

Austin Associates P.A., CPA's
Two Great Falls Plaza
Po Box 3400
Auburn, ME 04212-3400

November 9, 2022

Franco-American Heritage Center
D/B/A Gendron Franco Center
46 Cedar Street
Lewiston, ME 04240

Franco-American Heritage Center D/B/A Gendron Franco Center:

Enclosed are the organization's 2021 Exempt Organization returns.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign Form 8879-TE and contact our office to confirm that this return can be filed electronically. Do not mail a paper copy of the return to the IRS.

FORM 990-T RETURN:

No amount is due on Form 990-T.

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign Form 8879-TE and contact our office to confirm that this return can be filed electronically. Do not mail a paper copy of the return to the IRS.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Austin Associates P.A., CPA's

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning AUG 1, 2021, and ending JUL 31, 2022

2021

Department of the Treasury Internal Revenue Service

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

Name of filer FRANCO-AMERICAN HERITAGE CENTER D/B/A GENDRON FRANCO CENTER

EIN or SSN ** - *** 6445

Name and title of officer or person subject to tax JANET SULLIVAN 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.

Table with 2 columns: Form type (1a-10a) and Amount. 1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 285,236.

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

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) ... 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.

PIN: check one box only

[X] I authorize AUSTIN ASSOCIATES P.A., CPA'S to enter my PIN 00961 Enter five numbers, but do not enter all zeros

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 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

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.

01170801300

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 CRYSTAL MARCHESSAULT CPA

Date 11/09/22

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **AUG 1, 2021** and ending **JUL 31, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FRANCO-AMERICAN HERITAGE CENTER D/B/A GENDRON FRANCO CENTER Doing business as FRANCO CENTER Number and street (or P.O. box if mail is not delivered to street address) Room/suite 46 CEDAR STREET City or town, state or province, country, and ZIP or foreign postal code LEWISTON, ME 04240 F Name and address of principal officer: JANET SULLIVAN SAME AS C ABOVE	D Employer identification number ** - *** 6445 E Telephone number 207-783-1585 G Gross receipts \$ 323,170. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FRANCOCENTER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2000		M State of legal domicile: ME

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE STRIVE TO HONOR AND PRESERVE OUR FRANCO-AMERICAN HERITAGE, AND WELCOME OUR NEIGHBORS FROM DIVERSE 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 13 6 Total number of volunteers (estimate if necessary) 6 29 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 48,810. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">309,249.</td> <td style="text-align: right;">163,600.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">11,223.</td> <td style="text-align: right;">88,501.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">20,743.</td> <td style="text-align: right;">-1,951.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">7,492.</td> <td style="text-align: right;">35,086.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">348,707.</td> <td style="text-align: right;">285,236.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	309,249.	163,600.	9 Program service revenue (Part VIII, line 2g)	11,223.	88,501.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,743.	-1,951.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,492.	35,086.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	348,707.	285,236.							
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Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JANET SULLIVAN, TREASURER Type or print name and title	Date 		
Paid Preparer Use Only	Print/Type preparer's name CRYSTAL MARCHESSAULT CPA	Preparer's signature CRYSTAL MARCHESSAULT	Date 11/09/22	Check <input type="checkbox"/> if self-employed PTIN P01009755
	Firm's name ▶ AUSTIN ASSOCIATES P.A., CPA'S Firm's address ▶ PO BOX 3400 AUBURN, ME 04212-3400	Firm's EIN ▶ ** - *** 1516 Phone no. (207) 783-9111		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
"THE MISSION OF THE FRANCO CENTER IS TO CELEBRATE AND PRESERVE
FRANCO-AMERICAN HERITAGE WHILE WELCOMING THE CULTURES OF OUR
NEIGHBORS."

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 455,218. including grants of \$ _____) (Revenue \$ 64,138.)
THE ORGANIZATION HAS BEEN ENGAGED IN RENOVATING THE HISTORIC ST MARY'S
CHURCH IN LEWISTON, MAINE TO SERVE AS BOTH A PUBLIC PERFORMANCE SPACE
AND A MUSEUM TO HOUSE AND DISPLAY ARTIFACTS RELATING TO THE
FRANCO-AMERICAN COMMUNITY. THE CENTER COLLECTS ARTIFACTS FROM THE
COMMUNITY FOR DISPLAY AND STUDY IN THE MUSEUM. PERFORMANCES HAVE BEEN
HELD IN THE DECOMMISSIONED CATHOLIC CHURCH BUILDING.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **455,218.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

FRANCO-AMERICAN HERITAGE CENTER

D/B/A GENDRON FRANCO CENTER

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization 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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **PENNY DRUMM - 207-783-1585 LEWISTON, ME, LEWISTON, ME 04240**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MIKE COURCHESNE SECRETARY	2.00	X		X				0.	0.	0.
(2) ELAINE ROOP PRESIDENT	15.00	X		X				0.	0.	0.
(3) DR DONALD CHRISTIE JR DIRECTOR	5.00	X						0.	0.	0.
(4) JANET SULLIVAN TREASURER	2.00	X		X				0.	0.	0.
(5) DAWN BACH DIRECTOR	2.00	X						0.	0.	0.
(6) MICHAEL LAJOIE VICE PRESIDENT	40.00	X		X				0.	0.	0.
(7) EDMOND GAY DIRECTOR	5.00	X						0.	0.	0.

FRANCO-AMERICAN HERITAGE CENTER
D/B/A GENDRON FRANCO CENTER

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	89,523.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	74,077.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 350.			
	h Total. Add lines 1a-1f			163,600.			
Program Service Revenue	2 a	PROGRAM SERVICE REVENUE	Business Code	711190	88,501.	74,777.	13,724.
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g Total. Add lines 2a-2f			88,501.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		8,688.			8,688.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	35,086.			
			(ii) Personal				
			6a	35,086.			
	b	Less: rental expenses	6b	0.			
	c	Rental income or (loss)	6c	35,086.			
	d Net rental income or (loss)			35,086.		35,086.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	24,915.	2,380.		
			(ii) Other				
			7a	24,915.	2,380.		
	b	Less: cost or other basis and sales expenses	7b	34,534.	3,400.		
	c	Gain or (loss)	7c	-9,619.	-1,020.		
d Net gain or (loss)			-10,639.	-10,639.			
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b	Less: direct expenses	8b			
		c Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		b	Less: direct expenses	9b			
		c Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10a					
		b	Less: cost of goods sold	10b			
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			285,236.	64,138.	48,810.	8,688.	

FRANCO-AMERICAN HERITAGE CENTER

D/B/A GENDRON FRANCO CENTER

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	140,691.	103,457.	37,234.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	11,522.	8,472.	3,050.	
11 Fees for services (nonemployees):				
a Management				
b Legal	4,576.		4,576.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	2,741.	2,604.	137.	
13 Office expenses	9,272.	128.	861.	8,283.
14 Information technology				
15 Royalties				
16 Occupancy	51,519.	45,019.	5,086.	1,414.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	228,765.	228,765.		
23 Insurance	18,002.	15,860.	2,142.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PERFORMANCE & EVENT EXP	20,496.	20,496.		
b MAINTENANCE	20,226.	20,226.		
c OTHER EXPENSES	17,205.	2,469.	14,290.	446.
d CAFE, BAR & CONCESSIONS	7,372.	7,372.		
e All other expenses	350.	350.		
25 Total functional expenses. Add lines 1 through 24e	532,737.	455,218.	67,376.	10,143.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

FRANCO-AMERICAN HERITAGE CENTER
D/B/A GENDRON FRANCO CENTER

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Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	949.	1	1,201.	
	2 Savings and temporary cash investments	124,416.	2	121,591.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	5,517.	4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	3,202.	8	3,537.	
	9 Prepaid expenses and deferred charges	5,238.	9	5,797.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	8,583,654.			
	b Less: accumulated depreciation	4,031,773.			
		4,775,367.	10c	4,551,881.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	127,890.	12	84,324.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
15 Other assets. See Part IV, line 11		15			
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,042,579.	16	4,768,331.		
Liabilities	17 Accounts payable and accrued expenses	4,435.	17	8,105.	
	18 Grants payable		18		
	19 Deferred revenue	35,429.	19	11,555.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,172.	23	3,761.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	41,036.	26	23,421.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	4,813,611.	27	4,710,993.	
	28 Net assets with donor restrictions	187,932.	28	33,917.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	5,001,543.	32	4,744,910.	
33 Total liabilities and net assets/fund balances	5,042,579.	33	4,768,331.		

Form 990 (2021)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	285,236.
2	Total expenses (must equal Part IX, column (A), line 25)	2	532,737.
3	Revenue less expenses. Subtract line 2 from line 1	3	-247,501.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,001,543.
5	Net unrealized gains (losses) on investments	5	-9,131.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,744,910.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization FRANCO-AMERICAN HERITAGE CENTER
D/B/A GENDRON FRANCO CENTER
Employer identification number ** - *** 6445

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	163,684.	244,008.	205,233.	309,249.	163,600.	1,085,774.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	163,684.	244,008.	205,233.	309,249.	163,600.	1,085,774.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1,085,774.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	163,684.	244,008.	205,233.	309,249.	163,600.	1,085,774.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	40,564.	38,451.	23,216.	18,624.	43,774.	164,629.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1,250,403.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	86.83 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	87.64 %

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

FRANCO-AMERICAN HERITAGE CENTER

D/B/A GENDRON FRANCO CENTER

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

FRANCO-AMERICAN HERITAGE CENTER
D/B/A GENDRON FRANCO CENTER

Employer identification number

-*6445

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

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 is covered by the **General Rule** or a **Special Rule**.

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

For an organization 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.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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) filing 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 educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) 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 is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 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).

Name of organization FRANCO-AMERICAN HERITAGE CENTER D/B/A GENDRON FRANCO CENTER	Employer identification number ** - *** 6445
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SMALL BUSINESS ADMINISTRATION 409 THIRD STREET, 5TH FLOOR WASHINGTON, DC 20416	\$ 64,523.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DAVIS FAMILY FOUNDATION 30 FOREST FALLS DR, STE 5 YARMOUTH, ME 04096	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ROOPERS 794 SABATTUS ST LEWISTON, ME 04240	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MAPLE WAY DENTAL 110 CANAL ST LEWISTON, ME 04240	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	LEWISTON CITY HALL 27 PINE ST LEWISTON, ME 04240	\$ 31,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FRANCO-AMERICAN HERITAGE CENTER D/B/A GENDRON FRANCO CENTER	Employer identification number **-***6445
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization FRANCO-AMERICAN HERITAGE CENTER D/B/A GENDRON FRANCO CENTER	Employer identification number ** - *** 6445
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Part III 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 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 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	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization FRANCO-AMERICAN HERITAGE CENTER D/B/A GENDRON FRANCO CENTER Employer identification number ** - *** 6445

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding reporting requirements for art and historical treasures, including fields for revenue and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,050.	650.	650.	350.	350.
b Contributions	101.	400.		300.	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,151.	1,050.	650.	650.	350.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.0000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		84,800.		84,800.
b Buildings		7,947,287.	3,581,487.	4,365,800.
c Leasehold improvements				
d Equipment		551,567.	450,286.	101,281.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,551,881.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

COLLECTIONS:

MUSEUM ITEMS ARE ON DISPLAY THROUGHOUT THE CENTER. THE CENTER DOES NOT CAPITALIZE ITS COLLECTION. THE COLLECTION IS MADE UP OF ARTIFACTS OF HISTORICAL SIGNIFICANCE, AND HELD FOR EDUCATIONAL AND CULTURAL PURPOSES. THESE ITEMS ARE KEPT IN THE CENTER, MOST OF WHICH ARE SECURED IN GLASS ENCLOSURES. THE ITEMS ARE CATALOGED AND PERIODICALLY CHECKED TO ENSURE THAT ALL ITEMS ARE ACCOUNTED FOR.

PART III, LINE 4:

THE CENTER'S ARTIFACTS ARE MADE UP OF PERSONAL, HOUSEHOLD, AND RELIGIOUS ITEMS OF SIGNIFICANCE TO THE FRANCO-AMERICAN HERITAGE IN ANDROSCOGGIN

Part XIII Supplemental Information (continued)

COUNTY IN MAINE. THESE ITEMS ARE ON DISPLAY AT THE CENTER AND ARE USED AS MUSEUM PIECES AND FOR EDUCATIONAL PURPOSES FOR GROUPS WHO TOUR THE CENTER.

PART V, LINE 4:

INCOME IS TO BE USED FOR CULTURAL PROGRAMMING EXPENSES.

PART X, LINE 2:

THE CENTER QUALIFIES AS AN ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE. THE CENTER DOES NOT BELIEVE IT HAS DONE ANYTHING DURING THE PAST YEAR THAT WOULD JEOPARDIZE ITS TAX EXEMPT STATUS AT EITHER THE STATE OR FEDERAL LEVEL. THE CENTER REPORTS ITS ACTIVITIES TO THE IRS IN AN ANNUAL INFORMATION RETURN. THESE FILINGS ARE SUBJECT TO REVIEW BY THE TAX AUTHORITIES AND THE FEDERAL INCOME TAX RETURNS FOR 2016, 2017, AND 2018 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

ALL TAX EXEMPT ENTITIES ARE SUBJECT TO REVIEW AND AUDIT BY FEDERAL, STATE AND OTHER APPLICABLE AGENCIES. SUCH AGENCIES MAY REVIEW THE TAXABILITY OF UNRELATED BUSINESS INCOME, OR THE QUALIFICATION OF THE TAX-EXEMPT ENTITY UNDER THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUTES. THE CENTER IS NO LONGER SUBJECT TO U.S. FEDERAL TAX EXAMINATIONS FOR THE YEARS BEFORE 2016.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization	FRANCO-AMERICAN HERITAGE CENTER D/B/A GENDRON FRANCO CENTER	Employer identification number **-***6445
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CULTURES THROUGH LIVE PERFORMANCES, CELEBRATIONS, AND EDUCATION.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE REVIEWS THE FORM 990 FOR APPROVAL AND PRESENTS IT TO
THE FULL BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS AND ITS EXECUTIVE COMMITTEE, INCLUDING THE EXECUTIVE
DIRECTOR, ARE CHARGED WITH MONITORING AND ENFORCING THIS POLICY.

FORM 990, PART VI, SECTION B, LINE 15:
THE FULL BOARD OF DIRECTORS, THE FINANCE COMMITTEE AND THE EXECUTIVE
COMMITTEE DETERMINE COMPENSATION FOR ALL EMPLOYEES ACCORDING TO BUDGET AND
FINANCIAL POSITION ANALYSIS AND PERFORMANCE EVALUATIONS.

FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON
REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec. 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAND														
210	LAND	08/30/00	NC	.000	HY		54,800.				54,800.			0.	
	* 990 PAGE 10 TOTAL LAND						54,800.				54,800.	0.		0.	0.
	OTHER														
1	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	10,974.				10,974.	4,937.		274.	5,211.
2	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	213.				213.	95.		5.	100.
3	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	540.				540.	245.		14.	259.
4	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	313.				313.	141.		8.	149.
5	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	553.				553.	249.		14.	263.
6	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
7	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
8	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
9	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
10	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
11	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	3,978.				3,978.	1,789.		99.	1,888.
12	MOREAU ELECTRIC CO	08/01/03	SL	40.00		16	1,324.				1,324.	596.		33.	629.
13	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
14	BUILDING - ACQUISITION COST	11/01/00	SL	5.00		16	370.				370.	370.		0.	370.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec. 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
15	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
16	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
17	STONE AGE MASONRY	08/01/03	SL	40.00		16	8,750.				8,750.	3,938.		219.	4,157.
18	STONE AGE MASONRY	08/01/03	SL	40.00		16	1,250.				1,250.	562.		31.	593.
19	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
20	MASON MECHANICAL SYSTEMS	08/01/03	SL	40.00		16	456.				456.	204.		11.	215.
21	MASON MECHANICAL SYSTEMS	08/01/03	SL	40.00		16	768.				768.	345.		19.	364.
22	WASTE MANAGEMENT	08/01/03	SL	40.00		16	306.				306.	139.		8.	147.
23	PROVENCHER ' S	08/01/03	SL	40.00		16	508.				508.	230.		13.	243.
24	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
25	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	3,268.				3,268.	1,471.		82.	1,553.
26	STONE AGE MASONRY	08/01/03	SL	40.00		16	8,750.				8,750.	3,938.		219.	4,157.
27	STONE AGE MASONRY	08/01/03	SL	40.00		16	1,250.				1,250.	562.		31.	593.
28	STONE AGE MASONRY	08/01/03	SL	40.00		16	1,200.				1,200.	540.		30.	570.
29	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
30	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
31	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
32	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	6,151.				6,151.	2,769.		154.	2,923.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec. 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
33	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
34	IN-KIND FLOORING	08/01/03	SL	40.00		16	1,000.				1,000.	450.		25.	475.
35	SUMMIT ENVIRONMENTAL	08/01/03	SL	40.00		16	1,982.				1,982.	893.		50.	943.
36	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
37	ROLAND CHABOT DEMOLITION	08/01/03	SL	40.00		16	5,600.				5,600.	2,520.		140.	2,660.
38	WASTE MANAGEMENT	08/01/03	SL	40.00		16	111.				111.	50.		3.	53.
39	REDLON & JOHNSON	08/01/03	SL	40.00		16	9.				9.	3.		0.	3.
40	WASTE MANAGEMENT	08/01/03	SL	40.00		16	338.				338.	151.		8.	159.
41	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
42	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
43	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	20,674.				20,674.	9,304.		517.	9,821.
44	MOREAU ELECTRIC CO.	08/01/03	SL	40.00		16	172.				172.	76.		4.	80.
45	WASTE MANAGEMENT	08/01/03	SL	40.00		16	111.				111.	51.		3.	54.
46	STONE AGE MASONRY	08/01/03	SL	40.00		16	10,000.				10,000.	4,500.		250.	4,750.
47	MOREAU ELECTRIC CO.	08/01/03	SL	40.00		16	204.				204.	92.		5.	97.
48	NASON MECHANICAL SYSTEMS	08/01/03	SL	40.00		16	280.				280.	126.		7.	133.
49	ROLAND CHABOT DEMOLITION	08/01/03	SL	40.00		16	10,125.				10,125.	4,556.		253.	4,809.
50	ROLAND CHABOT DEMOLITION	08/01/03	SL	40.00		16	6,855.				6,855.	3,084.		171.	3,255.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
51	SUMMIT ENVIRONMENTAL	08/01/03	SL	40.00		16	444.				444.	200.		11.	211.
52	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	19,498.				19,498.	8,773.		487.	9,260.
53	STONE AGE MASONRY	08/01/03	SL	40.00		16	78,422.				78,422.	35,291.		1,961.	37,252.
54	ROLAND CHABOT DEMOLITION	08/01/03	SL	40.00		16	2,809.				2,809.	1,263.		70.	1,333.
55	WASTE MANAGEMENT	08/01/03	SL	40.00		16	111.				111.	51.		3.	54.
56	MOREAU ELECTRIC CO.	08/01/03	SL	40.00		16	319.				319.	143.		8.	151.
57	R & R CONSTRUCTION	08/01/03	SL	40.00		16	1,935.				1,935.	870.		48.	918.
58	SUMMIT ENVIRONMENTAL	08/01/03	SL	40.00		16	54.				54.	23.		1.	24.
59	CENTRAL MAINE POWER	08/01/03	SL	40.00		16	28,024.				28,024.	12,612.		701.	13,313.
60	MOREAU ELECTRIC CO.	08/01/03	SL	40.00		16	337.				337.	150.		8.	158.
61	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	17,392.				17,392.	7,827.		435.	8,262.
62	STONE AGE MASONRY	08/01/03	SL	40.00		16	66,375.				66,375.	29,868.		1,659.	31,527.
63	KIRKEGAARD ASSOCIATES	08/01/03	SL	40.00		16	561.				561.	252.		14.	266.
64	WASTE MANAGEMENT	08/01/03	SL	40.00		16	111.				111.	51.		3.	54.
65	WASTE MANAGEMENT	08/01/03	SL	40.00		16	662.				662.	299.		17.	316.
66	MOREAU ELECTRIC CO.	08/01/03	SL	40.00		16	62.				62.	29.		2.	31.
67	STONE AGE MASONRY	08/01/03	SL	40.00		16	69,374.				69,374.	31,217.		1,734.	32,951.
68	WASTE MANAGEMENT	08/01/03	SL	40.00		16	111.				111.	51.		3.	54.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
69	ROLAND CHABOT CO	08/01/03	SL	40.00		16	50.				50.	22.		1.	23.
70	NEELY STUDIO	08/01/03	SL	40.00		16	1,661.				1,661.	749.		42.	791.
71	ROLAND CHABOT DEMOLITION	08/01/03	SL	40.00		16	50.				50.	22.		1.	23.
72	WASTE MANAGEMENT	08/01/03	SL	40.00		16	415.				415.	186.		10.	196.
73	STONE AGE MASONRY	08/01/03	SL	40.00		16	60,325.				60,325.	27,146.	1,508.	1,508.	28,654.
74	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	9,983.				9,983.	4,493.		250.	4,743.
75	STONE AGE MASONRY	08/01/03	SL	40.00		16	63,341.				63,341.	28,505.	1,584.	1,584.	30,089.
76	STONE AGE MASONRY	08/01/03	SL	40.00		16	633.				633.	285.		16.	301.
77	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	605.				605.	272.		15.	287.
78	HÄHNEL BROS.	08/01/03	SL	40.00		16	829.				829.	374.		21.	395.
79	WASTE MANAGEMENT	08/01/03	SL	40.00		16	112.				112.	51.		3.	54.
80	ROLAND CHABOT DEMOLITION	08/01/03	SL	40.00		16	100.				100.	47.		3.	50.
81	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	9,251.				9,251.	4,162.		231.	4,393.
82	STONE AGE MASONRY	08/01/03	SL	40.00		16	66,375.				66,375.	29,868.	1,659.	1,659.	31,527.
83	SUMMIT ENVIRONMENTAL	08/01/03	SL	40.00		16	1,377.				1,377.	618.		34.	652.
84	WASTE MANAGEMENT	08/01/03	SL	40.00		16	113.				113.	51.		3.	54.
85	WASTE MANAGEMENT	08/01/03	SL	40.00		16	399.				399.	180.		10.	190.
86	ABATEMENT PROFESSIONAL	12/01/03	SL	40.00		16	7,600.				7,600.	3,357.		190.	3,547.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
87	ROLAND CHABOT DEMOLITION	12/01/03	SL	40.00		16	9,174.				9,174.	4,051.		229.	4,280.
88	GENERAL CUTTING SERVICES	12/01/03	SL	40.00		16	1,250.				1,250.	551.		31.	582.
89	OTIS ELEVATOR	12/01/03	SL	40.00		16	6,232.				6,232.	2,753.		156.	2,909.
90	RAYMOND ROBERT MASONRY	12/01/03	SL	40.00		16	22,000.				22,000.	9,717.		550.	10,267.
91	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	7,350.				7,350.	3,247.		184.	3,431.
92	SUMMIT ENVIRONMENTAL	12/01/03	SL	40.00		16	918.				918.	406.		23.	429.
93	STONE AGE MASONRY	08/01/03	SL	40.00		16	66,357.				66,357.	29,861.		1,659.	31,520.
94	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	53,865.				53,865.	24,241.		1,347.	25,588.
95	WASTE MANAGEMENT	08/01/03	SL	40.00		16	509.				509.	230.		13.	243.
96	STONE AGE MASONRY	08/01/03	SL	40.00		16	90,442.				90,442.	40,699.		2,261.	42,960.
97	ROLAND CHABOT DEMOLITION	12/01/03	SL	40.00		16	18,151.				18,151.	8,017.		454.	8,471.
98	GENERAL CUTTING SERVICES	12/01/03	SL	40.00		16	250.				250.	110.		6.	116.
99	NASON MECHANICAL SYSTEMS	12/01/03	SL	40.00		16	10,000.				10,000.	4,417.		250.	4,667.
100	R C SPECIALY	12/01/03	SL	40.00		16	175.				175.	76.		4.	80.
101	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	3,935.				3,935.	1,737.		98.	1,835.
102	PLATZ ASSOCIATES	08/01/03	SL	40.00		16	3,137.				3,137.	1,410.		78.	1,488.
103	WASTE MANAGEMENT	08/01/03	SL	7.00		16	288.				288.	288.		0.	288.
104	AUBURN CONCRETE	12/01/03	SL	40.00		16	3,679.				3,679.	1,625.		92.	1,717.

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(D) - Asset disposed

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105	ROLAND CHABOT DEMOLITION	12/01/03	SL	40.00		16	3,834.				3,834.	1,694.		96.	1,790.
106	GENERAL CUTTING SERVICES	12/01/03	SL	40.00		16	2,025.				2,025.	896.		51.	947.
107	JERRY'S CLEANING	12/01/03	SL	40.00		16	188.				188.	84.		5.	89.
108	NASON MECHANICAL SYSTEMS	12/01/03	SL	40.00		16	2,500.				2,500.	1,106.		63.	1,169.
109	OTIS ELEVATOR	12/01/03	SL	40.00		16	30,595.				30,595.	13,513.		765.	14,278.
110	PRIDE FLOORS	12/01/03	SL	40.00		16	3,850.				3,850.	1,700.		96.	1,796.
111	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	10,398.				10,398.	4,593.		260.	4,853.
112	PAUL SMITH - MOVE PEWS	12/01/03	SL	40.00		16	140.				140.	63.		4.	67.
113	PAUL SMITH - MOVE PEWS	12/01/03	SL	40.00		16	148.				148.	66.		4.	70.
114	STONE AGE MASONRY	08/01/03	SL	40.00		16	74,025.				74,025.	33,312.		1,851.	35,163.
115	LABOR READY	12/01/03	SL	40.00		16	404.				404.	178.		10.	188.
116	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	6,002.				6,002.	2,651.		150.	2,801.
117	ROLAND CHABOT DEMOLITION	12/01/03	SL	40.00		16	1,786.				1,786.	790.		45.	835.
118	HAHNEL BROS.	12/01/03	SL	40.00		16	2,954.				2,954.	1,305.		74.	1,379.
119	NASON MECHANICAL SYSTEMS	12/01/03	SL	40.00		16	5,754.				5,754.	2,542.		144.	2,686.
120	R C SPECIALTY	12/01/03	SL	40.00		16	2,104.				2,104.	930.		53.	983.
121	ROLAND'S DRYWALL	12/01/03	SL	40.00		16	2,724.				2,724.	1,203.		68.	1,271.
122	ST. LAURENT & SON	12/01/03	SL	40.00		16	30,764.				30,764.	13,587.		769.	14,356.

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123	STONE AGE MASONRY	12/01/03	SL	40.00		16	1,500.				1,500.	664.		38.	702.
124	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	3,788.				3,788.	1,674.		95.	1,769.
125	LABOR READY	12/01/03	SL	40.00		16	606.				606.	267.		15.	282.
126	LABOR READY	12/01/03	SL	40.00		16	227.				227.	101.		6.	107.
127	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	3,183.				3,183.	1,407.		80.	1,487.
128	DOOR SYSTEM CORP	12/01/03	SL	40.00		16	194.				194.	86.		5.	91.
129	CITY OF LEWISTON	12/01/03	SL	40.00		16	111.				111.	50.		3.	53.
130	NASON MECHANICAL SYSTEMS	12/01/03	SL	40.00		16	2,500.				2,500.	1,106.		63.	1,169.
131	R C SPECIALTY	12/01/03	SL	40.00		16	12,896.				12,896.	5,695.		322.	6,017.
132	R & R CONSTRUCTION	12/01/03	SL	40.00		16	1,052.				1,052.	464.		26.	490.
133	ROLAND'S DRYWALL	12/01/03	SL	40.00		16	13,669.				13,669.	6,038.		342.	6,380.
134	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	3,930.				3,930.	1,735.		98.	1,833.
135	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	3,127.				3,127.	1,380.		78.	1,458.
136	AMRO DIVERSIFIED	12/01/03	SL	40.00		16	1,774.				1,774.	782.		44.	826.
137	AUBURN CONCRETE	12/01/03	SL	40.00		16	357.				357.	158.		9.	167.
138	ROLAND CHABOT DEMOLITION	12/01/03	SL	40.00		16	3,955.				3,955.	1,747.		99.	1,846.
139	DOOR SYSTEM CORP	12/01/03	SL	40.00		16	113.				113.	51.		3.	54.
140	NASON MECHANICAL SYSTEMS	12/01/03	SL	40.00		16	1,500.				1,500.	664.		38.	702.

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(D) - Asset disposed

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141	PRIDE FLOORS	12/01/03	SL	40.00		16	1,320.				1,320.	583.		33.	616.
142	R C SPECIALTY	12/01/03	SL	40.00		16	7,125.				7,125.	3,147.		178.	3,325.
143	R & R CONSTRUCTION	12/01/03	SL	40.00		16	4,149.				4,149.	1,833.		104.	1,937.
144	ROLAND'S DRYWALL	12/01/03	SL	40.00		16	1,822.				1,822.	806.		46.	852.
145	ROY I. SNOW ELECTRICAL	12/01/03	SL	40.00		16	28,000.				28,000.	12,367.		700.	13,067.
146	STONE AGE MASONRY	12/01/03	SL	40.00		16	210.				210.	92.		5.	97.
147	SUMMIT ENVIRONMENTAL	12/01/03	SL	40.00		16	161.				161.	71.		4.	75.
148	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	4,767.				4,767.	2,105.		119.	2,224.
149	H & H FLOOR SANDING	12/01/03	SL	40.00		16	5,615.				5,615.	2,479.		140.	2,619.
150	H & H FLOOR SANDING	12/01/03	SL	40.00		16	3,379.				3,379.	1,491.		84.	1,575.
151	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	2,236.				2,236.	988.		56.	1,044.
152	ROLAND CHABOT DEMOLITION	12/01/03	SL	40.00		16	116.				116.	52.		3.	55.
153	FLOOR SYSTEMS	12/01/03	SL	40.00		16	6,128.				6,128.	2,706.		153.	2,859.
154	NASON MECHANICAL SYSTEMS	12/01/03	SL	40.00		16	105.				105.	48.		3.	51.
155	NORTHEAST PAINTING	12/01/03	SL	40.00		16	3,245.				3,245.	1,433.		81.	1,514.
156	R C SPECIALTY	12/01/03	SL	40.00		16	2,171.				2,171.	958.		54.	1,012.
157	R & R CONSTRUCTION	12/01/03	SL	40.00		16	1,457.				1,457.	642.		36.	678.
158	ROLAND'S DRYWALL	12/01/03	SL	40.00		16	2,678.				2,678.	1,183.		67.	1,250.

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159	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	5,084.				5,084.	2,245.		127.	2,372.
160	H & H FLOOR SANDING	12/01/03	SL	40.00		16	8,791.				8,791.	3,884.		220.	4,104.
161	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	1,823.				1,823.	807.		46.	853.
162	OTIS ELEVATOR	12/01/03	SL	40.00		16	5,022.				5,022.	2,219.		126.	2,345.
163	STONE AGE MASONRY	12/01/03	SL	40.00		16	2,200.				2,200.	972.		55.	1,027.
164	AUBURN CONCRETE	12/01/03	SL	40.00		16	338.				338.	148.		8.	156.
165	ROLAND CHABOT DEMOLITION	12/01/03	SL	40.00		16	5,003.				5,003.	2,210.		125.	2,335.
166	DOOR SYSTEM CORP	12/01/03	SL	40.00		16	5,563.				5,563.	2,457.		139.	2,596.
167	FLOOR SYSTEMS	12/01/03	SL	40.00		16	10,689.				10,689.	4,720.		267.	4,987.
168	HÄHNEL BROS.	12/01/03	SL	40.00		16	6,495.				6,495.	2,867.		162.	3,029.
169	JERRY'S CLEANING	12/01/03	SL	40.00		16	6,250.				6,250.	2,760.		156.	2,916.
170	MORRISSEY ENVIRONMENTAL	12/01/03	SL	40.00		16	500.				500.	222.		13.	235.
171	NASON MECHANICAL SYSTEMS	12/01/03	SL	40.00		16	4,600.				4,600.	2,032.		115.	2,147.
172	NORTHEAST PAINTING	12/01/03	SL	40.00		16	12,520.				12,520.	5,530.		313.	5,843.
173	R C SPECIALTY	12/01/03	SL	40.00		16	266.				266.	119.		7.	126.
174	R & R CONSTRUCTION	12/01/03	SL	40.00		16	16,502.				16,502.	7,290.		413.	7,703.
175	RAYMOND ROBERT MASONRY	12/01/03	SL	40.00		16	1,508.				1,508.	667.		38.	705.
176	ROLAND'S DRYWALL	12/01/03	SL	40.00		16	3,051.				3,051.	1,347.		76.	1,423.

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177	STONE AGE MASONRY	12/01/03	SL	40.00		16	140.				140.	63.		4.	67.
178	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	11,056.				11,056.	4,882.		276.	5,158.
179	LABOR READY	12/01/03	SL	40.00		16	404.				404.	178.		10.	188.
180	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	1,649.				1,649.	728.		41.	769.
181	COLLETTE MONUMENT	12/01/03	SL	40.00		16	4,542.				4,542.	2,007.		114.	2,121.
182	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	1,433.				1,433.	633.		36.	669.
183	ROLAND CHABOT DEMOLITION	12/01/03	SL	40.00		16	794.				794.	351.		20.	371.
184	DOOR SYSTEM CORP	12/01/03	SL	40.00		16	10,437.				10,437.	4,610.		261.	4,871.
185	FLOOR SYSTEMS	12/01/03	SL	40.00		16	3,593.				3,593.	1,588.		90.	1,678.
186	HAHNEL BROS.	12/01/03	SL	40.00		16	937.				937.	413.		23.	436.
187	JERRY'S CLEANING	12/01/03	SL	40.00		16	75.				75.	34.		2.	36.
188	LANDRY & SON	12/01/03	SL	40.00		16	3,810.				3,810.	1,682.		95.	1,777.
189	NASON MECHANICAL SYSTEMS	12/01/03	SL	40.00		16	8,048.				8,048.	3,554.		201.	3,755.
190	NORTHEAST PAINTING	12/01/03	SL	40.00		16	3,809.				3,809.	1,682.		95.	1,777.
191	OTIS ELEVATOR	12/01/03	SL	40.00		16	4,651.				4,651.	2,053.		116.	2,169.
192	R & R CONSTRUCTION	12/01/03	SL	40.00		16	1,555.				1,555.	687.		39.	726.
193	ROLAND'S DRYWALL	12/01/03	SL	40.00		16	579.				579.	254.		14.	268.
194	ROY I. SNOW ELECTRICAL	12/01/03	SL	40.00		16	56,210.				56,210.	24,825.		1,405.	26,230.

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195	PAUL WHITE TILE	12/01/03	SL	40.00		16	987.				987.	437.		25.	462.
196	THE SIGN STORE	12/01/03	SL	40.00		16	271.				271.	120.		7.	127.
197	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	7,704.				7,704.	3,404.		193.	3,597.
198	HAHNEL BROS.	12/01/03	SL	40.00		16	660.				660.	293.		17.	310.
199	THE SIGN STORE	12/01/03	SL	40.00		16	9.				9.	4.		0.	4.
200	PLATZ ASSOCIATES	12/01/03	SL	40.00		16	240.				240.	106.		6.	112.
201	ST. DOM'S 3 DISPLAY CASES	03/01/02	SL	10.00		16	3,170.				3,170.	3,170.		0.	3,170.
202	RAYMOND - OFFICE TABLE & CHAIRS	06/01/02	SL	10.00		16	1,500.				1,500.	1,500.		0.	1,500.
203	CONFERENCE TABLE & 14 CHAIRS	06/01/02	SL	10.00		16	2,000.				2,000.	2,000.		0.	2,000.
204	PORTEOUS CASES & RACKS	08/01/02	SL	10.00		16	9,135.				9,135.	9,135.		0.	9,135.
205	AMES DISPLAY CASES	10/01/02	SL	10.00		16	2,000.				2,000.	2,000.		0.	2,000.
206	ALARM SYSTEM	12/01/03	SL	10.00		16	1,583.				1,583.	1,583.		0.	1,583.
207	HUSSEY SEATING	12/01/03	SL	10.00		16	56,970.				56,970.	56,970.		0.	56,970.
208	BUILDING	08/30/00	SL	40.00		16	2,830,100.				2,830,100.	1,479,906.		70,753.	1,550,659.
209	ELECTRICAL - STAIRS PHONE LINE	02/01/06	SL	40.00		16	1,788.				1,788.	694.		45.	739.
211	FURNITURE	02/01/06	SL	10.00		16	1,000.				1,000.	1,000.		0.	1,000.
212	BUILDING IMPROVEMENTS	08/01/04	SL	20.00		16	24,405.				24,405.	20,743.		1,220.	21,963.
213	BUILDING IMPROVEMENT	05/01/05	SL	40.00		16	83,200.				83,200.	33,800.		2,080.	35,880.

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214	MUSIC STANDS	10/01/04	SL	5.00		16	1,642.				1,642.	1,642.		0.	1,642.
215	ORCHESTRA CHAIRS	10/01/04	SL	5.00		16	5,068.				5,068.	5,068.		0.	5,068.
216	YAMAHA EMX5000 SOUND SYSTEM	01/01/05	SL	5.00		16	1,824.				1,824.	1,824.		0.	1,824.
217	EIKI PROJECTOR	02/01/05	SL	5.00		16	1,864.				1,864.	1,864.		0.	1,864.
218	FOLLOWSPOT SUPERSTAR	03/01/05	SL	5.00		16	6,742.				6,742.	6,742.		0.	6,742.
219	PRODUCTION LIGHTS	06/01/05	SL	5.00		16	2,330.				2,330.	2,330.		0.	2,330.
220	12 PIECES PLEXIGLASS	02/01/06	SL	40.00		16	4,674.				4,674.	1,812.		117.	1,929.
221	PAINTING	02/01/06	SL	40.00		16	58,210.				58,210.	22,556.		1,455.	24,011.
222	HUSSEY QUATTRO AUDITORIUM SEATING	02/01/06	SL	20.00		16	56,620.				56,620.	43,881.		2,831.	46,712.
223	BUILDING RENOVATIONS	02/01/06	SL	40.00		16	243,935.				243,935.	94,524.		6,098.	100,622.
224	THEATRICAL LIGHTING	02/01/06	SL	40.00		16	24,792.				24,792.	9,608.		620.	10,228.
225	STAGE LIGHTS	02/01/06	SL	40.00		16	28,400.				28,400.	11,005.		710.	11,715.
226	ELECTRICAL - EMERGENCY LIGHTS	02/01/06	SL	40.00		16	7,985.				7,985.	3,095.		200.	3,295.
227	MASONRY	02/01/06	SL	40.00		16	340,000.				340,000.	131,750.		8,500.	140,250.
228	BOILER	02/01/06	SL	15.00		16	18,465.				18,465.	18,465.		0.	18,465.
229	CONDENSATE PUMP	02/01/06	SL	15.00		16	5,435.				5,435.	5,435.		0.	5,435.
230	M-STEINER AND SONS - PIANO	02/01/06	SL	20.00		16	95,298.				95,298.	73,856.		4,765.	78,621.
231	VECTORSONICS	02/01/06	SL	5.00		16	1,599.				1,599.	1,599.		0.	1,599.

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232	AERIAL PLATFORM	02/01/06	SL	10.00		16	2,000.				2,000.	2,000.		0.	2,000.
233	WORK PLATFORM	02/01/06	SL	10.00		16	3,500.				3,500.	3,500.		0.	3,500.
234	STOVE	02/01/06	SL	10.00		16	350.				350.	350.		0.	350.
235	BOILER - IN KIND	02/01/06	SL	15.00		16	575.				575.	575.		0.	575.
236	BOILER - IN KIND	02/01/06	SL	15.00		16	2,000.				2,000.	2,000.		0.	2,000.
237	PIANO	02/01/06	SL	20.00		16	248.				248.	191.		12.	203.
238	PIANO	02/01/06	SL	20.00		16	2,500.				2,500.	1,938.		125.	2,063.
239	GIFT SHOP RACKS	02/01/06	SL	10.00		16	100.				100.	100.		0.	100.
240	STOVE	02/01/06	SL	10.00		16	400.				400.	400.		0.	400.
241	ELECTRICAL	08/22/06	SL	40.00		16	3,130.				3,130.	1,166.		78.	1,244.
242	STAIN GLASS	10/01/06	SL	40.00		16	4,095.				4,095.	1,518.		102.	1,620.
243	SOUND SYSTEM	12/15/06	SL	40.00		16	7,346.				7,346.	2,695.		184.	2,879.
244	MASONRY WORK - STONE AGE MASONRY	07/24/08	SL	40.00		16	20,000.				20,000.	6,500.		500.	7,000.
245	COPIER	09/14/06	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
246	SOUND SYSTEM	01/15/07	SL	10.00		16	49,449.				49,449.	49,449.		0.	49,449.
247	TWO PLASMA TVS	07/31/07	200DB	5.00	MQ17	17	5,000.				5,000.	5,000.		0.	5,000.
248	MISC - PATRY-LIBBY MILPAINT	07/31/07	SL	10.00		16	1,500.				1,500.	1,500.		0.	1,500.
249	CHAMBER CONFERENCE TABLE	07/31/07	SL	10.00		16	2,000.				2,000.	2,000.		0.	2,000.

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250	DIGITAL SIGN	09/24/18	SL	10.00		16	22,101.				22,101.	6,262.		2,210.	8,472.
251	ELECTRICAL	06/16/07	SL	40.00		16	755.				755.	266.		19.	285.
252	STEEPLE WORK - NORTHEAST STEEPLE	07/15/08	SL	40.00		16	98,954.				98,954.	32,367.		2,474.	34,841.
253	NORTHEAST STEEPLE JACKS	11/30/07	SL	40.00		16	227,134.				227,134.	77,603.		5,678.	83,281.
254	ELECTRICAL WORK - ROY I SNOW	04/13/08	SL	40.00		16	6,734.				6,734.	2,244.		168.	2,412.
255	PAVERS - COLLETTE MONUMENT	04/29/08	SL	40.00		16	6,754.				6,754.	2,238.		169.	2,407.
256	CPLAYPOOLE PROJECT - STEEPLE LIGHTING	01/31/08	SL	40.00		16	18,999.				18,999.	6,412.		475.	6,887.
257	ST. LAURENT - HANDICAP PARKING	01/31/08	SL	40.00		16	5,400.				5,400.	1,823.		135.	1,958.
258	MASON - PIPELINE FOR HANDICAP PARKING	01/31/08	SL	40.00		16	3,590.				3,590.	1,212.		90.	1,302.
259	MASONRY WORK - STONE AGE MASONRY	07/24/08	SL	40.00		16	402,500.				402,500.	130,814.		10,063.	140,877.
260	STONE AGE -MASONRY IN-KIND	07/24/08	SL	40.00		16	58,650.				58,650.	19,061.		1,466.	20,527.
261	OFFICE RENOVATIONS INCLUDING FLOOR AND WIRING	12/26/07	SL	40.00		16	1,741.				1,741.	593.		44.	637.
262	MURAL INCLUDING IN-KIND	07/31/07	SL	40.00		16	7,664.				7,664.	2,684.		192.	2,876.
263	NORTHEAST STEEPLE JACK - IN KIND CONTRIBUTION	07/31/08	SL	40.00		16	23,173.				23,173.	7,530.		579.	8,109.
264	CITY - FINAL LIGHTING (PART OF LARGER PROJECT)	07/31/08	SL	40.00		16	60.				60.	21.		2.	23.
265	ITEM PURCHASED BY RICHARD MARTIN WITH CK # 1899	10/21/08	SL	5.00		16	756.				756.	756.		0.	756.
266	PERFORMERS CHAIRS	08/07/07	SL	10.00		16	1,133.				1,133.	1,133.		0.	1,133.
267	SNOW BLOWER	11/15/07	SL	5.00		16	1,200.				1,200.	1,200.		0.	1,200.

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268	VECTORSONICS	11/30/07	SL	10.00		16	1,549.				1,549.	1,549.		0.	1,549.
269	MISC OFFICE EQUIPMENT FROM DUBE TRAVEL	12/26/07	SL	5.00		16	1,000.				1,000.	1,000.		0.	1,000.
270	BRECKNET DOCUMENT TECH	03/26/08	SL	5.00		16	1,357.				1,357.	1,357.		0.	1,357.
271	MISC PURCHASE FROM LORRAINE FONTAINE	04/24/08	SL	5.00		16	100.				100.	100.		0.	100.
272	INSTALLATION WORK BY SAINDON & SON ELECTRICAL	04/29/08	SL	5.00		16	1,836.				1,836.	1,836.		0.	1,836.
273	ITEM PURCHASED FROM ULYSSES MOVERS	05/28/08	SL	10.00		16	665.				665.	665.		0.	665.
274	ITEM LAP-TOP (IN-KIND DONATION)	07/31/08	SL	5.00		16	1,269.				1,269.	1,269.		0.	1,269.
275	COMMERCIAL REFRIDGERATOR (IN-KIND DONATION)	07/31/08	SL	10.00	HY17	17	2,000.				2,000.	2,000.		0.	2,000.
276	COOLERS (IN-KIND DONATION)	07/31/08	SL	10.00		16	3,000.				3,000.	3,000.		0.	3,000.
277	MISC OFFICE EQUIPMENT PURCHASED BY RITA WITH CK #	11/04/08	SL	5.00		16	605.				605.	605.		0.	605.
278	MISC OFFICE EQUIPMENT PURCHASED BY RITA WITH CK #	11/06/08	SL	5.00		16	395.				395.	395.		0.	395.
279	WORKSTATIONS FOR PROGRAMS OFFICE	10/17/08	SL	10.00		16	12,000.				12,000.	12,000.		0.	12,000.
280	NE SNOWGUARDS	11/30/08	SL	40.00		16	5,935.				5,935.	1,878.	148.	148.	2,026.
281	PAVERS - COLLETTE MONUMENT	06/30/09	SL	40.00		16	717.				717.	217.		18.	235.
282	STONE AGE MASONRY	04/14/09	SL	40.00		16	464,500.				464,500.	143,222.		11,613.	154,835.
283	ELECTIC DATA CABINET	03/22/09	SL	40.00		16	296.				296.	90.		7.	97.
284	FAVER - COLLETTE MONUMENT	07/31/09	SL	40.00		16	2,606.				2,606.	781.		65.	846.
285	DEVELOPMENT OFFICE UPGRADES	10/21/08	SL	40.00		16	826.				826.	264.		21.	285.

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286	ROOF BUTMENTS B AND C	04/30/09	SL	40.00		16	80,000.				80,000.	24,500.		2,000.	26,500.
287	ELECTRICAL WORK PERFORMED SAINDON & SON	02/14/09	SL	40.00		16	555.				555.	174.		14.	188.
288	STONE AGE IN-KIND FOR ONE BUTRESS	04/30/09	SL	40.00		16	18,500.				18,500.	5,667.		463.	6,130.
289	WIRING FOR DISPLAY CASES (MAINE HUMANITIES GRANT)	04/25/09	SL	40.00		16	4,363.				4,363.	1,336.		109.	1,445.
290	IN-KIND FRON STONE AGE MASONRY FOR USDA GRANT # 230	04/14/09	SL	40.00		16	156,442.				156,442.	48,236.		3,911.	52,147.
291	GAS CONVERSION	06/25/09	SL	40.00		16	8,287.				8,287.	2,503.		207.	2,710.
292	WEATERIZING RESTORING ME.	11/21/09	SL	40.00		16	4,802.				4,802.	1,400.		120.	1,520.
293	LIGHTING FIXTURE & HEADSET	11/30/09	SL	10.00		16	3,993.				3,993.	3,993.		0.	3,993.
294	FEASIBILITY STUDY (PLANING DECISIONS)	12/24/08	SL	40.00		16	6,500.				6,500.	1,952.		163.	2,115.
295	ARCHITECT SERVICES	12/24/08	SL	40.00		16	6,000.				6,000.	1,800.		150.	1,950.
296	SIGN	10/13/09	SL	5.00		16	315.				315.	315.		0.	315.
297	IBM COMPUTER	11/06/09	SL	5.00		16	1,300.				1,300.	1,300.		0.	1,300.
298	VECTORSONICS	12/31/09	SL	10.00		16	3,036.				3,036.	3,036.		0.	3,036.
299	FOOD SERVICE EQUIPMENT (CAPARA)	02/01/09	SL	10.00		16	1,359.				1,359.	1,291.		0.	1,291.
300	KITCHEN RENOVATIONS (ROY SNOW AND SAINDON ELECTRIC)	02/28/09	SL	40.00		16	4,859.				4,859.	1,456.		121.	1,577.
301	FIRE ALARM (ROY SNOW)	01/29/09	SL	15.00		16	8,000.				8,000.	6,399.		533.	6,932.
302	MISC KITCHEN RENOVATIONS	02/01/09	SL	40.00		16	365.				365.	109.		9.	118.
303	KITCHEN FIRE SUPRESSION SYSTEM (AAA FIRE EXTINGUISHER)	01/28/09	SL	15.00		16	1,960.				1,960.	1,569.		131.	1,700.

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304	KITCHEN RENOVATIONS (DICK HEBERT)	02/26/09	SL	40.00		16	14,503.				14,503.	4,352.		363.	4,715.
305	INSTALLATION OF STAINLESS STEEL STOVE HOOD (LEBEL'S HE)	02/12/09	SL	15.00		16	6,248.				6,248.	5,000.		417.	5,417.
306	KITCHEN RENOVATIONS (NASON MECHANICAL)	03/31/09	SL	40.00		16	12,453.				12,453.	3,735.		311.	4,046.
307	CAPERA - STOVE HOOD EXHAUST	12/24/08	SL	15.00	HY	17	2,595.				2,595.	2,135.		173.	2,308.
308	KITCHEN EQUIPMENT FROM KEENAN AUCTION	12/24/08	SL	10.00		16	5,017.				5,017.	4,724.		0.	4,724.
309	CONVECTION - OVEN	02/01/09	SL	10.00		16	3,590.				3,590.	3,411.		0.	3,411.
310	KITCHEN CABINETS AND INSTALLATION (HEBERT CONSTRU	04/08/09	SL	15.00		16	3,749.				3,749.	2,999.		250.	3,249.
311	EMERGENCY LIGHTS (SALINDON ELECTRICAL)	04/07/09	SL	40.00		16	650.				650.	194.		16.	210.
312	WINE GLASSES (CAPERA)	02/09/09	SL	5.00		16	1,366.				1,366.	1,229.		0.	1,229.
313	MISC EQUIPMENT FROM SYSCO	02/19/09	SL	10.00		16	504.				504.	483.		0.	483.
314	NATHANIEL SALFAS ARCHITECTS (IN-KIND)	02/18/09	SL	40.00		16	4,105.				4,105.	1,233.		103.	1,336.
315	DAVINCI'S (DISHWASHER, REFRIG)	04/01/09	SL	10.00		16	2,000.				2,000.	1,933.		0.	1,933.
316	GAS CONVERSION	12/24/08	SL	40.00		16	6,324.				6,324.	1,897.		158.	2,055.
317	MISC SMALL KITCHEN APPLIANCES	07/31/09	SL	5.00		16	250.				250.	250.		0.	250.
318	CONVECTION OVEN FROM BATES COLLEGE	07/31/09	SL	10.00		16	1,575.				1,575.	1,576.		0.	1,576.
319	CARPENTRY - CONCESSION SHELF SYSTEM	07/31/09	SL	40.00		16	3,360.				3,360.	1,008.		84.	1,092.
320	DICK HEBERT'S TIME FOR KITCHEN RENOVATIONS	07/31/09	SL	40.00		16	2,880.				2,880.	864.		72.	936.
321	IN-KIND DONATION FROM BAY STATE GAS CO FOR GAS CONVERS	07/31/09	SL	40.00		16	5,974.				5,974.	1,791.		149.	1,940.

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322	MARK LEE'S TIME FOR THE DESIGN OF THE BAR AND SERVICE	07/31/09	SL	40.00		16	3,200.				3,200.	960.		80.	1,040.
323	CAPPY COOMB'D TIME FOR CONSTRUCTION OF SHELF SYSTEM	07/31/09	SL	40.00		16	756.				756.	227.		19.	246.
324	THE CHALOUX'S TIME FOR DEMOLITION OF KITCHEN	07/31/09	SL	40.00		16	2,500.				2,500.	752.		63.	815.
325	EDMOND GAY'S TIME FOR PROJECT MGMT FOR KITCHEN RENOVATION	07/31/09	SL	40.00		16	25,200.				25,200.	7,560.		630.	8,190.
326	IMPROVEMENTS (USDA REIMBURSEMENT 2)	02/28/10	SL	40.00		16	127,198.				127,198.	36,305.		3,180.	39,485.
327	IMPROVEMENTS (USDA REIMBURSEMENT 3)	04/30/10	SL	40.00		16	41,141.				41,141.	11,572.		1,029.	12,601.
328	IMPROVEMENTS (USDA REIMBURSEMENT 4)	06/01/10	SL	40.00		16	173,980.				173,980.	48,571.		4,350.	52,921.
329	IMPROVEMENTS (USDA REIMBURSEMENT 5)	07/31/10	SL	40.00		16	73,662.				73,662.	20,258.		1,842.	22,100.
330	IMPROVEMENTS (USDA REIMBURSEMENT 6 & 7 - FY10 THROUGH FY11)	07/31/10	SL	40.00		16	28,614.				28,614.	7,868.		715.	8,583.
331	REIMBURSEMENT 6 (ONLY INCLUDED FY11 ADDITIONS)	09/30/10	SL	40.00		16	49,036.				49,036.	13,281.		1,226.	14,507.
332	REIMBURSEMENT #7 (ONLY FY11 ADDITIONS)	11/30/10	SL	40.00		16	88,669.				88,669.	23,646.		2,217.	25,863.
333	TICKET OFFICE FOR HH BLOCK KITCHEN WINDOW & STAIRWAYS	01/07/11	SL	40.00		16	815.				815.	215.		20.	235.
334	SOUND BOOTH	01/11/11	SL	40.00		16	260.				260.	70.		7.	77.
335	HALL ENTRANCE - FLOOR SYSTEMS	02/28/11	SL	40.00		16	1,563.				1,563.	407.		39.	446.
336	STONE AGE MASONRY - GUTTER OVER OFFICE ENTRANCE	04/30/11	SL	40.00		16	742.				742.	192.		19.	211.
337	BOX OFFICE COMPUTER	06/02/11	SL	40.00		16	3,200.				3,200.	813.		80.	893.
338	FRONT ENTRANCE VESTIBULE	08/19/10	SL	5.00		16	740.				740.	740.		0.	740.
339	ROOF	08/23/11	SL	40.00		16	3,800.				3,800.	942.		95.	1,037.

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340	GREEN ROOM RENOVATIONS	10/31/11	SL	40.00		16	2,163.				2,163.	527.		54.	581.
341	STAGE EXTENSION	10/31/11	SL	40.00		16	3,296.				3,296.	802.		82.	884.
342	MASONRY & GUTTER REPAIR	11/30/11	SL	40.00		16	3,200.				3,200.	773.		80.	853.
343	AIR CONDITIONER (OUTSIDE PRESSURE TREATED)	12/31/11	SL	40.00		16	3,925.				3,925.	940.		98.	1,038.
344	HANDICAP PARKING & ENTRANCE	01/20/12	SL	40.00		16	3,800.				3,800.	903.		95.	998.
345	HERITAGE HALL ENTRANCE	01/31/12	SL	40.00		16	24,118.				24,118.	5,728.		603.	6,331.
346	BATHROOM FOR PERFORMANCE HALL	04/30/12	SL	40.00		16	1,875.				1,875.	434.		47.	481.
347	GREEN ROOM UPDATES	05/31/12	SL	40.00		16	117.				117.	27.		3.	30.
348	WEST SIDE ROOF & MASONRY REPAIR	05/23/12	SL	40.00		16	20,592.				20,592.	4,720.		515.	5,235.
349	STEEPLE REPAIR	06/29/12	SL	40.00		16	13,680.				13,680.	3,107.		342.	3,449.
350	SISTERS OF CHARITY EXHIBIT	07/31/12	SL	40.00		16	8,574.				8,574.	1,928.		214.	2,142.
351	SISTERS OF CHARITY EXHIBIT	07/31/12	SL	10.00		16	5,609.				5,609.	5,049.		560.	5,609.
352	SNOW GUARD ON ROOF	11/30/11	SL	40.00		16	3,829.				3,829.	926.		96.	1,022.
353	HALL ENTRYWAY IN KIND	10/01/11	SL	15.00	HY17		5,500.				5,500.	3,484.		367.	3,851.
354	IN KIND DONATION, DIGITAL SIGN	03/12/12	200DB	5.00	HY17		1,200.				1,200.	1,200.		0.	1,200.
355	IN KIND DONATION, MANEQUIN CASE GLASS	12/06/11	200DB	5.00	HY17		280.				280.	280.		0.	280.
356	IN KIND DONATION, COMPUTER SYSTEM, PC AND SCREEN	10/04/11	200DB	5.00	HY17		1,200.				1,200.	1,200.		0.	1,200.
357	WEST SIDE BUTRESS STEEPLE	03/31/13	SL	40.00		16	55,000.				55,000.	11,458.		1,375.	12,833.

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358	PERFORMANCE HALL DIMMERS	03/31/13	SL	10.00		16	15,386.				15,386.	12,823.		1,539.	14,362.
359	ROOFING FLASHING EAST SIDE	04/30/13	SL	40.00		16	18,700.				18,700.	3,858.		468.	4,326.
360	DELL SERVER AND IT UPGRADES	04/15/13	SL	5.00		16	3,423.				3,423.	3,423.		0.	3,423.
361	PERFORMANCE HALL SPEAKERS	04/23/13	SL	10.00		16	3,402.				3,402.	2,806.		340.	3,146.
362	SAMSUNG SLIM LED TV	03/29/13	SL	5.00		16	1,500.				1,500.	1,500.		0.	1,500.
363	VECTORSONICS LOUDSPEAKERS AND INSTALLATION	07/25/13	SL	10.00		16	3,315.				3,315.	2,654.		332.	2,986.
364	ELEVATOR SECURITY CAMERA / MONITOR	04/05/13	SL	10.00		16	2,216.				2,216.	1,848.		222.	2,070.
365	HEARING LOOP SYSTEM	04/01/13	200DB	5.00	HY	17	11,500.				11,500.	11,500.		0.	11,500.
366	STONE WORK NORTH SIDE	07/31/14	SL	40.00		16	3,200.				3,200.	560.		80.	640.
367	BPT BOCA TICKET PRINTER	03/31/14	SL	5.00		16	1,327.				1,327.	1,327.		0.	1,327.
368	LAPTOP - 575439 FOR RICHARD	05/28/14	SL	3.00		16	527.				527.	527.		0.	527.
369	DISHWASHER	09/20/13	SL	10.00		16	4,919.				4,919.	3,854.		492.	4,346.
370	ANCHOR PRO-540 INTERCOM 4 WAY USER SYSTEM	07/17/14	SL	10.00		16	3,095.				3,095.	2,168.		310.	2,478.
371	STONEWORK - LOWER HALL ENTRANCE	08/14/14	SL	40.00		16	3,000.				3,000.	525.		75.	600.
372	COMPUTERS	06/30/15	SL	3.00		16	3,082.				3,082.	3,082.		0.	3,082.
373	EXIT BARS	11/24/14	SL	10.00		16	3,803.				3,803.	2,534.		380.	2,914.
374	WIRING	02/04/16	SL	40.00		16	4,185.				4,185.	577.		105.	682.
375	SPRINKLER SYSTEM	02/22/16	SL	40.00		16	42,000.				42,000.	5,688.		1,050.	6,738.

128111 04-01-21

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
376	SECURITY RAILS	05/25/16	SL	40.00		16	1,700.				1,700.	138.		43.	181.
377	SIGN	02/18/16	SL	5.00		16	3,125.				3,125.	3,125.		0.	3,125.
378	WALK-IN COOLER	09/19/16	SL	10.00		16	4,901.				4,901.	2,369.		490.	2,859.
379	STEINWAY PIANO	01/05/17	SL	10.00		16	89,828.				89,828.	41,172.		8,983.	50,155.
380	WURLITZER 9411 ES GRANT PIANO-DONATED	01/01/17	SL	15.00		16	7,900.				7,900.	2,415.		527.	2,942.
381	COPIER (CAPITAL LEASE)	10/21/18	SL	5.00		16	3,400.				3,400.	1,870.		680.	2,550.
382	REPAIR SLATE - ROOF AND SIDE	10/16/18	SL	40.00		16	15,700.				15,700.	1,113.		393.	1,506.
383	DIGITAL OVERHEAD SCREENS	04/19/19	SL	10.00		16	12,507.				12,507.	2,815.		1,251.	4,066.
384	SNOWBLOWER	02/21/19	SL	5.00		16	1,599.				1,599.	773.		320.	1,093.
385	ENCLOSED TRAILER	04/26/19	SL	5.00		16	4,500.				4,500.	2,025.		900.	2,925.
386	SOUND EQUIPMENT	07/11/19	SL	5.00		16	427.				427.	177.		85.	262.
387	PROJECTOR	07/14/19	SL	5.00		16	1,649.				1,649.	687.		330.	1,017.
388	LAND - 185 LINCOLN STREET	02/07/20	NC	.000	HY		30,000.				30,000.			0.	
	* 990 PAGE 10 TOTAL OTHER						8,507,084.				8,507,084.	3,804,654.		225,960.	4,030,614.
	* GRAND TOTAL 990 PAGE 10 DEPR						8,561,884.				8,561,884.	3,804,654.		225,960.	4,030,614.

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

DETAIL CARRYOVER SCHEDULE

Type and Entity: RECEPTION HALL RENTAL POST-2017 NO		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 2018	154,068.										
B 2019	183,397.										
C 2020	62,718.										
D 2021	24,945.										
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	E	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	S										
	C										
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											

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 AUG 1, 2021, and ending JUL 31, 2022

2021

Department of the Treasury
Internal Revenue Service

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

Name of filer **FRANCO-AMERICAN HERITAGE CENTER
D/B/A GENDRON FRANCO CENTER**

EIN or SSN
****-***6445**

Name and title of officer or person subject to tax **JANET SULLIVAN
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 type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
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 AUSTIN ASSOCIATES P.A., CPA'S to enter my PIN 00961
ERO firm name Enter five numbers, but do not enter all zeros

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 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 ▶

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.

01170801300

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 ▶ CRYSTAL MARCHESSAULT CPA

Date ▶ 11/09/22

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2021 or other tax year beginning **AUG 1, 2021**, and ending **JUL 31, 2022**.

2021

Department of the Treasury
Internal Revenue Service

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) FRANCO-AMERICAN HERITAGE CENTER D/B/A GENDRON FRANCO CENTER Number, street, and room or suite no. If a P.O. box, see instructions. 46 CEDAR STREET City or town, state or province, country, and ZIP or foreign postal code LEWISTON, ME 04240	D Employer identification number ** - *** 6445 E Group exemption number (see instructions)
C Book value of all assets at end of year ▶ 4,768,331.			F <input type="checkbox"/> Check box if an amended return.	

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **PENNY DRUMM** Telephone number ▶ **207-783-1585**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments				
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d	1e			
2 Subtract line 1e from Part II, line 7	2			0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3			
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4			0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5			0.
6a Payments: A 2020 overpayment credited to 2021	6a			
b 2021 estimated tax payments. Check if section 643(g) election applies	6b			
c Tax deposited with Form 8868	6c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e Backup withholding (see instructions)	6e			
f Credit for small employer health insurance premiums (attach Form 8941)	6f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g			
<input type="checkbox"/> Form 4136				
<input type="checkbox"/> Other				
Total				
7 Total payments. Add lines 6a through 6g	7			
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax	11			
				Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No	
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year			
4 Enter available pre-2018 NOL carryovers here			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
532000	\$ 400,183.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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.				
	Signature of officer _____ Date _____	Title TREASURER	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CRYSTAL MARCHESSAULT CPA	CRYSTAL MARCHESSAULT CPA	11/09/22		P01009755
	Firm's name	Firm's EIN		AUSTIN ASSOCIATES P.A., CPA'S PO BOX 3400 AUBURN, ME 04212-3400	
	Firm's address		Phone no. (207)783-9111		

FORM 990-T		PRE-2018 NET OPERATING LOSS DEDUCTION		STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
07/31/14	196,404.	0.	196,404.	196,404.	
07/31/15	195,779.	0.	195,779.	195,779.	
07/31/16	206,511.	0.	206,511.	206,511.	
07/31/17	187,517.	0.	187,517.	187,517.	
07/31/18	166,557.	0.	166,557.	166,557.	
NOL CARRYOVER AVAILABLE THIS YEAR			952,768.	952,768.	

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization FRANCO-AMERICAN HERITAGE CENTER D/B/A GENDRON FRANCO CENTER	B Employer identification number ** - *** 6445
C Unrelated business activity code (see instructions) ▶ 532000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **RECEPTION HALL RENTAL WITH THE OPTION OF CATE**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>33,552.</u>				
b Less returns and allowances _____ c Balance ▶	1c	33,552.		
2 Cost of goods sold (Part III, line 8)	2	5,682.		
3 Gross profit. Subtract line 2 from line 1c	3	27,870.		27,870.
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6	35,086.		35,086.
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	62,956.		62,956.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1			
2 Salaries and wages	2			7,855.
3 Repairs and maintenance	3			4,168.
4 Bad debts	4			
5 Interest (attach statement). See instructions	5			
6 Taxes and licenses	6			706.
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement) SEE STATEMENT 2	14			75,172.
15 Total deductions. Add lines 1 through 14	15			87,901.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-24,945.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-24,945.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold		Enter method of inventory valuation	▶ LOWER OF COST OR MARKET	
1	Inventory at beginning of year		1	3,202.
2	Purchases		2	4,665.
3	Cost of labor		3	1,352.
4	Additional section 263A costs (attach statement)		4	0.
5	Other costs (attach statement)		5	0.
6	Total. Add lines 1 through 5		6	9,219.
7	Inventory at end of year		7	3,537.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2		8	5,682.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)					
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/> RECEPTION HALL	46 CEDAR STREET, LEWISTON, ME		04240	
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	0.			
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	35,086.			
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D	35,086.			
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶				35,086.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	0.			
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶				0.

Part V Unrelated Debt-Financed Income (see instructions)					
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 ..				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶				0.
11	Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
UTILITIES		5,117.	
INSURANCE		4,156.	
OTHER		3,505.	
DEPRECIATION		57,191.	
RENT		3,220.	
SUPPLIES		1,983.	
TOTAL TO SCHEDULE A, PART II, LINE 14		75,172.	

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S BUSINESS ACTIVITY	UNRELATED	STATEMENT	3
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RECEPTION HALL RENTAL WITH THE OPTION OF CATERING SERVICE
TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION	STATEMENT	4	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
07/31/19	154,068.	0.	154,068.	154,068.
07/31/20	183,397.	0.	183,397.	183,397.
07/31/21	62,718.	0.	62,718.	62,718.
NOL CARRYOVER AVAILABLE THIS YEAR			400,183.	400,183.