar		rm <b>990_DF</b> (2021)

P	Part VI-A	Statements Regarding Activities		_	i ugo
_	1a During the	ax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Voc	s No
	any politica	campaign?	10	103	X
	<b>b</b> Did it spend	more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1a 1b	+-	X
	If the answ	er is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	ID		+
	distributed	by the foundation in connection with the activities.	1		
	c Did the four	equation file Form 1120-POL for this year?	4.		v
	d Enter the ar	nount (if any) of tax on political expenditures (section 4955) imposed during the year:	10	2000	X
	(1) On the	foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.	1.30	5.3	1
	e Enter the re	mbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers.	>\$ 0.			1
2	Has the fou	ndation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," atta	ch a detailed description of the activities.	2		<u> </u>
3	Has the fou	ndation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		1839	
	bylaws, or o	ther similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4	a Did the four	dation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	u ii res, nas	it filed a tax return on <b>Form 990-1</b> for this year?	_		<u> </u>
5	Was there a	liquidation, termination, dissolution, or substantial contraction during the year?	4b		X
	If "Yes," atta	ch the statement required by General Instruction T.	5		<u> </u>
6	Are the requ	irements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	<ul><li>By langua</li></ul>	ge in the governing instrument, or			
	<ul> <li>By state le</li> </ul>	gislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in th	e governing instrument?	6	x	
7	Did the foun	dation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Α	X
					41
8	a Enter the sta	tes to which the foundation reports or with which it is registered. See instructions.	- 1	197	1
	ME		3-16		
ı	<b>b</b> If the answe	is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		leve !	
	of each state	as required by General Instruction G? If "No," attach explanation	8b		
9	is the lound	tuon claiming status as a private operating foundation within the meaning of section 4942/i)/3) or 4942/i)/5) for calendar	188001		
	year 2021 o	the tax year beginning in 2021? See the instructions for Part XIII. If "Yes." complete Part XIII	9	х	
10	Did ally pers	ons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.	10	X	
11	At any time t	uring the year, and the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(	b)(13)? If "Yes," attach schedule. See instructions	11		х
12	Did the louis	ration make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attac	h statement, See instructions	12	- 1	X
13	Did the found	lation comply with the public inspection requirements for its annual returns and exemption application?	13	х	-
	vvensite add	ess > N/A			
14		e in care of ► Nancy Cushman Telephone no. ► (207)8	79-:	2100	0
	Located at	P.O. Box 198, Oxford, ME ZP+4 ▶04	270		
15	Section 4947	(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	
	and enter the	amount of tax-exempt interest received or accrued during the year	N,	/A	
10	At any time o	uring calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank			No
		other financial account in a foreign country?	16		X
	See the instri	ctions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10/1		1/12
_	foreign coun	ny 🕨			
		Forr	n 990	-PF (	2021)

Part VI-B	Statements Regarding Activities for Which Form 4720 May Be Required	85-430	4184		Page
File Form	4720 if any item is checked in the "Yes" column, unless an exception applies.		_		
1a During the	year, did the foundation (either directly or indirectly):			Yes	No
(1) Engage	in the sale or exchange or lossing of property with a discustified asset 0		4-(4)		~
(2) Borrov	or money from, lend money to, or otherwise extend credit to (or accept it from)	••••••	1a(1)		X
a disqu	lalified person?		1a(2)		x
(3) Furnisi	goods, services, or facilities to (or accept them from) a disqualified person?	***************************************	1a(2)		X
	mpensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)		X
(5) Transfe	er any income or assets to a disqualified person (or make any of either available		14(1)		
for the	benefit or use of a disqualified person)?				
(a) Whice	o pay money of property to a government official? (Exception, Check "No"		1a(5)	A-112-114	X
if the fo	oundation agreed to make a grant to or to employ the official for a period after		1.4-7	3704	
termina	ttion of government service, if terminating within 90 days.)		1a(6)		X
D IT any answ	er is "Yes" to Ta(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		U		
section 53.4	1941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
c Organization	is relying on a current notice regarding disaster assistance, check here	▶□	150	750	
a Did the four	idation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		5.0		
before the f	rst day of the tax year beginning in 2021?		1d		X
2 Taxes on ta	lure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation ection 4942(j)(3) or 4942(j)(5)):				
	f tax year 2021, did the foundation have any undistributed income (Part XII, lines		18.54	E	
6d and 6e) 1	or fax year(s) beginning before 20212				
If "Yes," list	or tax year(s) beginning before 2021?	• • • • • • • • • • • • • • • • • • • •	2a		X
	y years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		3.5		
valuation of	assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			110	
statement -	see instructions.)	NT / 7			
c If the provis	ions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	N/A	2b	_	
<b>&gt;</b>	, and the state of				
3a Did the foun	dation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the y	ear?		3a		x
b If "Yes," did	t have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons afte	r	oa		_
May 26, 196	9; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis	nnea		NC I	
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,	pose		- 1	
Schedule C,	to determine if the foundation had excess business holdings in 2021.)	N/A	3b		
4a Did the foun	dation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	-	X
<b>D</b> Did the foun	dation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose	that	74	V	
had not beer	removed from jeopardy before the first day of the tax year beginning in 2021?		4b		X

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Part VI-B	Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	ued)			
	year, did the foundation pay or incur any amount to:					Yes	No
(1) Carry	on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	•••••		5a(1)		X
	nce the outcome of any specific public election (see section 4955);					F	E. II
any vo	oter registration drive?	***************************************			5a(2)		X
(3) Provid	le a grant to an individual for travel, study, or other similar purpose	s?			5a(3)		X
	le a grant to an organization other than a charitable, etc., organization						
4945(	d)(4)(A)? See instructions				5a(4)		_X_
	le for any purpose other than religious, charitable, scientific, literary						
h If any once	evention of cruelty to children or animals?				5a(5)		<u> </u>
	ver is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify ur			3T / 3			
e Organizatio	.4945 or in a current notice regarding disaster assistance? See inst ons relying on a current notice regarding disaster assistance, check	hore	••••••	N/A	5b		
d If the answ	rer is "Yes" to question 5a(4), does the foundation claim exemption	from the tay because it mainta	inad				
	e responsibility for the grant?			N7 / Z	5d		
If "Yes." att	ach the statement required by Regulations section 53.4945-5(d).	•••••		<del>1</del> 11	Ju		
	ndation, during the year, receive any funds, directly or indirectly, to	pay premiums on			1	32	
	benefit contract?				6a	F2 1	X
<b>b</b> Did the fou	ndation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		***************************************	6b		X
	6b, file Form 8870.	•••					
7a At any time	e during the tax year, was the foundation a party to a prohibited tax	shelter transaction?			7a		X
<b>b</b> If "Yes," did	the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b		_
8 Is the foun	dation subject to the section 4960 tax on payment(s) of more than	\$1,000,000 in remuneration o	r		70.0		
excess par	achute payment(s) during the year?		***************************************		8		X
Part VII	Information About Officers, Directors, Trust Paid Employees, and Contractors		ınagers, Highl	/			
1 List all offi	cers, directors, trustees, and foundation managers and			History.			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions t employee benefit plan and deferred compensation	is ac	e) Expe count, allowan	nse other ces
Sandra 1		Director					
P.O. Bo							
	ME 04270	1.00	0.	0			0.
Gary Bal		Director					
P.O. Box	ME 04270	1 00		_			
Nancy C		1.00	0.	0	•		0.
P.O. Box		President & D	irector				
	ME 04270	1.00		_			^
JAIOIG,	HD 04270	1.00	0.	0	•		0.
		-					
		1					
2 Compensa	tion of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."			_	_
	ne 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 plar and deferred compensation	s ac	e) Expe count, a	nse other
N	ONE			Lompensauon		illo Wall	
		1					
							_
_							
	fallen and the second						
otal number o	f other employees paid over \$50,000						0

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	OZZOZ Tago?
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	(C) Odinponsation
Total number of others receiving over \$50,000 for professional services	<b>D</b> 0
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.  1	Expenses
See Statement 6	2,603.
4	
Part VIII-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  1 N/A	Amount
2	
All other program-related investments. See instructions.  3	
Total. Add lines 1 through 3	0 . Form <b>990-PF</b> (2021)

F	Part IX Minimum Investment Return (All domestic foundations must complete this part, Foreig	n 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 .
t	Average of monthly cash balances	1b	0.
C	Fair market value of all other assets (see instructions)	1c	
•	Total (add lines 1a, b, and c)	1d	0.
6	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) le	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	0.
6	Minimum investment return, Enter 5% (0.05) of line 5		0.
P	art X Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundation	ons and certain	
_	foreign organizations, check here 🕨 💹 and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	
2a	Za		
b	Income tax for 2021. (This does not include the tax from Part V.)		
C	Add lines 2a and 2b	2c	
3	distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	
P	art 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	23,240.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out 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	23,240.
			20,210.

Part XII Undistributed Income (see	e instructions)	N/A		
	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				2021
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only				
<b>b</b> Total for prior years:				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
1 From 0047				
- France 0.040				
dFnor 0040				
dFrom 2019				
e From 2020				
f Total of lines 3a through e				
4 Qualifying distributions for 2021 from Part XI, line 4: ►\$				
a Applied to 2020, but not more than line 2a				
• 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				[0,0] = BX [5x ] [00
e Remaining amount distributed out of corpus				12-20-20-20-20-20-20-20-20-20-20-20-20-20
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				MV S. P. NAS
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	Tale Balling He V			
amount - see instructions				
e Undistributed income for 2020. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2021. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2022				
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			EXPLICATE METERS	
not applied on line 5 or line 7				
9 Excess distributions carryover to 2022.				HANDER OF HIS
Subtract lines 7 and 8 from line 6a				
				CLEASE WEIGHT B
10 Analysis of line 9:		E THAT BY A F		
a Excess from 2017				
b Excess from 2018		(4) 产业的 (1)		
c Excess from 2019		THE BUILDING		
d Excess from 2020				
e Excess from 2021				NYER SHEET RITER

Part XIII   Private Operating F	oundations (see in:	structions and Part VI-	A, question 9)	03 43	OTIOT Page 1
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2021, enter the date of t	he ruling	▶ 05/	22/21	
b Check box to indicate whether the found	lation is a private operatir	g foundation described in	n sectionX		42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	10 in(j)(d) of 45	12())(0)
income from Part I or the minimum	(a) 2021	(b) 2020	(c) 2019	(d) 2018	(e) Total
investment return from Part IX for					(1/11111
each year listed	0.	0.	0.	0.	0.
<b>b</b> 85% (0.85) of line 2a	0.	0.	0.	0.	Ö.
c Qualifying distributions from Part XI,					
line 4, for each year listed	23,240.	0.	0.	0.	23,240.
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	0.	0.	0.	0.	0.
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	23,240.	0.	0.	0.	23,240.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part IX, line 6, for each year					
listed	0.	0.	0.	0.	0.
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)			1		0
(2) Support from general public					0.
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)				1	0
(3) Largest amount of support from					0.
an exempt organization				(1)	0.
(4) Gross investment income					
Part XIV Supplementary Infor	mation (Complet	e this part only if	the foundation I	had \$5,000 or mo	re in assets
at any time during th	ıe year-see instru	ictions.)	N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• 400000
1 Information Regarding Foundation					
a List any managers of the foundation who	have contributed more th	an 2% of the total contrit	outions received by the fo	oundation before the close	of any tax
year (but only if they have contributed mo	ore than \$5,000). (See se	ction 507(d)(2).)	•		o
b List any managers of the foundation who	own 10% or more of the	stock of a corporation (o	r an equally large portion	of the ownership of a part	tnership or
other entity) of which the foundation has	a 10% or greater interest.	•			<b>F</b>
2 Information Regarding Contributio	n, Grant, Gift, Loan, S	Scholarship, etc., Pro	grams:		
Check here  if the foundation on	ly makes contributions to	preselected charitable or	ganizations and does not	accept unsolicited reques	ts for funds. If
the foundation makes girts, grants, etc., to	mulviduais or organizati	ons under other condition	ns, complete items 2a, b,	c, and d.	
a The name, address, and telephone number	er or email address of the	person to whom applicat	ions should be addresse	d:	
h The form in which					
<b>b</b> The form in which applications should be	submitted and informatio	n and materials they sho	uld include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as hy gangraphical	orana abasikeli- didi.			
,	ouvir us by youghapilical i	aroas, charnadie heids, kii	nus or institutions, or oth	er tactors:	

Grants and Contributions Paid During the		- Hereau		
Recipient	If recipient is an individual	ayment		
Name and address (home or business)	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
	or substantial contributor	recipient		
a Paid during the year				
None				
HOHE				
			]	
	1			
	1			
	1			
	1			
	1			
	1			
Total				
Approved for future payment		T	> 3a	
,,	II.			
			I	
None				
	1			
		1		
	1			
	1			
	1			
Total			> 3b	

12

Form 990-PF (2021)	Center			85-	4304184 Page 1
	f Income-Producing Activiti				
Enter gross amounts unless otherwise		business income		ed by section 512, 513, or 514	(e)
1 Program service revenue;	(a) Business code	(b) Amount	Exclu- sion code	( <b>d)</b> Amount	Related or exempt function income
a					
b					
c					
d					
e					
f					
g Fees and contracts from govern	ment agencies				
2 Membership dues and assessment	s				
3 Interest on savings and temporary					
investments					
4 Dividends and interest from securit	ies				
5 Net rental income or (loss) from rea					
a Debt-financed property					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from pe					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets					
than inventory					
9 Net income or (loss) from special e	vents				
10 Gross profit or (loss) from sales of	inventory				
11 Other revenue:					
<u>a</u>					
ь					
c					
d					
40 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
12 Subtotal, Add columns (b), (d), and	(e)	0.		0.	0
13 lotal. Add line 12, columns (b), (d)	, and (e)			13	0 .
(See worksheet in line 13 instructions t	o verify calculations.)				
Part XV-B Relationsh	ip of Activities to the Accon	nplishment of Ex	xempt	Purposes	
Line No. Explain below how each	activity for which income is reported in c	column (e) of Part XV-A	contribute	ed importantly to the accomp	lishment of
the foundation's exemp	t purposes (other than by providing fund	s for such purposes).			

123621 12-10-21

Part XVI	Information Re Exempt Organ	egarding Tra	nsfers to	and Transactions	s and Rel	ationships With	Noncharitab	le P	age 13
1 Did the			v of the follow	ving with any other organi	zation describ	ed in section 501(a)		Vac	INa
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?							res	No	
<b>a</b> Transfer	rs from the reporting found	ation to a nonchari	table exempt (	organization of:				0.5	1
(1) Cas	sh	•••••					1a(	1)	X
(2) Oth	er assets						1a(		X
D Other tre	ansacuons.						0.00		
(1) Sale	es of assets to a noncharita	ble exempt organiz	ation				1b(	D	X
(=) i ui	0110000 01 000010 110111 a 1101	nchantable exempt	organization				146/	-	X
(0) 1101	ital of lacilities, equipment,	or other assets					16/		X
(1) 11011	moundernoin an angentents						116/	1)	X
(0) =00	no or loan guarantees						167	i)	X
(0) (0)	iorinance of services of the	mbership or lungra	using solicitat	ions			157	5)	X
C Onai ing	or iacilities, equipitient, mai	illing lists, other ass	ets, or paid ei	mpioyees			10		X
or servic	swer to any of the above is ses given by the reporting fo (d) the value of the goods, o	oundation. If the for	ındation recei	ved less than fair market	l always show value in any tr	the fair market value o ansaction or sharing ar	f the goods, other a rangement, show in	ssets,	
(a)Line no.	(b) Amount involved			le exempt organization	(d)	Description of transfers, tra	prostions and sharing		
			N/A		107	a contract of ballsters, ba	nsactions, and snaring	arrangeme	ints
					_				
					_				
					_				
								_	
in section	indation directly or indirectl i 501(c) (other than section omplete the following sche	501(c)(3)) or in so	related to, one	e or more tax-exempt orga	anizations des	scribed	Yes	X	—— ] No
	(a) Name of orga	inization		(b) Type of organization	n	(c) Description	of relationship		
	N/A					(,,====,,	· · · · · · · · · · · · · · · · · · ·		
Linda									
Sign Here	r penalties of perjuy, I declare the elief, it is true, correct, and compared to the elief, it is true, correct, and compared to the elief, it is true, correct, and compared to the elief, it is true, the el	at I have examined the	s return, includii eparer (other tha	ng accompanying schedules a in taxpayer) is based on all info	ormation of whic	and to the best of my knowled th preparer has any knowled esident	ledge ige. May the HS return with t shown below	e prepare	r
	Print/Type preparer's nan	ne	Preparer's s	Transferred .	Date	Check	if PTIN		
			"77	$\sim$	- 410	self- employer			
Paid	Nicholas E. Porto // 10/03/22 Porto					P01310	202		
Preparer	Firm's name ▶ Bake	er Newman	& Noy	es			▶ 01-04945		
Use Only			_				UEJEV		
	Firm's address P.C								
	Por	tland, M	E 0411	2		Phone no.	(207)879-	2100	)
					_		Form <b>99</b>	)-PF (2	2021)

### **Schedule B**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990 or Form 990-PF.

Co to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

The Bob and Sandy Bahre Educational

Center

**Employer identification number** 

85-4304184

Organization type/check	03 4304104				
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)( ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization i	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .				
Note: Only a section 501(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
X For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or				
property) from any	one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
	g a contributoris,				
Special Rules					
For an organization sections 509(a)(1)	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one				
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one					
contributor, during	the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific.				
literary, or education	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
For an organization	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the				
year, contributions	exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1 000. If this box				
purpose. Don't con	ere the total contributions that were received during the year for an exclusively religious, charitable, etc.,  nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively				
religious, charitable	e, etc., contributions totaling \$5,000 or more during the year \( \) \\$				
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify				
that it doesn't meet the filing	requirements of Schedule B (Form 990).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

The Bob and Sandy Bahre Educational Center

Employer identification number

85-4304184

Part I	Contributors (see instructions). Use duplicate copies of Part I i	f additional space is needed.	0 4004104
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Sandra Bahre P.O. Box 198 Oxford, ME 04270	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and <b>ZIP</b> + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23452 11-11-	21	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

The Bob and Sandy Bahre Educational Center

Employer identification number

85-4304184

Part II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	0
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	,
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-11-2	1		

Schedule B (Form 990) (2021) Name of organization **Employer identification number** The Bob and Sandy Bahre Educational Center 85-4304184 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift Part I (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form 990-PF	Legal	Fees	S	tatement 1
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal Fees	11,537.	0.		11,537.
To Fm 990-PF, Pg 1, ln 16a	11,537.	0.		11,537.
Form 990-PF	Accounti	ng Fees	S	tatement 2
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Accounting Fees	9,100.	0.		9,100.
To Form 990-PF, Pg 1, ln 16b	9,100.	0.		9,100.
Form 990-PF (	Other Profes	sional Fees	S	tatement 3
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Real Estate Appraisals	2,603.	0.		0.
To Form 990-PF, Pg 1, ln 16c	2,603.	0.		0.
Form 990-PF	Other E	xpenses	St	atement 4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Allocate to Charitable Purposes	0.	0.		2,603.
To Form 990-PF, Pg 1, ln 23	0.	0.		2,603.

Form 990-PF	List of Substantial Contributors Part VI-A, Line 10	Statement	 5
Name of Contributor	Address		
Sandra Bahre	P.O. Box 198 Oxford, ME 04270		

Form 990-PF

Summary of Direct Charitable Activities

Statement

6

#### Activity One

The activities of The Bob and Sandy Bahre Educational Center (the Center) will be twofold. Both activities are historical and educational in nature, and they are connected by being lifelong passions of Robert P. Bahre, the late husband and father of the Center's founders. The first is the creation of the Hannibal Hamlin Education Center and Museum, the second is the Robert P. Bhare Antique Vehicle Museum. Both activities are in their initial start up phases and additional information will be provided when these activities are more established.

Expenses

To Form 990-PF, Part VIII-A, line 1

2,603.