

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

## 2021

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://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).**

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>B</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.) <b>New Hampshire Charitable Foundation</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Concord, NH 03301-4005</b>	<b>D</b> Employer identification number  <b>02-6005625</b>  <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year ..... ▶ <b>1,078,662,816.</b>				

<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	<b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439	<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶ <input type="checkbox"/>	<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... ▶ <b>2</b>	<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶	<b>L</b> The books are in care of ▶ <b>Rebecca Carr, Controller</b> Telephone number ▶ <b>(603) 225-6641</b>
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Part I Total Unrelated Business Taxable Income		
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1	850,558.
2 Reserved .....	2	
3 Add lines 1 and 2 .....	3	850,558.
4 Charitable contributions (see instructions for limitation rules) <b>Stmt 1 Stmt 2</b> .....	4	84,956.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5	765,602.
6 Deduction for net operating loss. See instructions .....	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7	765,602.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8	1,000.
9 <b>Trusts.</b> Section 199A deduction. See instructions .....	9	
10 <b>Total deductions.</b> Add lines 8 and 9 .....	10	1,000.
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11	764,602.

Part II Tax Computation		
1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1	160,566.
2 <b>Trusts taxable at trust rates.</b> 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 <b>Proxy tax.</b> See instructions .....	3	
4 Other tax amounts. See instructions .....	4	
5 Alternative minimum tax (trusts only) .....	5	
6 <b>Tax on noncompliant facility income.</b> See instructions .....	6	
7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7	160,566.

LHA For Paperwork Reduction Act Notice, see instructions.

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		160,566.
<b>3</b>	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)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		160,566.
<b>5</b>	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		0.
<b>6a</b>	Payments: A 2020 overpayment credited to 2021	<b>6a</b>	179,392.	
<b>b</b>	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	230,000.	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		409,392.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		248,826.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> 248,826. <b>Refunded</b>	<b>11</b>		0.

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	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
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
<b>5</b>	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	
		\$	
		\$	
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</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.

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

**Sign Here**  
 Signature of officer: *Parth Ober* Date: 11/1/2022 Title: President & CEO  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: Connor Smart Preparer's signature: *Connor Smart* Date: 10/31/22 Check  if self-employed PTIN: P02285543  
 Firm's name: Baker Newman & Noyes Firm's EIN: 01-0494526  
 Firm's address: P.O. Box 507 Portland, ME 04112 Phone no.: (207) 879-2100

Form 990-T	Contributions	Statement	1
Description/Kind of Property	Method Used to Determine FMV	Amount	
Various Public Charities	N/A	55,934,544.	
Total to Form 990-T, Part I, line 4		55,934,544.	

Form 990-T	Contributions Summary	Statement	2
Qualified Contributions Subject to 100% Limit			
Qualified Contributions Subject to 25% Limit			
Carryover of Prior Years Unused Contributions			
For Tax Year 2016	29,581,476		
For Tax Year 2017	36,479,372		
For Tax Year 2018	34,490,909		
For Tax Year 2019	36,691,336		
For Tax Year 2020	44,140,268		
Total Carryover	181,383,361		
Total Current Year 10% Contributions	55,934,544		
Total Contributions Available	237,317,905		
Taxable Income Limitation as Adjusted	84,956		
Excess Contributions	237,232,949		
Excess 100% Contributions	0		
Total Excess Contributions	237,232,949		
Allowable Contributions Deduction		84,956	
Total Contribution Deduction		84,956	

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

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990T](http://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).

1  
OMB No. 1545-0047

**2021**

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

<b>A</b> Name of the organization <b>New Hampshire Charitable Foundation</b>	<b>B</b> Employer identification number <b>02-6005625</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>540000</b>	<b>D</b> Sequence: <b>1</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **UBI from grant administration**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>82,980.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>	<b>82,980.</b>		
<b>2</b> Cost of goods sold (Part III, line 8) _____	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c _____	<b>3</b>	<b>82,980.</b>		<b>82,980.</b>
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions _____	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions _____	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts _____	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) _____	<b>5</b>			
<b>6</b> Rent income (Part IV) _____	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) _____	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) _____	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) _____	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) _____	<b>10</b>			
<b>11</b> Advertising income (Part IX) _____	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) _____	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 _____	<b>13</b>	<b>82,980.</b>		<b>82,980.</b>

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) _____	<b>1</b>		
<b>2</b> Salaries and wages _____	<b>2</b>		
<b>3</b> Repairs and maintenance _____	<b>3</b>		
<b>4</b> Bad debts _____	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions _____	<b>5</b>		
<b>6</b> Taxes and licenses _____	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562). See instructions _____	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return _____	<b>8a</b>		
<b>9</b> Depletion _____	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans _____	<b>10</b>		
<b>11</b> Employee benefit programs _____	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII) _____	<b>12</b>		
<b>13</b> Excess readership costs (Part IX) _____	<b>13</b>		
<b>14</b> Other deductions (attach statement) <u>See Statement 3</u>	<b>14</b>		<b>23,405.</b>
<b>15 Total deductions.</b> Add lines 1 through 14 _____	<b>15</b>		<b>23,405.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) _____	<b>16</b>		<b>59,575.</b>
<b>17</b> Deduction for net operating loss. See instructions _____	<b>17</b>		<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 _____	<b>18</b>		<b>59,575.</b>

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 ▶

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float: right;">..... <input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**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  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	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%) .....				
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) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span>	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span>	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  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	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 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span>	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span>	0.			
11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span>	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)		
<b>Totals</b>			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)
<b>Totals</b>		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	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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Form 990-T (A)	Other Deductions	Statement	3
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<u>Description</u>	<u>Amount</u>
Allocated Overhead	23,405.
Total to Schedule A, Part II, line 14	23,405.

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**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](http://www.irs.gov/Form990T) for instructions and the latest information.  
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501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>New Hampshire Charitable Foundation</b>	<b>B</b> Employer identification number <b>02-6005625</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>520000</b>	<b>D</b> Sequence: <b>2</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **Section 512(a)(6) Qualified Partnerships**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>Statement 4</b>	<b>5</b>	<b>872,187.</b>		<b>872,187.</b>
<b>6</b> Rent income (Part IV)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>			
<b>11</b> Advertising income (Part IX)	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>872,187.</b>		<b>872,187.</b>

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)				
<b>2</b> Salaries and wages				
<b>3</b> Repairs and maintenance				
<b>4</b> Bad debts				
<b>5</b> Interest (attach statement). See instructions				
<b>6</b> Taxes and licenses				<b>2,555.</b>
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>			
<b>9</b> Depletion				
<b>10</b> Contributions to deferred compensation plans				
<b>11</b> Employee benefit programs				
<b>12</b> Excess exempt expenses (Part VIII)				
<b>13</b> Excess readership costs (Part IX)				
<b>14</b> Other deductions (attach statement) <b>See Statement 5</b>	<b>14</b>			<b>78,649.</b>
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>			<b>81,204.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>			<b>790,983.</b>
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>			<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>			<b>790,983.</b>

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 ▶

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float: right;">..... <input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	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%) .....				
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) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span> 0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span> 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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	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 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span> 0.				
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span> 0.				
11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span> 0.				

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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	6. Deductions directly connected with income in column 5
(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)	
<b>Totals</b>			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)
<b>Totals</b>		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	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A

B

C

D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

**Part XI Supplemental Information** (see instructions)

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Form 990-T (A)	Income (Loss) from Partnerships	Statement	4
Description		Net Income or (Loss)	
Audax Private Equity Fund VI-A, LP - Ordinary Business Income (loss)		-7,232.	
Benefit Street Partners Special Situations Fund - Ordinary Business Income (		44.	
Series Resource Capital VI - CA Resources - Ordinary Business Income (loss)		-5,735.	
Denham Commodity Partners Fund VI-A - Ordinary Business Income (loss)		-11.	
Denham Oil and Gas Fund LP - Ordinary Business Income (loss)		133,124.	
Encap Energy Capital Fund IX - Ordinary Business Income (loss)		155,810.	
Encap Energy Capital Fund X - Ordinary Business Income (loss)		215,683.	
Great Hill Equity Partners VI, LP - Ordinary Business Income (loss)		5,051.	
Great Hill Equity Partners VI-A, LP - Ordinary Business Income (loss)		-333.	
Great Hill Equity Partners VII LP - Ordinary Business Income (loss)		-88,928.	
Knightbridge Venture Capital VI LP Series VC - Ordinary Business Income (los		5.	
Lyme Forest Fund III TE - Ordinary Business Income (loss)		-9.	
Oaktree Opportunities Fund XB - Ordinary Business Income (loss)		62,902.	
Oaktree Opportunities Fund XB AIF (Cayman) - Ordinary Business Income (loss)		7,498.	
Oaktree Opportunities Fund XB AIF (Delaware) - Ordinary Business Income (los		475.	
Park St Capital Natural Resource Fund II - Ordinary Business Income (loss)		2,493.	
Park St Capital Natural Resource Fund III - Ordinary Business Income (loss)		4,367.	
Park St Capital Natural Resource Fund IV - Ordinary Business Income (loss)		-2,316.	
Park St Capital Natural Resource Fund V - Ordinary Business Income (loss)		23,807.	
Park St Capital Natural Resource Fund VI - Ordinary Business Income (loss)		159,231.	
TrueBridge Capital Partners Fund V - Ordinary Business Income (loss)		-183.	
TrueBridge Capital Partners Fund VI - Ordinary Business Income (loss)		220.	
TrueBridge-Kauffman Fellows Endowment Fund III, L.P. - Ordinary Business Inc		5,450.	
TrueBridge-Kauffman Fellows Endowment Fund IV, L.P. - Ordinary Business Inco		3,643.	

TrueBridge Bain 2014 Special Purpose - Ordinary Business Income (loss)	20,951.
Spur Ventures II, LP - Ordinary Business Income (loss)	2.
TrueBridge Capital Partners Fund VII - Ordinary Business Income (loss)	308.
The Varde Fund X(B) (Feeder) - Ordinary Business Income (loss)	-3,136.
Weathergage Venture Capital, LP - Ordinary Business Income (loss)	1,663.
Weathergage Venture Capital IV, LP - Ordinary Business Income (loss)	2,517.
Westbrook Real Estate Fund X - Ordinary Business Income (loss)	192,300.
Great Hill Equity Partners VIII LP - Ordinary Business Income (loss)	-7,947.
Great Hill Equity Partners VII-A LP - Ordinary Business Income (loss)	-9,527.
<b>Total Included on Schedule A, Part I, line 5</b>	<b>872,187.</b>

Form 990-T (A)	Other Deductions	Statement	5
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Description	Amount
Tax Return Prep (allocated)	3,813.
Investment Fees (allocated)	60,901.
Administrative Overhead (allocated)	13,935.
<b>Total to Schedule A, Part II, line 14</b>	<b>78,649.</b>

**Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund**

▶ Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder <b>New Hampshire Charitable Foundation</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b> City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions) <b>02-6005625</b> Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/> Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	Employer identification number (if any) <b>98-1302155</b> Reference ID number (see instructions) Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>BSP Special Situations Intermediate A (Cayman) LTD</b> Address (Enter number, street, city or town, and country.) <b>9 West 57th Street, #4920                  New York, NY 10019</b>	Reference ID number (see instructions) Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: Common Stock  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: Various
- 3 Number of shares held at the end of the tax year: 28,711.
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000 (b)  \$50,001-100,000 (c)  \$100,001-150,000 (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: 1,730,273.
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ **See Statement 6**

**Part II Elections** (see instructions)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*



**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....			<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>			
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>			
<b>d</b>	Add lines 8b and 8c .....			<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....			<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.					
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>			
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>			
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....			<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a separate Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

**Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund**

▶ Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder <b>New Hampshire Charitable Foundation</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b> City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions) <b>02-6005625</b> Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/> Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	Employer identification number (if any) <b>98-1437345</b> Reference ID number (see instructions) Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>OCM Jade Holdings LTD</b> Address (Enter number, street, city or town, and country.) <b>27 Hospital Road                  George Town, Grand Cayman, CAYMAN ISLANDS KY</b>	Reference ID number (see instructions) Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: **Common Stock**  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: **Various**
- 3 Number of shares held at the end of the tax year: \_\_\_\_\_
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_ **See Statement 7**

**Part II Elections** (see instructions)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....		<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>		
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>		
<b>d</b>	Add lines 8b and 8c .....		<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....		<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>		
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>		
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....		<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....		<b>10c</b>
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....		<b>11</b>
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....		<b>12</b>
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....		<b>13c</b>
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....		<b>14a</b>
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....		<b>14b</b>
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....		<b>14c</b>

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a separate Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

**Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund**

▶ Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder  <b>New Hampshire Charitable Foundation</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b>  City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions)  <b>02-6005625</b>  Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/> Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	Employer identification number (if any)  <b>98-1398962</b>  Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>OCM Pearl 2 Holdings LTD</b>  Address (Enter number, street, city or town, and country.)  <b>27 Hospital Road</b> <b>George Town, Grand Cayman, CAYMAN ISLANDS KY</b>	Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: Common Stock  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: Various
- 3 Number of shares held at the end of the tax year: \_\_\_\_\_
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_ **See Statement 8**

**Part II Elections** (see instructions)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*



**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....			<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>			
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>			
<b>d</b>	Add lines 8b and 8c .....			<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....			<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.					
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>			
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>			
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....			<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a **separate** Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

**Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund**

▶ Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder  <b>New Hampshire Charitable Foundation</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b>  City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions)  <b>02-6005625</b>  Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/> Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	Employer identification number (if any)  <b>98-1447156</b>  Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>Oaktree Opps Fund XB ITA Investments</b>  Address (Enter number, street, city or town, and country.)  <b>27 Hospital Road</b> <b>George Town, Grand Cayman, CAYMAN ISLANDS KY</b>	

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: Common Stock  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: Various
- 3 Number of shares held at the end of the tax year: \_\_\_\_\_
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_ **See Statement 9**

**Part II Elections** (see instructions)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....		<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>		
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>		
<b>d</b>	Add lines 8b and 8c .....		<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....		<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>		
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>		
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....		<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a separate Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

Name of shareholder <b>New Hampshire Charitable Foundation</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b> City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions) <b>02-6005625</b> Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/>	
Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>Opps Hartree Maritime CTB LTD</b>	Employer identification number (if any) <b>98-1398234</b>
Address (Enter number, street, city or town, and country.) <b>27 Hospital Road</b> <b>George Town, Grand Cayman, CAYMAN ISLANDS KY</b>	Reference ID number (see instructions) Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: Common Stock  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: Various
- 3 Number of shares held at the end of the tax year: \_\_\_\_\_
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_ **See Statement 10**

**Part II Elections** (see instructions)

**A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*

**B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.

**C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*

**D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*

**E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*

**F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*

**G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

**H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*



**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....		<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>		
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>		
<b>d</b>	Add lines 8b and 8c .....		<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....		<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>		
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>		
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....		<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a **separate** Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

**Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund**

▶ Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder  <b>New Hampshire Charitable Foundation</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b>  City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions)  <b>02-6005625</b>  Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/> Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	Employer identification number (if any)  <b>98-1413683</b>  Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>Oaktree Opps XB Holdco LTD</b>  Address (Enter number, street, city or town, and country.)  <b>27 Hospital Road                  George Town, Grand Cayman, CAYMAN ISLANDS KY</b>	Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: Common Stock  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: Various
- 3 Number of shares held at the end of the tax year: \_\_\_\_\_
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_ **See Statement 11**

**Part II Elections** (see instructions)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....		<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>		
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>		
<b>d</b>	Add lines 8b and 8c .....		<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....		<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>		
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>		
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....		<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a **separate** Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

**Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund**

▶ Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder <b>New Hampshire Charitable Foundation</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b> City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions) <b>02-6005625</b> Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/> Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	Employer identification number (if any) <b>98-1501978</b> Reference ID number (see instructions) Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>OCM Orient Investments PTE LTD</b> Address (Enter number, street, city or town, and country.) <b>9 Raffles Place, #26-01          Republic Plaza, Singapore, SINGAPORE</b>	

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: **Common Stock**  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: **Various**
- 3 Number of shares held at the end of the tax year: \_\_\_\_\_
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_ **See Statement 12**

**Part II Elections** (see instructions)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*



**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....			<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>			
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>			
<b>d</b>	Add lines 8b and 8c .....			<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....			<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.					
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>			
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>			
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....			<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a **separate** Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

**Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund**

▶ Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder  <b>New Hampshire Charitable Foundation</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b>  City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions)  <b>02-6005625</b>  Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/> Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	Employer identification number (if any)  <b>98-1591029</b>  Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>OCM LUX NAC SARL</b>  Address (Enter number, street, city or town, and country.)  <b>26A Boulevard Royal                  Luxembourg, LUXEMBOURG L-2449</b>	Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: Common Stock  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: Various
- 3 Number of shares held at the end of the tax year: \_\_\_\_\_
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_ **See Statement 13**

**Part II Elections** (see instructions)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....		<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>		
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>		
<b>d</b>	Add lines 8b and 8c .....		<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....		<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>		
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>		
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....		<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a separate Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

**Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund**

▶ Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder  <b>New Hampshire Charitable Foundation</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b>  City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions)  <b>02-6005625</b>  Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/> Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	Employer identification number (if any)  <b>98-1452445</b>  Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>OCM Lee Topco SARL</b>  Address (Enter number, street, city or town, and country.)  <b>26A Boulevard Royal                  Luxembourg, LUXEMBOURG L-2449</b>	

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: **Common Stock**  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: **Various**
- 3 Number of shares held at the end of the tax year: \_\_\_\_\_
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_ **See Statement 14**

**Part II Elections** (see instructions)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*



**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....		<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>		
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>		
<b>d</b>	Add lines 8b and 8c .....		<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....		<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>		
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>		
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....		<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a separate Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

**Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund**

▶ Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder  <b>New Hampshire Charitable Foundation</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b>  City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions)  <b>02-6005625</b>  Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/> Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	Employer identification number (if any)  <b>98-1409358</b>  Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>ROC 1 Development (LUX) SARL</b>  Address (Enter number, street, city or town, and country.)  <b>26A Boulevard Royal                  Luxembourg, LUXEMBOURG L-2449</b>	Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: Common Stock  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: Various
- 3 Number of shares held at the end of the tax year: \_\_\_\_\_
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_ **See Statement 15**

**Part II Elections** (see instructions)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....		<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>		
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>		
<b>d</b>	Add lines 8b and 8c .....		<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....		<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>		
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>		
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....		<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a **separate** Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

**Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund**

▶ Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder  <b>New Hampshire Charitable Foundation</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b>  City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions)  <b>02-6005625</b>  Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/> Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	Employer identification number (if any)  <b>98-1442209</b>  Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>OCM Sirius Aviation Opps SARL</b>  Address (Enter number, street, city or town, and country.)  <b>26A Boulevard Royal                  Luxembourg, LUXEMBOURG L-2449</b>	Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: Common Stock  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: Various
- 3 Number of shares held at the end of the tax year: \_\_\_\_\_
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_ **See Statement 16**

**Part II Elections** (see instructions)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*



**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....		<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>		
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>		
<b>d</b>	Add lines 8b and 8c .....		<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....		<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>		
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>		
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....		<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a separate Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

**Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund**

▶ Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder <b>New Hampshire Charitable Foundation</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b> City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions) <b>02-6005625</b> Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/> Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	Employer identification number (if any) <b>98-1483883</b> Reference ID number (see instructions) Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>ITA Hotel Investments Holdco 2 SARL</b> Address (Enter number, street, city or town, and country.) <b>26A Boulevard Royal                  Luxembourg, LUXEMBOURG L-2449</b>	

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: Common Stock  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: Various
- 3 Number of shares held at the end of the tax year: \_\_\_\_\_
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_ **See Statement 17**

**Part II Elections** (see instructions)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....		<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>		
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>		
<b>d</b>	Add lines 8b and 8c .....		<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....		<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>		
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>		
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....		<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a **separate** Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

**Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund**

▶ Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder  <b>New Hampshire Charitable Foundation</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b>  City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions)  <b>02-6005625</b>  Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/> Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	Employer identification number (if any)  <b>98-1332857</b>  Reference ID number (see instructions)  Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>OCM Global Investments Holdings SARL</b>  Address (Enter number, street, city or town, and country.)  <b>26A Boulevard Royal                  Luxembourg, LUXEMBOURG L-2449</b>	

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: Common Stock  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: Various
- 3 Number of shares held at the end of the tax year: \_\_\_\_\_
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_ **See Statement 18**

**Part II Elections** (see instructions)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*



**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....		<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>		
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>		
<b>d</b>	Add lines 8b and 8c .....		<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....		<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>		
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>		
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....		<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a **separate** Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

**Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund**

▶ Go to [www.irs.gov/Form8621](http://www.irs.gov/Form8621) for instructions and the latest information.

Name of shareholder <b>New Hampshire Charitable Foundation</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b> City or town, state, and ZIP code or country <b>Concord, NH 03301-4005</b>	Identifying number (see instructions) <b>02-6005625</b> Shareholder tax year: calendar year <b>2021</b> or other tax year beginning and ending
Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate Check if any Excepted Specified Foreign Financial Assets are reported on this form. See instructions <input type="checkbox"/> Qualifying Insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to treat such stock as the stock of a Qualifying Insurance Corporation under the alternative facts and circumstances test within the meaning of section 1297(f)(2). See instructions <input type="checkbox"/>	Employer identification number (if any) <b>98-1555010</b> Reference ID number (see instructions) Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending
Name of foreign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF) <b>Oaktree Opps XB VMO II LTD</b> Address (Enter number, street, city or town, and country.) <b>190 Elgin Avenue                  George Town, Grand Cayman, CAYMAN ISLANDS KY</b>	Reference ID number (see instructions) Tax year of foreign corporation, PFIC, or QEF: Calendar year <b>2021</b> or other tax year beginning and ending

**Part I Summary of Annual Information** (see instructions)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: Common Stock  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the tax year, if applicable: Various
- 3 Number of shares held at the end of the tax year: \_\_\_\_\_
- 4 Value of shares held at the end of the tax year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, and inclusion or deduction under section 1296 (check all boxes that apply):  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_ **See Statement 19**

**Part II Elections** (see instructions)

- A**  **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
**Note:** If any portion of line 6a or line 7a of Part III is includible under section 951, you may **not** make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C**  **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. See instructions.

<b>6 a</b>	Enter your pro rata share of the ordinary earnings of the QEF .....	<b>6a</b>		
<b>b</b>	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>6b</b>		
<b>c</b>	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income .....		<b>6c</b>	
<b>7 a</b>	Enter your pro rata share of the total net capital gain of the QEF .....	<b>7a</b>		
<b>b</b>	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g) .....	<b>7b</b>		
<b>c</b>	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. See instructions .....		<b>7c</b>	

**Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for the current tax year.**

<b>8 a</b>	Add lines 6c and 7c .....		<b>8a</b>	
<b>b</b>	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. See instructions .....	<b>8b</b>		
<b>c</b>	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year ...	<b>8c</b>		
<b>d</b>	Add lines 8b and 8c .....		<b>8d</b>	
<b>e</b>	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets) .....		<b>8e</b>	
<b>Important:</b> If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.				
<b>9 a</b>	Enter the total tax for the tax year. See instructions .....	<b>9a</b>		
<b>b</b>	Enter the total tax for the tax year determined without regard to the amount entered on line 8e .....	<b>9b</b>		
<b>c</b>	Subtract line 9b from line 9a. <b>This is the deferred tax, the time for payment of which is extended by making Election B</b> .....		<b>9c</b>	

**Part IV Gain or (Loss) From Mark-to-Market Election** (see instructions)

<b>10a</b>	Enter the fair market value of your PFIC stock at the end of the tax year .....	<b>10a</b>	
<b>b</b>	Enter your adjusted basis in the stock at the end of the tax year .....	<b>10b</b>	
<b>c</b>	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11 .....	<b>10c</b>	
<b>11</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>11</b>	
<b>12</b>	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return .....	<b>12</b>	
<b>13</b>	<b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>		
<b>a</b>	Enter the fair market value of the stock on the date of sale or disposition .....	<b>13a</b>	
<b>b</b>	Enter the adjusted basis of the stock on the date of sale or disposition .....	<b>13b</b>	
<b>c</b>	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14 .....	<b>13c</b>	
<b>14a</b>	Enter any unreversed inclusions (as defined in section 1296(d)) .....	<b>14a</b>	
<b>b</b>	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c .....	<b>14b</b>	
<b>c</b>	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations .....	<b>14c</b>	

**Note:** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(see instructions)

Complete a **separate** Part V for each excess distribution and disposition. See instructions.

<p><b>15 a</b> Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions .....</p>	<p><b>15a</b></p>	
<p><b>b</b> Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year) .....</p>	<p><b>15b</b></p>	
<p><b>c</b> Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.) .....</p>	<p><b>15c</b></p>	
<p><b>d</b> Multiply line 15c by 125% (1.25) .....</p>	<p><b>15d</b></p>	
<p><b>e</b> Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, <b>do not</b> complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return .....</p>	<p><b>15e</b></p>	
<p><b>f</b> Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and <b>do not</b> complete line 16 .....</p>	<p><b>15f</b></p>	
<p><b>16 a</b> If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.</p>		
<p><b>b</b> Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income .....</p>	<p><b>16b</b></p>	
<p><b>c</b> Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). See instructions .....</p>	<p><b>16c</b></p>	
<p><b>d</b> Foreign tax credit (see instructions) .....</p>	<p><b>16d</b></p>	
<p><b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions .....</p>	<p><b>16e</b></p>	
<p><b>f</b> Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. See instructions .....</p>	<p><b>16f</b></p>	

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election.

	Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.					
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election .....						
18 Undistributed earnings to which the election relates						
19 Deferred tax .....						
20 Interest accrued on deferred tax (line 19) as of the filing date .....						
Complete lines 21 through 24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year .....						
23 Deferred tax due with this return .....						
24 Accrued interest due with this return .....						
Complete lines 25 and 26 only if there is a partial termination of a section 1294 election in the current tax year.						
25 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19 .....						
26 Interest accrued after partial termination of election. Subtract line 24 from line 20						

Form **8865**

# Return of U.S. Persons With Respect to Certain Foreign Partnerships

OMB No. 1545-1668

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

# 2021

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

Name of person filing this return <b>New Hampshire Charitable Foundation</b>	Filer's identification number <b>02-6005625</b>
---	--

Filer's address (if you aren't filing this form with your tax return) <b>37 Pleasant Street Concord, NH 03301-4005</b>	<b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> <b>B</b> Filer's tax year beginning <b>JAN 1</b> , 2021, and ending <b>DEC 31</b> , 2021
---	---

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name _____	EIN _____
Address _____	

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership  
**Great Hill Equity Partners VII-A, LP**

**P.O. Box 10008, Willow House  
Grand Cayman, Cayman Islands KY1-1001**

2(a) EIN (if any)	
2(b) Reference ID number	<b>U38</b>
3 Country under whose laws organized	<b>Cayman Islands</b>

<b>4</b> Date of organization <b>02/03/2021</b>	<b>5</b> Principal place of business <b>Cayman Islands</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>Investments</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions) <b>1.000000</b>
--	---	---	--	---	---

**H** Provide the following information for the foreign partnership's tax year:

1 Name, address, and identification number of agent (if any) in the United States	<b>2</b> Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 Service Center where Form 1065 is filed:
---	---

3 Name and address of foreign partnership's agent in country of organization, if any	<b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different <b>c/o Services Cayman LTD P.O. Box 10008, Willow House Grand Cayman, Cayman Islands KY1-100</b>
--	---

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **Partnership**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet both of the following requirements?  
 1. The partnership's total receipts for the tax year were less than \$250,000.  
 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
 If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **8865** (2021)



- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

**Schedule A** **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1** **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2** **Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3** **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
GHP SPV-2 AGG lp	P.O. Box 10008, Willow Sq Grand Cayman, Cayman Islan	98-1610172		<b>X</b>

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor <b>New Hampshire Charitable Foundation</b>		Filer's identifying number <b>02-6005625</b>
Name of foreign partnership <b>Great Hill Equity Partners VII-A,</b>	EIN (if any)	Reference ID number (see instr) <b>U38</b>

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/21		841,185.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			<b>841,185.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **.3380** %

**Supplemental Information Required To Be Reported** (see instructions):

**Consideration received included interest in Great Hill Equity Partners VII-A, LP**

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

Form **8865**

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

OMB No. 1545-1668

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **Go to www.irs.gov/Form8865 for instructions and the latest information.**  
▶ **Attach to your tax return.**

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2021, and ending **DEC 31**, 2021

Attachment Sequence No. **865**

Name of person filing this return

Filer's identification number

**02-6005625**

**New Hampshire Charitable Foundation**

Filer's address (if you aren't filing this form with your tax return)

**37 Pleasant Street  
Concord, NH 03301-4005**

**A** Category of filer (see Categories of Filers in the instructions and check applicable box(es)):

1  2  3  4

**B** Filer's tax year beginning **JAN 1**, 2021, and ending **DEC 31**, 2021

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name

EIN

Address

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership

**Oaktree Opportunities Fund XB AIF  
(Cayman), LP  
333 South Grand Avenue, 28th Floor  
Los Angeles, CA 90071**

**2(a)** EIN (if any)

**98-1208442**

**2(b)** Reference ID number

**3** Country under whose laws organized

**Cayman Islands**

<b>4</b> Date of organization <b>09/01/2018</b>	<b>5</b> Principal place of business <b>Cayman Islands</b>	<b>6</b> Principal business activity code number <b>523900</b>	<b>7</b> Principal business activity <b>Investments</b>	<b>8a</b> Functional currency <b>USD</b>	<b>8b</b> Exchange rate (see instructions) <b>1.000000</b>
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**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States  
**Oaktree Capital Management, L.P.  
333 South Grand Avenue, 28th Floor  
Los Angeles, CA 90071**

**2** Check if the foreign partnership must file:

Form 1042  Form 8804  Form 1065

Service Center where Form 1065 is filed:

**E-file**

**3** Name and address of foreign partnership's agent in country of organization, if any  
**Walkers Corporate Services Limited  
27 Hospital Road  
George Town, Grand Cayman Cayman Isla**

**4** Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

**Oaktree Capital Management, L.P.  
333 South Grand Avenue, 28th Floor  
Los Angeles, CA 90071**

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No

If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **Partnership**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet both of the following requirements?  
1. The partnership's total receipts for the tax year were less than \$250,000.  
2. The value of the partnership's total assets at the end of the tax year was less than \$1 million.  
If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

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

Form **8865** (2021)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) ▶ \_\_\_\_\_
- c** If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- d** If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI ▶ \_\_\_\_\_
- 13** Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership ▶ \_\_\_\_\_
- 14** At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regulations section 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. 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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

**a**  Owns a direct interest **b**  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
				<input type="checkbox"/>	%	%
				<input type="checkbox"/>	%	%

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Statement 20 Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**SCHEDULE O  
(Form 8865)**

(Rev. October 2021)  
Department of the Treasury  
Internal Revenue Service

**Transfer of Property to a Foreign Partnership  
(Under Section 6038B)**

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

OMB No. 1545-1668

Name of transferor **New Hampshire Charitable Foundation** Filer's identifying number **02-6005625**

Name of foreign partnership **Oaktree Opportunities Fund XB AIF (Cayman), LP** EIN (if any) **98-1208442** Reference ID number (see instr)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1(b)(14))? See instructions .....  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/21		301,522.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			<b>301,522.</b>				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0660** % (b) After the transfer **.0670** %

**Supplemental Information Required To Be Reported** (see instructions):

**Consideration received included interest in Oaktree Opportunities Fund XB AIF (Cayman), LP**

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 10-2021

Form 8621	Additional Information	Statement	6
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Name of Passive Foreign Investment Company or Qualified Electing Fund

BSP Special Situations Intermediate  
A (Cayman) LTD

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock				28,711.000	1,730,273.00

Form 8621	Additional Information	Statement	7
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Name of Passive Foreign Investment Company or Qualified Electing Fund

OCM Jade Holdings LTD

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock					41,111.00

Form 8621	Additional Information	Statement	8
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Name of Passive Foreign Investment Company or Qualified Electing Fund

OCM Pearl 2 Holdings LTD

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock					25,714.00

Form 8621	Additional Information	Statement	9
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Name of Passive Foreign Investment Company or Qualified Electing Fund

Oaktree Opps Fund XB ITA Investments

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock					124.00

Form 8621	Additional Information	Statement	10
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Name of Passive Foreign Investment Company or Qualified Electing Fund

Opps Hartree Maritime CTB LTD

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock					14,254.00

Form 8621	Additional Information	Statement	11
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Name of Passive Foreign Investment Company or Qualified Electing Fund

Oaktree Opps XB Holdco LTD

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock					151,110.00

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Form 8621 Additional Information Statement 12

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Name of Passive Foreign Investment Company or Qualified Electing Fund

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OCM Orient Investments PTE LTD

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock					9,647.00

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Form 8621 Additional Information Statement 13

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Name of Passive Foreign Investment Company or Qualified Electing Fund

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OCM LUX NAC SARL

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock					0.00

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Form 8621 Additional Information Statement 14

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Name of Passive Foreign Investment Company or Qualified Electing Fund

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OCM Lee Topco SARL

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock					0.00



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Form 8621 Additional Information Statement 15

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Name of Passive Foreign Investment Company or Qualified Electing Fund

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ROC 1 Development (LUX) SARL

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock					13,786.00

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Form 8621 Additional Information Statement 16

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Name of Passive Foreign Investment Company or Qualified Electing Fund

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OCM Sirius Aviation Opps SARL

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock					20,033.00

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Form 8621 Additional Information Statement 17

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Name of Passive Foreign Investment Company or Qualified Electing Fund

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ITA Hotel Investments Holdco 2 SARL

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock					8,552.00

Form 8621 Additional Information Statement 18

Name of Passive Foreign Investment Company or Qualified Electing Fund

OCM Global Investments Holdings SARL

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock					0.00

Form 8621 Additional Information Statement 19

Name of Passive Foreign Investment Company or Qualified Electing Fund

Oaktree Opps XB VMO II LTD

Class of Stock	Number of Shares at Beginning of Year	Change in Number of Shares	Date of Change	Number of Shares at End of Year	Value of Shares Held at End of Year
Common Stock					5,000.00

Form 8865 Affiliation Schedule Statement 20

Name	Address	Identifying Number	Total Ordinary Income or (Loss)	Ck if Foreign P'sh
OPPS XB Source Hldgs II PT	333 South Grand Ave. Fl 28 Los Angeles, CA 90071	83-1752689		
OCM Source Holdings II, LP	333 South Grand Ave. Fl 28 Los Angeles, CA 90071	82-3786219		
OPPS J-ENRG Holdings PT	333 South Grand Ave. Fl 28 Los Angeles, CA 90071	84-1872852		
Opps J-ENRG Holdings	333 South Grand Ave. Fl 28 Los Angeles, CA 90071	84-1857135		
OCM Opps IBRW Holdings, PT	333 South Grand Ave. Fl 28 Los Angeles, CA 90071	85-0667023		

OCM IMCR Holdings, LP	333 South Grand Ave. Fl 28	85-0668208
	Los Angeles, CA 90071	
OCM Opps UWM Holdings PT	333 South Grand Ave. Fl 28	84-3755394
	Los Angeles, CA 90071	
OCM Engy Holdings III PT	333 South Grand Ave. Fl 28	85-1672288
	Los Angeles, CA 90071	
OCM Acres XAN Holdings, PT	333 South Grand Ave. Fl 28	84-3822792
	Los Angeles, CA 90071	
OCM Acres XAN Holdings, PT	333 South Grand Ave. Fl 28	84-3827548
	Los Angeles, CA 90071	
OPPS XB Quid Holdings PT	333 South Grand Ave. Fl 28	85-2753424
	Los Angeles, CA 90071	
OCM Quadpay Holdings, LP	333 South Grand Ave. Fl 28	85-0667949
	Los Angeles, CA 90071	
OCM Opps ELF XB Hldgs PT	333 South Grand Ave. Fl 28	85-1898779
	Los Angeles, CA 90071	
OPPS XB PSAV PT, LP	333 South Grand Ave. Fl 28	85-4139078
	Los Angeles, CA 90071	
OCM PSAV Holdings, LP	333 South Grand Ave. Fl 28	85-3507292
	Los Angeles, CA 90071	
OCM Opps Weather Hldgs PT	333 South Grand Ave. Fl 28	85-1761056
	Los Angeles, CA 90071	
OPPS XB EGWL PT	333 South Grand Ave. Fl 28	87-1685830
	Los Angeles, CA 90071	
OCM EGWL Holdings	333 South Grand Ave. Fl 28	87-3016413
	Los Angeles, CA 90071	
OPPS XB Terminal PT	333 South Grand Ave. Fl 28	86-1912580
	Los Angeles, CA 90071	
OPPS Terminal Holdings	333 South Grand Ave. Fl 28	86-2156806
	Los Angeles, CA 90071	
OPPS XB OCW PT	333 South Grand Ave. Fl 28	85-4239700
	Los Angeles, CA 90071	
OPPS OCW Holdings	333 South Grand Ave. Fl 28	85-4185334
	Los Angeles, CA 90071	
OCM AZR Holdings II PT	333 South Grand Ave. Fl 28	86-1639461
	Los Angeles, CA 90071	
Azorra Aviation Holdings	333 South Grand Ave. Fl 28	86-1872655
	Los Angeles, CA 90071	
OCM Opps XB MILB Holdings	333 South Grand Ave. Fl 28	86-1249010
	Los Angeles, CA 90071	
OCM MILB Holdings	333 South Grand Ave. Fl 28	86-1247589
	Los Angeles, CA 90071	

OPPS XB INTF PT	333 South Grand Ave. Fl 28	86-1601095
	Los Angeles, CA 90071	
OCM INTF Holdings	333 South Grand Ave. Fl 28	86-1601589
	Los Angeles, CA 90071	
OPPS XB HCIP PT	333 South Grand Ave. Fl 28	86-1705130
	Los Angeles, CA 90071	
OCM HCIP Holdings	333 South Grand Ave. Fl 28	86-1704252
	Los Angeles, CA 90071	
Opps XB VMO Holdings I	333 South Grand Ave. Fl 28	86-1601835
	Los Angeles, CA 90071	
OCM VMO Holdings I	333 South Grand Ave. Fl 28	86-1705752
	Los Angeles, CA 90071	
XB OTWSOU Terrier Holdings	333 South Grand Ave. Fl 28	86-1731486
	Los Angeles, CA 90071	
OT WSOU Terrier Holdings	333 South Grand Ave. Fl 28	86-2264860
	Los Angeles, CA 90071	
OPPS XB TRSTR PT	333 South Grand Ave. Fl 28	86-2240905
	Los Angeles, CA 90071	
OCM TRSTR Holdings	333 South Grand Ave. Fl 28	86-3611052
	Los Angeles, CA 90071	
OPPS XB GLWY PT	333 South Grand Ave. Fl 28	86-2666763
	Los Angeles, CA 90071	
OCM GLWY Finance Holdings	333 South Grand Ave. Fl 28	87-0816462
	Los Angeles, CA 90071	
OPPS XB ENLK PT	333 South Grand Ave. Fl 28	86-3207508
	Los Angeles, CA 90071	
OCM ENLK Holdings	333 South Grand Ave. Fl 28	87-0829493
	Los Angeles, CA 90071	
OPPS XB ITF PT	333 South Grand Ave. Fl 28	87-0921928
	Los Angeles, CA 90071	
OCM ITF Holdings	333 South Grand Ave. Fl 28	87-1526318
	Los Angeles, CA 90071	
OPPS XB OTG PT	333 South Grand Ave. Fl 28	86-3645727
	Los Angeles, CA 90071	
OCM OPPS OTG Holdings	333 South Grand Ave. Fl 28	87-1028754
	Los Angeles, CA 90071	
OPPS XB ELVT PT	333 South Grand Ave. Fl 28	87-0922215
	Los Angeles, CA 90071	
OCM ELVT D Holdings	333 South Grand Ave. Fl 28	87-1298152
	Los Angeles, CA 90071	
OPPS XB JB PT	333 South Grand Ave. Fl 28	85-2751891
	Los Angeles, CA 90071	
OPPS JB Holdings	333 South Grand Ave. Fl 28	87-2461811
	Los Angeles, CA 90071	
OPPS XB MTL PT	333 South Grand Ave. Fl 28	87-1686274
	Los Angeles, CA 90071	
OCM MTL Holdings	333 South Grand Ave. Fl 28	86-1695551
	Los Angeles, CA 90071	
OPPS CB MT RNW PT	333 South Grand Ave. Fl 28	87-2374829
	Los Angeles, CA 90071	

OCM MT RNW Holdings	333 South Grand Ave. Fl 28	87-3321799
	Los Angeles, CA 90071	
OPPS XB RMB1 Holdings	333 South Grand Ave. Fl 28	87-0817132
	Los Angeles, CA 90071	
OCM ACE OPPS XB PT	333 South Grand Ave. Fl 28	87-1298730
	Los Angeles, CA 90071	
OCM ACE Holdings	333 South Grand Ave. Fl 28	86-1218650
	Los Angeles, CA 90071	
OPPS XB AHT PT	333 South Grand Ave. Fl 28	85-4141525
	Los Angeles, CA 90071	
OPPS AHT Holdings	333 South Grand Ave. Fl 28	84-3859197
	Los Angeles, CA 90071	
OPPS XB QDTH PT	333 South Grand Ave. Fl 28	87-2375227
	Los Angeles, CA 90071	
Quid Thrasio I	333 South Grand Ave. Fl 28	87-3320979
	Los Angeles, CA 90071	
OPPS XB OCW MAC PT	333 South Grand Ave. Fl 28	85-4141859
	Los Angeles, CA 90071	
OCW MAC Holdings	333 South Grand Ave. Fl 28	84-3822723
	Los Angeles, CA 90071	
OCM RNWY Holdings	333 South Grand Ave. Fl 28	84-2288011
	Los Angeles, CA 90071	
OCM OPPS Nustar Holdings	333 South Grand Ave. Fl 28	85-0519775
	Los Angeles, CA 90071	
OPPS 10B Storage Holdings	333 South Grand Ave. Fl 28	83-3143852
	Los Angeles, CA 90071	
Oaktree Storage Holdings	333 South Grand Ave. Fl 28	83-3142629
	Los Angeles, CA 90071	
OCM ENGY Holdings IV PT	333 South Grand Ave. Fl 28	84-3827582
	Los Angeles, CA 90071	
OPPS Energy Trading XB PT	333 South Grand Ave. Fl 28	85-0692021
	Los Angeles, CA 90071	
OPPS ENGY Trad Holdings V	333 South Grand Ave. Fl 28	85-1462051
	Los Angeles, CA 90071	
Oaktree OPPS Fund XB AIF	333 South Grand Ave. Fl 28	98-1551142
	Los Angeles, CA 90071	
OCM OPPS XB AIF Holdings	333 South Grand Ave. Fl 28	82-4541514
	Los Angeles, CA 90071	

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>New Hampshire Charitable Foundation</b>	Identifying number (see instructions) <b>02-6005625</b>
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
N/A	

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>AACP Tax Exempt Investors IV, LP</b>	5a Identifying number, if any <b>47-5229744</b>
---	--

6 Address (including country) <b>One Embarcadero Center, 16th Floor San Francisco, CA 94111</b>	5b Reference ID number <b>926-4</b>
--	--

7 Country code of country of incorporation or organization  
**CJ**

8 Foreign law characterization (see instructions)  
**Limited Partnership**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		157,516.		

10 Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

13 Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported (see instructions)**

**Consideration received consisted of interest in AACP Tax Exempt Investors IV, LP.**

**Part IV Additional Information Regarding Transfer of Property (see instructions)**

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
**(a)** Before 1.523 % **(b)** After 1.523 %
- 17** Type of nonrecognition transaction (see instructions) ▶ 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
  - a** Gain recognition under section 904(f)(3)  Yes  No
  - b** Gain recognition under section 904(f)(5)(F)  Yes  No
  - c** Recapture under section 1503(d)  Yes  No
  - d** Exchange gain under section 987  Yes  No
- 19** Did this transfer result from a change in entity classification?  Yes  No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>New Hampshire Charitable Foundation</b>	Identifying number (see instructions) <b>02-6005625</b>
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
N/A	

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation)  <b>AACP Tax Exempt Investors V, LP</b>	<b>5a</b> Identifying number, if any  <b>61-1817524</b>
<b>6</b> Address (including country) <b>One Embarcadero Center, 16th Floor</b> <b>San Francisco, CA 94111</b>	<b>5b</b> Reference ID number  <b>926-5</b>
<b>7</b> Country code of country of incorporation or organization <b>CJ</b>	
<b>8</b> Foreign law characterization (see instructions) <b>Limited Partnership</b>	
<b>9</b> Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		877,126.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported (see instructions)**

**Consideration received consisted of interest in AACP Tax-Exempt Investors V, LP.**

**Part IV Additional Information Regarding Transfer of Property (see instructions)**

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.883 % (b) After 0.883 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>New Hampshire Charitable Foundation</b>	Identifying number (see instructions) <b>02-6005625</b>
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
N/A	

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

<b>4</b> Name of transferee (foreign corporation)  <b>AACP Tax Exempt Investors VI, LP</b>	<b>5a</b> Identifying number, if any  <b>98-1525059</b>
<b>6</b> Address (including country) <b>One Embarcadero Center, 16th Floor</b> <b>San Francisco, CA 94111</b>	<b>5b</b> Reference ID number  <b>926-6</b>
<b>7</b> Country code of country of incorporation or organization <b>CJ</b>	
<b>8</b> Foreign law characterization (see instructions) <b>Limited Partnership</b>	
<b>9</b> Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		228,006.		

10 Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

13 Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported (see instructions)**

**Consideration received consisted of interest in AACP Tax-Exempt Investors VI, LP.**

**Part IV Additional Information Regarding Transfer of Property (see instructions)**

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 1.375 % (b) After 0.932 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>New Hampshire Charitable Foundation</b>	Identifying number (see instructions) <b>02-6005625</b>
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation
<b>N/A</b>	

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>Great Hill Equity Partners VII-A, LP</b>	

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>BigChange TopCo LTD</b>	5a Identifying number, if any
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6 Address (including country) <b>11-12 St. James Square, Suite 1 London, UK SW1Y 4LB United Kingdom</b>	5b Reference ID number <b>U-38.1</b>
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7 Country code of country of incorporation or organization  
**UK**

8 Foreign law characterization (see instructions)  
**Corporation**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		208,735.		

10 Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

13 Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						



- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported (see instructions)**

Consideration received consisted of interest in BigChange TopCo LTD.

**Part IV Additional Information Regarding Transfer of Property (see instructions)**

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.000 % (b) After 0.120 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>New Hampshire Charitable Foundation</b>	Identifying number (see instructions) <b>02-6005625</b>
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation
<b>N/A</b>	

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>Great Hill Equity Partners VII-A, LP</b>	

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>Upminster TopCo LTD</b>	5a Identifying number, if any
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6 Address (including country) <b>10 Temple Back, Templeback Bristol, UK BS1 6FL United Kingdom</b>	5b Reference ID number <b>U-38.2</b>
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7 Country code of country of incorporation or organization  
**UK**

8 Foreign law characterization (see instructions)  
**Corporation**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		265,436.		

10 Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

13 Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported (see instructions)**

Consideration received consisted of interest in Upminster TopCo LTD.

**Part IV Additional Information Regarding Transfer of Property (see instructions)**

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.000 % (b) After 0.120 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>New Hampshire Charitable Foundation</b>	Identifying number (see instructions) <b>02-6005625</b>
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation
<b>N/A</b>	

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>Great Hill Equity Partners VII-A, LP</b>	

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>eloomi A/S</b>	5a Identifying number, if any
---	-------------------------------

6 Address (including country) <b>Per Henrik Lings Alle 4 Copenhagen, Demark 2100 Denmark</b>	5b Reference ID number <b>U-38.3</b>
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7 Country code of country of incorporation or organization  
**DA**

8 Foreign law characterization (see instructions)  
**Corporation**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		108,323.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

Consideration received consisted of interest in eloomi A/S.

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.000 % (b) After 0.070 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>New Hampshire Charitable Foundation</b>	Identifying number (see instructions) <b>02-6005625</b>
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation
<b>N/A</b>	

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>Great Hill Equity Partners VII-A, LP</b>	

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>Auvik TopCo Holdings, Inc.</b>	5a Identifying number, if any
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6 Address (including country) <b>595 Burrard Street, Suite 2600 Vancouver, British Columbia V7X 1L3 Canada</b>	5b Reference ID number <b>U-38.4</b>
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7 Country code of country of incorporation or organization  
**CA**

8 Foreign law characterization (see instructions)  
**Corporation**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No



**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		415,907.		

10 Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

13 Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported (see instructions)**

Consideration received consisted of interest in Auvik TopCo Holdings, Inc..

**Part IV Additional Information Regarding Transfer of Property (see instructions)**

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.000 % (b) After 0.100 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>New Hampshire Charitable Foundation</b>	Identifying number (see instructions) <b>02-6005625</b>
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation
<b>N/A</b>	

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>CIM Enterprise Loan Fund, LP</b>	<b>47-2972531</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <b>CIM Cayman Holdings LLC</b>	5a Identifying number, if any <b>98-1475073</b>
--	--

6 Address (including country) <b>Ugland House Grand Cayman, KY1-1104 Cayman Islands</b>	5b Reference ID number <b>926-7 / U-20</b>
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7 Country code of country of incorporation or organization  
**CJ**

8 Foreign law characterization (see instructions)  
**Corporation**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		300,000.		

**10** Was cash the only property transferred?  **Yes**  **No**  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  **Yes**  **No**

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  **Yes**  **No**  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  **Yes**  **No**  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  **Yes**  **No**  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

Consideration received consisted of interest in CIM Cayman Holdings LLC.

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.322 % (b) After 0.282 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>New Hampshire Charitable Foundation</b>	Identifying number (see instructions) <b>02-6005625</b>
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation
<b>N/A</b>	

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>Davidson Kempner Institutional Partners LP</b>	<b>13-3597020</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>DKIP (Cayman) II LP</b>	5a Identifying number, if any
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Address (including country) <b>190 Elgin Avenue George Town, Grand Cayman KY1-9005 Cayman Islands</b>	5b Reference ID number <b>U-25</b>
--	---------------------------------------

**7** Country code of country of incorporation or organization  
**CJ**

**8** Foreign law characterization (see instructions)  
**Corporation**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		14,434,895.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported (see instructions)**

Consideration received consisted of interest in DKIP (Cayman) II LP.

**Part IV Additional Information Regarding Transfer of Property (see instructions)**

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.300 % (b) After 0.400 %
- 17** Type of nonrecognition transaction (see instructions) ▶ 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
  - a** Gain recognition under section 904(f)(3)  Yes  No
  - b** Gain recognition under section 904(f)(5)(F)  Yes  No
  - c** Recapture under section 1503(d)  Yes  No
  - d** Exchange gain under section 987  Yes  No
- 19** Did this transfer result from a change in entity classification?  Yes  No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

**Part I U.S. Transferor Information** (see instructions)

Name of transferor <b>New Hampshire Charitable Foundation</b>	Identifying number (see instructions) <b>02-6005625</b>
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b** Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation
<b>N/A</b>	

- d** Have basis adjustments under section 367(a)(4) been made?  Yes  No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<b>Firstmark Capital V, LP</b>	<b>84-3747650</b>

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c** Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

Name of transferee (foreign corporation) <b>Synthesia LTD</b>	5a Identifying number, if any
--	-------------------------------

Address (including country) <b>16 Dufours Place London, W1F 7SP United Kingdom</b>	5b Reference ID number <b>U-34</b>
---	---------------------------------------

**7** Country code of country of incorporation or organization  
**UK**

**8** Foreign law characterization (see instructions)  
**Corporation**

- 9** Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2021		125,526.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

**11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No

**12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.

**b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

**c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

**d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_

**13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?  Yes  No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ \_\_\_\_\_
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?  Yes  No

**Supplemental Part III Information Required To Be Reported** (see instructions)

Consideration received consisted of interest in Synthesia LTD.

**Part IV Additional Information Regarding Transfer of Property** (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.  
(a) Before 0.000 % (b) After 0.120 %
- 17 Type of nonrecognition transaction (see instructions) ▶ 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
  - a Gain recognition under section 904(f)(3)  Yes  No
  - b Gain recognition under section 904(f)(5)(F)  Yes  No
  - c Recapture under section 1503(d)  Yes  No
  - d Exchange gain under section 987  Yes  No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

For the  calendar year 2021 or  fiscal year beginning and ending

<b>CHECK ONE:</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name <b>New Hampshire Charitable Foundation</b>	Employer Identification Number (EIN) <b>02-6005625</b>
Business Telephone Number (with area code) <b>(603) 225-6641</b>	Address - number and street or PO Box <b>37 Pleasant Street</b>	
	City, Town or Post Office <b>Concord, NH 03301-4005</b>	State ZIP Code
<b>68</b> Check box if: A <input type="checkbox"/> This is a first return B <input type="checkbox"/> Name change C <input type="checkbox"/> Address change		
A Date Arizona operations began ..... B Nature of unrelated business activities: <b>Pass-Through Income</b> C Unrelated business activity codes: <b>523000</b> D ARIZONA apportionment for multistate organizations only (check one box): 1 <input type="checkbox"/> AIR CARRIER 2 <input type="checkbox"/> STANDARD 3 <input checked="" type="checkbox"/> SALES FACTOR ONLY E <input type="checkbox"/> Check if Multistate Service Provider Election and Computation (Arizona Schedule MSP) is included. Indicate the year of the election cycle <input type="checkbox"/> Yr 1 <input type="checkbox"/> Yr 2 <input type="checkbox"/> Yr 3 <input type="checkbox"/> Yr 4 <input type="checkbox"/> Yr 5 F Check federal form filed: 1 <input checked="" type="checkbox"/> 990-T 2 <input type="checkbox"/> Other (specify) .....		
Check box if return filed under extension: <b>82</b> 82F <input checked="" type="checkbox"/>		
REVENUE USE ONLY. DO NOT MARK IN THIS AREA. <b>88</b>		
<b>81</b> PM		<b>66</b> RCVD

**Arizona Unrelated Business Taxable Income Computation**

1 Unrelated business taxable income .....	1	764,602	00
2 Additions related to Arizona tax credits claimed .....	2		00
3 Subtotal: Add line 1 and line 2. Enter the total. ....	3	764,602	00
4 Apportionment ratio for multistate organizations only: See instructions ..... 4			
5 Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3) .....	5	-916	00

**Arizona Tax Liability Computation**

6 Enter tax: Tax is 4.9 percent of line 5, or \$50, whichever is greater .....	6	50	00
7 Tax from recapture of tax credits from Arizona Form 300, Part 2, line 25 .....	7		00
8 Subtotal: Add line 6 and line 7. Enter the total. ....	8	50	00
9 Nonrefundable tax credits from Arizona Form 300, Part 2, line 46 .....	9		00
10 Credit type: Enter form number for each nonrefundable credit claimed: 101   3   102   3   103   3   104   3			
11 Tax liability: Subtract line 9 from line 8. Enter the difference .....	11	50	00

**Tax Payments**

12 Refundable tax credits: Check box(es) and enter amt: 121 <input type="checkbox"/> 308 122 <input type="checkbox"/> 349 .....	12		00
13 Extension payment made with Arizona Form 120EXT or online .....	13		00
14 Estimated tax payments: .....	14	561	00
15 Amended returns. Payment made with original return plus all payments made after it was filed: See instructions .....	15		00
16 Subtotal payments: Add lines 12 through 15. Enter the total. ....	16	561	00
17 Overpayments of tax from original return or later adjustments: See instructions .....	17		00
18 Total Payments: Subtract line 17 from line 16. Enter the difference .....	18	561	00

**Computation of Total Due or Overpayment**

19 Balance of tax due: If line 11 is larger than line 18, subtract line 18 from line 11. Enter balance of tax due. Skip line 20 .....	19		00
20 Overpayment of tax: If line 18 is larger than line 11, subtract line 11 from line 18. Enter overpayment of tax .....	20	511	00
21 Penalty and interest .....	21		00
22 Estimated tax underpayment penalty: If Form 220 is included, check this box ..... 22A <input type="checkbox"/>	22		00
23 TOTAL AMOUNT DUE: Add lines 19, 21, and 22. Enter the total. See instructions .....	23		00
24 OVERPAYMENT: See instructions .....	24	511	00
25 Amount of line 24 to be applied to 2022 estimated tax ..... 25		511	00
26 Amount to be refunded: Subtract line 25 from line 24. Enter the difference .....	26		00


Continued on page 2 →

**SCHEDULE A Apportionment Formula (Multistate Organizations Only)**

**IMPORTANT:** Qualifying air carriers must use Arizona Schedule ACA.  
 Qualifying multistate service providers must include Arizona Schedule MSP.  
 If the "SALES FACTOR ONLY" box on page 1, line D, is checked,  
 complete only Section A3, Sales Factor, lines a through f. See instructions.

LIMITED TO UNRELATED BUSINESS AMOUNTS		
COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
- 916		
0		
- 916	764,602	
x 2 OR x 1		
- 916	764,602	- .001198
<b>A4 STANDARD Apportionment Total Ratio:</b> Add Column C of lines A1, A2, and A3f. Enter the total.		- .001198
<b>A5 Average Apportionment Ratio for STANDARD Apportionment:</b> Divide line A4, Column C, by four (4). Enter the result on page 1, line 4. (If one of the factors is "0", in both Column A and Column B, see instructions.)		- .001198

- A1 Property Factor - STANDARD APPORTIONMENT ONLY**  
 Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value). .....
- A2 Payroll Factor - STANDARD APPORTIONMENT ONLY**  
 Total wages, salaries, commissions and other compensation to employees (per federal Form 990T, or payroll reports). .....
- A3 Sales Factor**
- a Sales delivered or shipped to Arizona purchasers .....
  - b Sales from services or from designated intangibles for qualifying multistate service providers only (see instructions; include Schedule MSP) .....
  - c Other gross receipts .....
  - d Total sales and other gross receipts (the sum of lines a through c) .....
  - e Weight AZ sales: (STANDARD x 2; SALES FACTOR ONLY x 1) .....
  - f Sales Factor: (for Column A, multiply line d by line e; for Column B, enter the amount from line d; for Column C, divide Column A by Column B.)
- STANDARD Apportionment,** continue to A4.  
**SALES FACTOR ONLY Apportionment,** enter the amount from Column C on page 1, line 4 .....

<b>Declaration</b>	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
<b>Please Sign Here</b>	OFFICER'S SIGNATURE	DATE	President & CEO TITLE
		11-1-2022	
<b>Paid Preparer's Use Only</b>	PAID PREPARER'S SIGNATURE	DATE	P02285543 PAID PREPARER'S TIN
	<b>Baker Newman &amp; Noyes</b>		01-0494526 FIRM'S EIN
	FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) <b>P.O. Box 507</b>		<b>(207) 879-2100</b> FIRM'S TELEPHONE NUMBER
	FIRM'S STREET ADDRESS <b>Portland, ME</b>	CITY	STATE
			<b>04112</b> ZIP CODE

**Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153**

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Footnotes

Statement 1

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New Hampshire Charitable Foundation is a 501(c)(3) tax-exempt public charity in New Hampshire. As a 170(b)(1)(A)(vi) public charity, it has no business presence outside of the state of New Hampshire other than unrelated business income derived from passive, flow-through activity apportioned to the Foundation from investment partnerships.

# California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name <b>NEW HAMPSHIRE CHARITABLE FOUNDATION</b>	California corporation number <b>8066229</b>
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Additional information. See instructions.	FEIN <b>02-6005625</b>
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Street address (suite or room) <b>37 PLEASANT STREET</b>	PMB no.
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City <b>CONCORD</b>	State <b>NH</b>	ZIP code <b>03301-4005</b>
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Foreign country name	Foreign province/state/country	Foreign postal code
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<p><b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy)</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) <input checked="" type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? If "Yes," enter the gross receipts from nonmember sources \$ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	104,809,923	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	62,020,663	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. <b>STMT 2</b> <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	166,830,586	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6	35,615,472	00
	7 Total costs. Add line 5 and line 6	7	35,615,472	00
	8 Total gross income. Subtract line 7 from line 4	8	131,215,114	00
<b>Expenses</b>	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	78,466,063	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	52,749,051	00
<b>Filing Fee</b>	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and interest. See General Information J	15		00
	16 <b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

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.

<b>Sign Here</b>	Signature of officer	Title <b>PRESIDENT &amp; CE</b>	Date	Telephone <b>(603) 225-6641</b>
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<b>Paid Preparer's Use Only</b>	Preparer's signature	Date <b>11/01/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P02285543</b>
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<b>Paid Preparer's Use Only</b>	Firm's name (or yours, if self-employed) and address <b>BAKER NEWMAN &amp; NOYES P.O. BOX 507 PORTLAND, ME 04112</b>	Firm's FEIN <b>01-0494526</b>	Telephone <b>(207) 879-2100</b>
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May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00		
	2	Interest	•	2		00		
	3	Dividends	•	3	6,036,101	00		
	4	Gross rents	•	4	46,800	00		
	5	Gross royalties	•	5		00		
	6	Gross amount received from sale of assets (See instructions)	STATEMENT 3	•	6	99,123,621	00	
	7	Other income	SEE STATEMENT 4	•	7	-396,599	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	104,809,923	00	
	9	Contributions, gifts, grants, and similar amounts paid		•	9	65,471,713	00	
	10	Disbursements to or for members		•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5	•	11	602,899	00	
	12	Other salaries and wages		•	12	4,695,176	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00	
		14	Taxes	•	14	349,329	00	
		15	Rents	•	15	163,876	00	
		16	Depreciation and depletion (See instructions)	•	16	224,288	00	
		17	Other expenses and disbursements	SEE STATEMENT 6	•	17	6,958,782	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	78,466,063	00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	
<b>Assets</b>					
1 Cash		65,961,951		•	70,300,016
2 Net accounts receivable		80,746		•	33,657
3 Net notes receivable STMT 7		1,447,428		•	1,930,029
4 Inventories				•	
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments STMT 8		861,936,578		•	992,747,665
10 a Depreciable assets	4,051,905		4,102,881		
b Less accumulated depreciation	( 2,793,953 )	1,257,952	( 3,001,823 )		1,101,058
11 Land		415,840		•	415,840
12 Other assets STMT 9		15,832,886		•	12,134,551
13 <b>Total assets</b>		946,933,381			1,078,662,816
<b>Liabilities and net worth</b>					
14 Accounts payable		807,182		•	844,992
15 Contributions, gifts, or grants payable		6,913,050		•	10,425,926
16 Bonds and notes payable				•	
17 Mortgages payable				•	
18 Other liabilities STMT 10		57,979,915			64,888,825
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		881,233,234			1,002,503,073
22 <b>Total liabilities and net worth</b>		946,933,381			1,078,662,816

<b>Schedule M-1 Reconciliation of income per books with income per return</b>			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	52,749,051	7 Income recorded on books this year not included in this return. Attach schedule
2 Federal income tax	•		•
3 Excess of capital losses over capital gains	•		8 Deductions in this return not charged against book income this year. Attach schedule
4 Income not recorded on books this year. Attach schedule	•		•
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		9 Total. Add line 7 and line 8
6 Total. Add line 1 through line 5		52,749,051	10 Net income per return. Subtract line 9 from line 6
			52,749,051



CA 199	Cash Contributions Included on Part I, Line 3	Statement	1
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Contributor's Name	Contributor's Address	Date of Gift	Amount
Thomas W. Haas Foundation	P.O. Box 789 Greenland, NH 03840		3,500,871.
S. Whitney Dickey and Closey F. Dickey CRT	c/o Ledyard Financial Advisors, 2 Maple Street Hanover , NH 03755		2,644,972.
Carl Wallman Trust	c/o Steven J Cohen, P.O. Box 211 Canterbury, NH 03224		2,172,554.
Elizabeth I Bickel Revocable Trust	c/o Janson and Donahue, 37 Bank Street Lebanon, NH 03766		2,149,955.
Estate of Roderick H. Blackburn	c/o Stifel, Nicolaus and Co, 1197 Main Street St. Johnsbury, VT 05819	11/19/21	29,279.
Anne Peterson	P.O. Box 462 Jackson, NH 03846		2,000,000.
Ellen Downing Waite Trust of 1993	c/o McLane Middleton, P.O. Box 326 Manchester, NH 03105		1,838,452.
John A Hubbard Revocable Trust of 1991	c/o McLane Middleton, P.O. Box 326 Manchester, NH 03105		1,775,000.
Citizens Bank	900 Elm Street Manchester, NH 03101		1,679,039.
Total included on line 3			17,790,122.

CA 199	NonCash Contributions Included on Part I, Line 3	Statement 2
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<u>Contributor's Name</u>	<u>Contributor's Address</u>		
James Masiello Revocable Trust	118 Portsmouth Avenue, Suite D204 Stratham, NH 03885		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Publicly Traded Securities	05/06/21	3,000,396.	3,000,396.

<u>Contributor's Name</u>	<u>Contributor's Address</u>		
Estate of Roderick H. Blackburn	c/o Stifel, Nicolaus and Co, 1197 Main Street St. Johnsbury, VT 05819		
<u>Property Description</u>	<u>Date of Gift</u>	<u>FMV of Gift</u>	<u>Total Amount</u>
Publicly traded securities	11/19/21	2,003,832.	2,033,111.
Total included on line 3		<u>5,004,228.</u>	<u>5,033,507.</u>

CA 199	Gross Amount from Sale of Assets			Statement	3
Description	Date Acquired	Date Sold	Method Acquired		
Publicly Traded Securities			Purchased		
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price	
	35,615,472.	0.	0.	99,123,621.	
Total to Form 199, Page 2, ln 6	35,615,472.	0.	0.	99,123,621.	

CA 199	Other Income	Statement	4
Description		Amount	
Discontinued Operations		-493,552.	
Grantmaking Administration		82,980.	
Program Loan Interest		9,986.	
Grant Administration		3,822.	
Scholarship Loan Interest		165.	
Total to Form 199, Part II, line 7		-396,599.	

CA 199	Compensation of Officers, Directors and Trustees	Statement	5
Name and Address	Title and Average Hrs Worked/Wk	Compensation	
Richard Ober 37 Pleasant Street Concord, NH 03301-4005	President 50.00	367,502.	
Michael Wilson 37 Pleasant Street Concord, NH 03301-4005	VP/Chief Financial Officer 50.00	235,397.	
Richard Peck 37 Pleasant Street Concord, NH 03301-4005	VP, Development & Philanth 50.00	0.	
Kristen Oliveri 37 Pleasant Street Concord, NH 03301-4005	VP of Communications 50.00	0.	
David Goodman 37 Pleasant Street Concord, NH 03301-4005	Director, Information Serv 50.00	0.	
Michael Turmelle 37 Pleasant Street Concord, NH 03301-4005	Director, Educ. & Career I 50.00	0.	
Laura Rauscher 37 Pleasant Street Concord, NH 03301-4005	Director, Development & Ph 50.00	0.	
Larissa Ruiz Baia 37 Pleasant Street Concord, NH 03301-4005	Board Member (start June 2 3.50	0.	
Maureen A. Beauregard 37 Pleasant Street Concord, NH 03301-4005	Board Member 3.50	0.	
JerriAnne Boggis 37 Pleasant Street Concord, NH 03301-4005	Board Member 3.50	0.	
Mary Johanna Brown 37 Pleasant Street Concord, NH 03301-4005	Board Member 3.50	0.	

Barbara Couch 37 Pleasant Street Concord, NH 03301-4005	Board Member 3.50	0.
A. Robert Hirschfeld 37 Pleasant Street Concord, NH 03301-4005	Board Member 3.50	0.
Lucy C. Hodder 37 Pleasant Street Concord, NH 03301-4005	Board Member 3.50	0.
Kenneth R. Kinder 37 Pleasant Street Concord, NH 03301-4005	Board Member 3.50	0.
Diane M. Mercier 37 Pleasant Street Concord, NH 03301-4005	Board Member 3.50	0.
Jeffrey Meyers 37 Pleasant Street Concord, NH 03301-4005	Board Member (end May 2021) 3.50	0.
Joseph G. Morone 37 Pleasant Street Concord, NH 03301-4005	Board Member 3.50	0.
Pawn Nitichan 37 Pleasant Street Concord, NH 03301-4005	Board Member 3.50	0.
John F. Weeks 37 Pleasant Street Concord, NH 03301-4005	Board Member 3.50	0.
Total to Form 199, Part II, line 11		602,899.

CA 199	Other Expenses	Statement	6
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Description	Amount
Communications	259,135.
Dues and subscriptions	61,281.
Provision for bad debt	10,528.
Rental expenses	-36,208.
Rental Expenses	36,208.
Pension plan contributions	489,646.
Other employee benefits	553,542.
Legal fees	39,140.

Accounting fees	55,750.
Lobbying fees	9,000.
Investment management fees	3,039,739.
Other professional fees	1,693,373.
Office expenses	125,283.
Information technology	449,186.
Travel	32,745.
Conferences and conventions	12,888.
Insurance	55,559.
All other expenses	71,987.
Total to Form 199, Part II, line 17	6,958,782.

CA 199	Net Notes Receivable	Statement	7
Description	Beg. of Year	End of Year	
Notes and Loans Receivable, Net	1,447,428.	1,930,029.	
Total to Form 199, Schedule L, line 3	1,447,428.	1,930,029.	

CA 199	Other Investments	Statement	8
Description	Beg. of Year	End of Year	
Marketable alternatives	151,078,000.	143,218,523.	
Equity funds	310,939,884.	356,069,608.	
Inflation hedging funds	21,358,118.	23,981,631.	
Venture capital/private equity funds	136,949,501.	177,868,785.	
Fixed income funds	72,568,926.	75,550,283.	
Publicly traded securities	169,042,149.	216,058,835.	
Total to Form 199, Schedule L, line 9	861,936,578.	992,747,665.	

CA 199	Other Assets	Statement	9
Description	Beg. of Year	End of Year	
Pledges and Grants Receivable	8,448,138.	2,780,890.	
Prepaid Expenses and Deferred Charges	71,842.	92,093.	
Accrued investment income	361,615.	317,838.	
Charitable remainder trusts receivable	6,043,585.	7,913,839.	
Cash surrender value of donated life insurance policies	227,691.	237,051.	
457(b) plan assets	415,578.	561,940.	

Assets held for sale	264,437.	230,900.
Total to Form 199, Schedule L, line 12	15,832,886.	12,134,551.

CA 199	Other Liabilities	Statement 10
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Description	Beg. of Year	End of Year
Income beneficiaries payable	1,231,665.	1,318,241.
Funds held as agency funds	49,241,585.	57,125,925.
Deferred compensation accrual	415,578.	561,940.
Liabilities related to assets held for sale	4,021,028.	3,494,061.
Deferred Revenue	3,070,059.	2,388,658.
Total to Form 199, Schedule L, line 18	57,979,915.	64,888,825.

TAXABLE YEAR  
**2021**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

Exempt Organization name <b>NEW HAMPSHIRE CHARITABLE FOUNDATION</b>	Identifying number <b>02-6005625</b>
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**Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	166,830,586
2	Total gross income (Form 199, line 8)	2	131,215,114
3	Total expenses and disbursements (Form 199, line 9)	3	78,466,063

**Part II Settle Your Account Electronically for Taxable Year 2021**

4	<input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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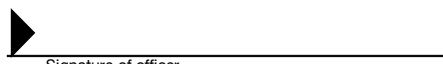

**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5	Routing number _____	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number _____		

**Part IV Declaration of Officer**


I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**


<b>Sign Here</b>	 Signature of officer	11/15/21 Date	 Title
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**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature 	Date 11/1/22	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P02285543
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address BAKER NEWMAN & NOYES P.O. BOX 507 PORTLAND, ME				Firm's FEIN 01-0494526 ZIP code 04112

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b>	Paid preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address			Firm's FEIN ZIP code



California Exempt Organization  
Business Income Tax Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name  
**NEW HAMPSHIRE CHARITABLE FOUNDATION**

California corporation number  
**8066229**

Additional information. See instructions.

FEIN  
**02-6005625**

Street address (suite/room no.)  
**37 PLEASANT STREET**

PMB no.

City (If the corporation has a foreign address, see instructions.)  
**CONCORD**

State  
**NH**

ZIP code  
**03301-4005**

Foreign country name Foreign province/state/county Foreign postal code

- A First return filed?  Yes  No
- B Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- D Final return?  
  - Dissolved  Surrendered (Withdrawn)  Merged/Reorganized
  - Enter date (mm/dd/yyyy)
- E Amended return?  Yes  No
- F Accounting method used: (1)  Cash (2)  Accrual (3)  Other
- G Nature of trade or business **SEE STATEMENT 11**
- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No
- I Is this organization claiming any former; Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?  Yes  No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?  Yes  No
- K Unrelated Business Activity (UBA) code **523000**
- L Is this a hospital?  Yes  No  
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	1	764,602	00
	2	Mult. In 1 by the avg. apport. pctg <b>4.7194%</b> from the Sch. R, Apport. Formula Wksht, Part A, In 2 or Part B, In 5. See instr.	2	36,085	00
	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from In 1	3	36,085	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	5	36,085	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	6		00
	7	Net Operating Loss deduction. See General Information N	7	36,085	00
	8	Add line 6 and line 7	8	36,085	00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	9	0	00
	10	Tax <b>8.84%</b> x line 9. See General Information J	10		00
	11	Tax credits from Schedule B. See instructions	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	12		00
	13	Alternative minimum tax. See General Information O	13		00
	14	Total tax. Add line 12 and line 13	14	0	00
Payments	15	Overpayment from a prior year allowed as a credit	15	100	00
	16	2021 estimated tax payments. See instructions	16		00
	17	Withholding (Form 592-B and/or 593). See instructions	17		00
	18	Amount paid with extension (form FTB 3539)	18		00
	19	Total payments and credits. Add line 15 through line 18	19	100	00
Use Tax/Tax Due/Overpayment	20	Use tax. See instructions	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	21	100	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	23		00
	24	Overpayment. Subtract line 14 from line 21. See instructions	24	100	00
	25	Enter amount of line 24 to be applied to 2022 estimated tax	25	100	00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c	
	27 Penalties and interest. See General Information M	27	00
28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	00	

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

1 a Gross receipts or gross sales	82,980	b Less returns and allowances		c Balance	1c	82,980	00
2 Cost of goods sold and/or operations (Schedule A, line 7)					2		00
3 Gross profit. Subtract line 2 from line 1c					3	82,980	00
4 a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)					4a		00
b Net gain (loss) from Part II, Schedule D-1					4b		00
c Capital loss deduction for trusts					4c		00
5 Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule				SEE STATEMENT 13	5	872,187	00
6 Rental income (Schedule C)					6		00
7 Unrelated debt-financed income (Schedule D)					7		00
8 Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)					8		00
9 Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)					9		00
10 Exploited exempt activity income (Schedule G)					10		00
11 Advertising income (Schedule H, Part III, Column A)					11		00
12 Other income. Attach schedule					12		00
13 Total unrelated trade or business income. Add line 3 through line 12					13	955,167	00

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees from Schedule I					14		00
15 Salaries and wages					15		00
16 Repairs					16		00
17 Bad debts					17		00
18 Interest					18		00
19 Taxes				SEE STATEMENT 14	19	2,555	00
20 Contributions				SEE STATEMENT 15	20	84,956	00
21 a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a		00				
b Less: depreciation claimed on Schedule A	21b		00		21		00
22 Depletion					22		00
23 a Contributions to deferred compensation plans					23a		00
b Employee benefit programs					23b		00
24 Other deductions				SEE STATEMENT 16	24	102,054	00
25 Total deductions. Add line 14 through line 24					25	189,565	00
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13					26	765,602	00
27 Excess advertising costs (Schedule H, Part III, Column B)					27		00
28 Unrelated business taxable income before specific deduction. Subtract line 27 from line 26					28	765,602	00
29 Specific deduction					29	1,000	00
30 Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28					30	764,602	00

Our privacy notice can be found in annual tax booklets or online. Go to [ftb.ca.gov/privacy](http://ftb.ca.gov/privacy) to learn about our privacy policy statement, or go to [ftb.ca.gov/forms](http://ftb.ca.gov/forms) and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

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

Sign Here	Signature of officer	Title <b>PRESIDENT &amp; CEO</b>	Date	Telephone <b>(603) 225-6641</b>
	Preparer's signature	Date <b>11/01/22</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P02285543</b>
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	Firm's FEIN <b>01-0494526</b>	Telephone <b>(207) 879-2100</b>	
	BAKER NEWMAN & NOYES P.O. BOX 507 PORTLAND, ME 04112			

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

**Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify)

N/A

1	Inventory at beginning of year	1	00
2	Purchases	2	00
3	Cost of labor	3	00
4 a	Additional IRC Section 263A costs. Attach schedule	4a	00
b	Other costs. Attach schedule	4b	00
5	Total. Add line 1 through line 4b	5	00
6	Inventory at end of year	6	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?  Yes  No

**Schedule B Tax Credits.**

1	Enter credit name	code	1	00
2	Enter credit name	code	2	00
3	Enter credit name	code	3	00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits on line 4. Enter here and on Side 1, line 11		4	00

**Schedule K Add-On Taxes or Recapture of Tax.**

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
	b Method for non-dealer installment obligations	2b	00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4	Credit recapture. Credit name	4	00
5	Total. Combine the amounts on line 1 through line 4	5	00

**Schedule R Apportionment Formula Worksheet.** Use only for unrelated trade or business amounts.

**Part A. Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales	764,602	36,085	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			4.7194%

**Part B. Three Factor Formula.** Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

**Schedule D Unrelated Debt-Financed Income**

1 Description of debt-financed property		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	(b) Other deductions	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

**Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization**

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					
Enter gross income from members (dues, fees, charges, or similar amounts)					

**Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations**

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

**Schedule G Exploited Exempt Activity Income, other than Advertising Income**

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, line 10							

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Calculation instructions.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting separate basis income.

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

Table with 4 columns: (a) Enter "consolidated periodical" and/or names of non-consolidated periodicals, (b) Enter total amount from Part I, columns 4 or 7, and amount listed in Part II, columns 4 or 7.

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Total. Enter here and on Side 2, Part II, line 14

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired (mm/dd/yyyy), 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

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CA 109	Nature of Trade or Business	Statement	11
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UBI from Qualified Partnership Interests  
& Scholarship Contracted/Grant Administration Services

To Form 109, Page 1

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	Footnotes	Statement	12
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New Hampshire Charitable Foundation is a 501(c)(3) tax-exempt public charity in New Hampshire. As a 170(b)(1)(A)(vi) public charity, it has no business presence outside of the State of New Hampshire other than unrelated business income derived from passive, flow-through activity apportioned to the Foundation from investment partnerships.

CA 109	Income or (Loss) from Partnerships, Limited Liability Companies or S Corporations	Statement 13
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Description	Amount
Audax Private Equity Fund VI-A, LP - Ordinary Business Income (loss)	-7,232.
Benefit Street Partners Special Situations Fund - Ordinary Business Income (	44.
Series Resource Capital VI - CA Resources - Ordinary Business Income (loss)	-5,735.
Denham Commodity Partners Fund VI-A - Ordinary Business Income (loss)	-11.
Denham Oil and Gas Fund LP - Ordinary Business Income (loss)	133,124.
Encap Energy Capital Fund IX - Ordinary Business Income (loss)	155,810.
Encap Energy Capital Fund X - Ordinary Business Income (loss)	215,683.
Great Hill Equity Partners VI, LP - Ordinary Business Income (loss)	5,051.
Great Hill Equity Partners VI-A, LP - Ordinary Business Income (loss)	-333.
Great Hill Equity Partners VII LP - Ordinary Business Income (loss)	-88,928.
Knightbridge Venture Capital VI LP Series VC - Ordinary Business Income (los	5.
Lyme Forest Fund III TE - Ordinary Business Income (loss)	-9.
Oaktree Opportunities Fund XB - Ordinary Business Income (loss)	62,902.
Oaktree Opportunities Fund XB AIF (Cayman) - Ordinary Business Income (loss)	7,498.
Oaktree Opportunities Fund XB AIF (Delaware) - Ordinary Business Income (los	475.
Park St Capital Natural Resource Fund II - Ordinary Business Income (loss)	2,493.
Park St Capital Natural Resource Fund III - Ordinary Business Income (loss)	4,367.
Park St Capital Natural Resource Fund IV - Ordinary Business Income (loss)	-2,316.
Park St Capital Natural Resource Fund V - Ordinary Business Income (loss)	23,807.
Park St Capital Natural Resource Fund VI - Ordinary Business Income (loss)	159,231.
TrueBridge Capital Partners Fund V - Ordinary Business Income (loss)	-183.
TrueBridge Capital Partners Fund VI - Ordinary Business Income (loss)	220.
TrueBridge-Kauffman Fellows Endowment Fund III, L.P. - Ordinary Business Inc	5,450.
TrueBridge-Kauffman Fellows Endowment Fund IV, L.P. - Ordinary Business Inco	3,643.
TrueBridge Bain 2014 Special Purpose - Ordinary Business Income (loss)	20,951.

New Hampshire Charitable Foundation

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Spur Ventures II, LP - Ordinary Business Income (loss)	2.
TrueBridge Capital Partners Fund VII - Ordinary Business Income (loss)	308.
The Varde Fund X(B) (Feeder) - Ordinary Business Income (loss)	-3,136.
Weathergage Venture Capital, LP - Ordinary Business Income (loss)	1,663.
Weathergage Venture Capital IV, LP - Ordinary Business Income (loss)	2,517.
Westbrook Real Estate Fund X - Ordinary Business Income (loss)	192,300.
Great Hill Equity Partners VIII LP - Ordinary Business Income (loss)	-7,947.
Great Hill Equity Partners VII-A LP - Ordinary Business Income (loss)	-9,527.
<b>Total to Form 109, Page 2, line 5</b>	<b>872,187.</b>

CA 109	Taxes Paid	Statement	14
--------	------------	-----------	----

Description	Amount
Arizona Income Tax	50.
Louisiana Income Tax	1,813.
Massachusetts Income Tax	392.
Montana Income Tax	50.
New York Income Tax	250.
<b>Total to Form 109, Page 2, line 19</b>	<b>2,555.</b>

CA 109	Cash & Carryover Charitable Contributions	Statement	15
--------	---	-----------	----

Description	Amount
Various Public Charities	55,934,544.
	0.
	0.
Carryover from Prior Year(s)	151,733,370.
Less Excess Contributions	-207,582,958.
<b>Total included on Form 109, Page 2, line 20</b>	<b>84,956.</b>



CA 109	Other Deductions	Statement 16
Description		Amount
Allocated Overhead		23,405.
Tax Return Prep (allocated)		3,813.
Investment Fees (allocated)		60,901.
Administrative Overhead (allocated)		13,935.
Total to Form 109, Page 2, line 24		102,054.

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

**New Hampshire Charitable Foundation**

8066229

During the taxable year the corporation incurred the NOL, the corporation was a(n):  C corporation

S corporation  Exempt organization  Limited liability company (electing to be taxed as a corporation)

FEIN

02-6005625

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

**If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**

**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	0	00
2	2021 disaster loss included in line 1. Enter as a positive number	2		00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3		00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a		00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
	c Add line 4a and line 4b	4c		00
5	General NOL. Subtract line 4c from line 3	5		00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6		00

**Part II NOL carryover and disaster loss carryover limitations.** See instructions.

1	Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-). <b>If the corporation taxable income is \$1,000,000 or more, see inst</b>	(g) Available balance	
		36,085	

**Prior Year NOLs**

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (e) minus col. (f)
2	2015	GEN	36,386	6,210	6,210	29,875	0
	2017	GEN	139,884	139,884	29,875	0	110,009
	2018	GEN	698,324	698,324	0	0	698,324

**Current Year NOLs**

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2020	(f) Amount used in 2021	(g) Available balance	(h) Carryover to 2022 col. (d) minus col. (f) See instructions.
3	2021	DIS					
4	2021						
	2021						
	2021						
	2021						

\* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

**Part III 2021 NOL deduction**

1	Total the amounts in Part II, line 2, column (f)	1	36,085	00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2	0	00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3	36,085	00

**Florida Tentative Income / Franchise Tax Return  
and Application for Extension of Time to File Return**

**1019**  
F-7004  
R. 01/17  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/17

**Information for Filing Florida Form F-7004**

F-7004  
R. 01/17

**When to file** - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to [www.floridarevenue.com](http://www.floridarevenue.com)

**Penalties** - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

**Signature** - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

**The Florida Form F-7004 must be filed** - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

\_\_\_\_\_

B. Type of federal return filed: 990-T  
 Contact person for questions: Rebecca Carr  
 Telephone number: (603) 225-6641  
 Contact Person email address: rc@nhcf.org

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to **Tentative tax due**.

**Make checks payable and mail to:**

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

144961  
09-27-21

**Florida Department of Revenue - Corporate Income Tax  
Florida Tentative Income / Franchise Tax Return  
and Application for Extension of Time to File Return**

**1019**  
F-7004  
R. 01/17

**Name** New Hampshire Charitable Foundation  
**Address** 37 Pleasant Street  
**City/State/ZIP** Concord, NH 03301-4005

FEIN 02-6005625  
 Taxable Year End 12/31/21  
 FILING STATUS Partnership  S-corporation   
 All other federal returns to be filed  X  
 Tentative Tax Due \$ 0.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

026005625	0	0	0
3	0	0	0
20211231	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

0

8133 0 20211231 0002005030 9 3026005625 0000 9



Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/22 1019

FEIN 02-6005625

For calendar year 2021 or tax year beginning

, 2021 ending

Rule 12C-1.051 Florida Administrative Code Effective 01/22 Page 1 of 6

813302021123100020050372302600562500009

Name New Hampshire Charitable Foundation
Address 37 Pleasant Street
City/State/ZIP Concord, NH 03301-4005

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

Table with 3 columns: Description, Check here if negative, Amount. Rows include Federal taxable income, State income taxes, Additions, Total of Lines 1, 2 and 3, Subtractions, Adjusted federal income, Florida portion, Nonbusiness income, Florida exemption, Florida net income, Tax due, Credits, Total corporate income/franchise tax due, and Payment credits.

144081 10-21-21

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/22

Do Not Detach

YEAR ENDING 12/31/21

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name New Hampshire Charitable Foun
Address 37 Pleasant Street
City/State/ZIP Concord, NH 03301-4005

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Table with 4 columns: Identification numbers (026005625, 20210101, 20211231, 00000000, 012, 201, 76460200, 0) and corresponding values (0, 0, 76460200, 0.000723, 0, 0, 0, 55400).

0

8133 0 20211231 0002005037 2 3026005625 0000 9



New Hampshire Charitable Foundation

FEIN 02-6005625

1019 F-1120 R. 01/22 Page 2 of 6 12/31/21

This return is considered incomplete unless a copy of the federal return is attached. If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign here: Signature of officer (must be an original signature) Date Title President & CEO Preparer's signature Date 11/01/22 Preparer check if self-employed Preparer's PTIN P02285543 Firm's name (or yours if self-employed) and address Baker Newman & Noyes P.O. Box 507 Portland, ME FEIN 01-0494526 ZIP 04112

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation: New Hampshire
B. Florida Secretary of State document number:
C. Florida consolidated return? YES NO X
D. Initial return Final return (final federal return filed)
E. Principal Business Activity Code (as pertains to Florida) 523000
F. A Florida extension of time was timely filed? YES X NO
G-1. Corporation is a member of a controlled group? YES NO X
G-2. Part of a federal consolidated return? YES NO X
G-3. The federal common parent has sales, property, or payroll in Florida? YES NO X
H. Location of corporate books: 37 Pleasant Street Concord, NH 03301
I. Taxpayer is a member of a Florida partnership or joint venture? YES NO X
J. Enter date of latest IRS audit:
a) List years examined:
K. Contact person concerning this return: Rebecca Carr
a) Contact person telephone number: (603) 225-6641
b) Contact person e-mail address: rc@nhcf.org
L. Type of federal return filed 1120 1120S or 990-T

L

T

Where to Send Payments and Returns

Make check payable to and mail with return to: Florida Department of Revenue 5050 W Tennessee Street Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to: Florida Department of Revenue PO Box 6440 Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue.
Write your FEIN on your check.
Sign your check and return.
Attach a copy of your federal return.
Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME New Hampshire Charitable Foundation FEIN 02-6005625 TAXABLE YEAR ENDING 12/31/21

<b>Schedule I - Additions and/or Adjustments to Federal Taxable Income</b>	
1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits (AKA credit for contributions for nonprofit scholarship-funding organizations)	12.
13. Florida Renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Qualified Improvement Property Decoupling.	19.
20. Business Meal Expenses at a Restaurant.	20.
21. Film, Television, and Live theatrical production expenses.	21.
22. Other additions (attach schedule)	22.
23. Total Lines 1 through 22. Enter total on Line 23 and on Page 1, Line 3.	23.

<b>Schedule II - Subtractions from Federal Taxable Income</b>	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	
3. Florida net operating loss carryover deduction (see instructions)	3.
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6. 0.00
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Depreciation of qualified improvement property	11.
12. Film, Television, and Live Theatrical Expenses.	12.
13. Other subtractions (attach statement)	13.
14. Total Lines 1 through 13. Enter total on Line 14 and on Page 1, Line 5.	14.



NAME New Hampshire Charitable Foundation FEIN 02-6005625 TAXABLE YEAR ENDING 12/31/21

<b>Schedule III - Apportionment of Adjusted Federal Income</b>					
<b>III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.</b>					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)	554.00	766,603.00	.000723	X 50% or 100.00%	.000723
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					.000723
III-B For use in computing average value of property (use original cost).	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a.	_____				
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) .....	6b. _____				
7. Rented property (8 times net annual rent)					
a. Rented property in Florida .....	7a. _____				
b. Rented property Everywhere .....	7b. _____				
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida .....	8a. _____				
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere .....	8b. _____				
III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)			
1. Sales (gross receipts)	N/A	764,602.00			
2. Sales delivered or shipped to Florida purchasers	554.00	N/A			
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b))	554.00	764,602.00			
III-D Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places		
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

<b>Schedule IV - Computation of Florida Portion of Adjusted Federal Income</b>	
1. Apportionable adjusted federal income from Page 1, Line 6	1. 764,602.00
2. Florida apportionment fraction (Schedule III-A, Line 4)	2. .000723
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3. 553.00
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9. 553.00



NAME New Hampshire Charitable Foundation FEIN 02-6005625 TAXABLE YEAR ENDING 12/31/21

<b>Schedule V - Credits Against the Corporate Income/Franchise Tax</b>	
1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (AKA voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (AKA credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. Florida renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. Other credits (attach schedule)	18.
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida ..... 1.	_____
(Enter here and on Page 1, Line 8)	

**Line 2. Nonbusiness income (loss) allocated elsewhere**

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere ..... 2.		_____

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2 ..... 3. \_\_\_\_\_  
(Enter here and on Schedule II, Line 7)





NAME New Hampshire Charitable Foundation FEIN 02-6005625 TAXABLE YEAR ENDING 12/31/21

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1,**

1. Florida income expected in taxable year .....	1.	\$	<u>554.00</u>
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) .....	2.	\$	<u>554.00</u>
3. Estimated Florida net income (Line 1 less Line 2) .....	3.	\$	_____
4. Total Estimated Florida tax (5.5% of Line 3) .....		\$	_____
Less: Credits against the tax .....	4.	\$	_____
5. Computation of installments:			
Payment due dates and			
payment amounts:			
If 6/30 year end, last day of 4th month,			
otherwise last day of 5th month - Enter 0.25 of Line 4 .....	5a.		_____
Last day of 6th month - Enter 0.25 of Line 4 .....	5b.		_____
Last day of 9th month - Enter 0.25 of Line 4 .....	5c.		_____
Last day of fiscal year - Enter 0.25 of Line 4 .....	5d.		_____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax .....	1.	\$	_____
2. Less:			
(a) Amount of overpayment from last year elected for credit			
to estimated tax and applied to date .....	2a.	\$	_____
(b) Payments made on estimated tax declaration (Florida Form F-1120ES) .....	2b.	\$	_____
(c) Total of Lines 2(a) and 2(b) .....	2c.	\$	_____
3. Unpaid balance (Line 1 less Line 2(c)) .....	3.	\$	_____
4. Amount to be paid (Line 3 divided by number of remaining installments) .....	4.	\$	_____

**References**

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.  
The forms are available online at [floridarevenue.com/forms](http://floridarevenue.com/forms).

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.



New Hampshire Charitable Foundation

1019  
F-1120  
R. 01/22

FEIN 02-6005625  
DATA Page 1 of 2

026005625	0	0	0
76460200	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
2	0	0	0
00000000	0	0	0
0	0	0	0
0	0	0	0
0	0	0	55400
0	0	0	0
0	0	0	0
0	0	0	76660300
0	0	0	0



New Hampshire Charitable Foundation

1019  
F-1120  
R. 01/22

FEIN 02-6005625

DATA Page 2 of 2

026005625	55400	0	0
0	0	0	0
0	76460200	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0.000000	0	0
0	0.000000	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	76460200	0	0
0	55300	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	55300	0	0

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

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

Form PC

Report for the Fiscal Period: 01/01/21 to 12/31/21

AG Account #: 061765 Federal ID #: 02-6005625

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

Electronic Payment Date:

When did the organization first engage in charitable work in Massachusetts? 01/01/2016

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

If yes, date of application OR date of determination letter: 07/01/1963

IRS Exemption under 501(c): 3

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

- Check all items attached (if applicable)
[X] Filing Fee or Printout of Electronic Payment Confirmation
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[X] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[X] Schedule RO
[ ] Schedule VCO
[ ] Probate Account

Organization Data

Name: New Hampshire Charitable Foundation

Mailing Address: 37 Pleasant Street

City: Concord State: NH ZIP: 03301-4005

Phone Number: (603) 225-6641 Fax Number:

Email: rc@nhcf.org Website: www.nhcf.org

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 15, Type of Organization (Table 2) with code 20, Organization Purpose Code 1 with code 60, and Organization Purpose Code 2 with code 30.

Please check box if final return prior to dissolution: [ ]

Office Use Only: Payment Received

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

- On what date was the organization created? 03/09/1962
- Where was the organization created? New Hampshire
- What is the form of organization? (check one)

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

Other (please describe): \_\_\_\_\_

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

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	62,020,663.
B.	Gross support and revenue	67,670,757.
C.	Program services and similar amounts paid out	70,622,484.
D.	Fundraising expenses	1,855,336.
E.	Management and general expenses	5,952,035.
F.	Payments to affiliates	0.
G.	Total expenses	78,429,855.
H.	Net assets or fund balances at the end of the year	1,002,503,073.

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

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	Richard Ober President	50.00	367,502.	60,622.	0.
2.	Michael Wilson VP/Chief Financial Officer	50.00	235,397.	51,706.	0.
3.	Katherine Merrow VP of Community Impact	50.00	185,083.	18,704.	0.
4.	Jennifer Perkins VP of Administration	50.00	168,191.	26,784.	0.
5.	Richard Peck VP/Development	50.00	163,881.	48,479.	0.

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

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

	Name/Title	Amount of Compensation	Type(s) of Service
1.	Portolan Capital Management	465,159.	Investment Management
2.	Elliott Management Corporation	455,358.	Investment Consultant
3.	Davidson Kempner Capital Management LLC	405,872.	Investment Management
4.	Adage Capital Partners, LP	404,776.	Investment Management
5.	Cambridge Associates	403,500.	Investment Management

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

Bank	Address	Phone Number
Citizens Bank	One Citizens Plaza, Providence, RI 02903	401-456-7096
Merrimack County Savings Bank	P.O. Box 2826, Concord, NH 03302	603-225-2793

10. What is the organization's accounting method?  Cash  Accrual

Other (specify): \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: Rebecca Carr

Street Address: 37 Pleasant Street

City: Concord State: NH ZIP Code: 03301

Phone Number: 603-225-6641

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

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

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

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

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

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.  
**Statement 1**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.  
**Statement 2**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.  
**Statement 3**

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

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

FORM PC	Name, Address, Phone of Other Offices	Statement	1
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<u>Name and Address</u>	<u>Phone Number</u>
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N/A

FORM PC	Officers, Directors, Trustees and Executives	Statement	2
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<u>Name and Address</u>	<u>Title</u>
Richard Ober 37 Pleasant Street Concord, NH 03301-4005	President
Michael Wilson 37 Pleasant Street Concord, NH 03301-4005	VP/Chief Financial Officer
Richard Peck 37 Pleasant Street Concord, NH 03301-4005	VP, Development & Philanthro
Larissa Ruiz Baia 37 Pleasant Street Concord, NH 03301-4005	Board Member (start June 202
Maureen A. Beauregard 37 Pleasant Street Concord, NH 03301-4005	Board Member
JerriAnne Boggis 37 Pleasant Street Concord, NH 03301-4005	Board Member
Mary Johanna Brown 37 Pleasant Street Concord, NH 03301-4005	Board Member
Barbara Couch 37 Pleasant Street Concord, NH 03301-4005	Board Member
A. Robert Hirschfeld 37 Pleasant Street Concord, NH 03301-4005	Board Member



Lucy C. Hodder 37 Pleasant Street Concord, NH 03301-4005	Board Member
Kenneth R. Kinder 37 Pleasant Street Concord, NH 03301-4005	Board Member
Diane M. Mercier 37 Pleasant Street Concord, NH 03301-4005	Board Member
Jeffrey Meyers 37 Pleasant Street Concord, NH 03301-4005	Board Member (end May 2021)
Joseph G. Morone 37 Pleasant Street Concord, NH 03301-4005	Board Member
Pawn Nitichan 37 Pleasant Street Concord, NH 03301-4005	Board Member
John F. Weeks 37 Pleasant Street Concord, NH 03301-4005	Board Member

<u>Name and Address</u>	<u>Area of Responsibility</u>
Rebecca Carr NHCf, 37 Pleasant Street Concord, NH 03301	Responsible for distribution of funds
Rebecca Carr NHCf, 37 Pleasant Street Concord, NH 03301	Responsible for custody of funds
Rebecca Carr NHCf, 37 Pleasant Street Concord, NH 03301	Custody of financial records
Richard Ober NHCf, 37 Pleasant Street Concord, NH 03301	Authorized to sign checks
Michael Wilson NHCf, 37 Pleasant Street Concord, NH 03301	Authorized to sign checks

Rebecca Carr  
NHCf, 37 Pleasant Street  
Concord, NH 03301

Authorized to sign checks

Richard Peck  
NHCf, 37 Pleasant Street  
Concord, NH 03301

Authorized to sign checks

Laura Rauscher  
NHCf, 37 Pleasant Street  
Concord, NH 03301

Responsible for fundraising

Richard Peck  
NHCf, 37 Pleasant Street  
Concord, NH 03301

Responsible for fundraising

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

*If yes, please attach an explanation.*

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?  Yes  No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?  Yes  No
- (c) Been the subject of a proceeding regarding any solicitation or registration?  Yes  No
- (d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency?  Yes  No

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

*If yes, please attach an explanation.*

Yes  No

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

*If yes, please attach an explanation.*

Yes  No

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

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

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

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

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

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

Statement 4

Name and Address

Richard Ober  
37 Pleasant Street  
Concord, NH 03301

Nature of Transaction

Amount Involved

Officer Compensation

428,124.

Procedure Followed

See narrative in Schedule O of attached Form 990 for Part VI, Line 15.

Name and Address

Michael Wilson  
37 Pleasant Street  
Concord, NH 03301

Nature of Transaction

Amount Involved

Officer Compensation

287,103.

Procedure Followed

See narrative in Schedule O of attached Form 990 for Part VI, Line 15.

Name and Address

City Year NH  
848 Elm Street  
Manchester, NH 03101

Nature of Transaction

Grant Award

Amount Involved

180,000.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

Easter Seals NH  
555 Auburn Street  
Manchester, NH 03103

Nature of Transaction

Grant Award

Amount Involved

639,300.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

NH Fiscal Policy Institute  
100 North Main Street  
Concord, NH 03301

Nature of Transaction

Grant Award

Amount Involved

98,600.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

New Hampshire PBS  
268 Mast Road  
Durham, NH 03824-4601

Nature of Transaction

Grant Award

Amount Involved

134,166.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

New Hampshire Women's Foundation  
18 Low Avenue, Suite 205  
Concord, NH 03301

Nature of Transaction

Grant Award

Amount Involved

88,380.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

New Hampshire Public Radio  
2 Pillsbury Street  
Concord, NH 03301-5003

Nature of Transaction

Grant Award

Amount Involved

282,680.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

Reaching Higher NH  
40 North Main Street  
Concord, NH 03302-3508

Nature of Transaction

Grant Award

Amount Involved

250,000.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

Riverbend Community Mental Health  
3 North State St., P.O. Box 203  
Concord, NH 03302-2032

Nature of Transaction

Grant Award

Amount Involved

13,250.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

University of New Hampshire  
9 Edgewood Road  
Durham, NH 03824

Nature of Transaction

Grant Award

Amount Involved

975,752.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.



Name and Address

Black Heritage Trail of NH  
222 Court Street  
Portsmouth, NH 03801-4416

Nature of Transaction

Amount Involved

Grant Award

34,844.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

Episcopal Diocese of NH  
63 Green Street  
Concord, NH 03301

Nature of Transaction

Amount Involved

Grant Award

10,000.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

FIT/NHNNH  
122 Market Street  
Manchester, NH 03101-1911

Nature of Transaction

Amount Involved

Grant Award

517,189.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

West Central Services Inc  
9 Hanover Street  
Lebanon, NH 03766

Nature of Transaction

Grant Award

Amount Involved

60,750.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

Community College System of NH  
26 College Drive  
Concord, NH 03301

Nature of Transaction

Amount Involved

115,246.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

Concord Hospital  
250 Pleasant Street  
Concord, NH 03301

Nature of Transaction

Amount Involved

49,772.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

Holderness School  
Chapel Lane, P.O. Box 1879  
Plymouth, NH 03264-1879

Nature of Transaction

Amount Involved

4,250.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

Hopkins Center for the Arts  
c/o Darmouth College  
Hanover, NH 03755-3555

Nature of Transaction

Amount Involved

10,000.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

Kilham Bear Center Inc  
P.O. Box 37  
Lyme, NH 03768

Nature of Transaction

Amount Involved

53,165.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

Manchester Proud  
22 Concord Street  
Manchester, NH 03101

Nature of Transaction

Amount Involved

7,500.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

New Hampshire Business Committee for  
155 Dow Street, Suite 402  
Manchester, NH 03101-1299

Nature of Transaction

Amount Involved

14,550.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

NH Historical Society  
30 Park Street  
Concord, NH 03301

Nature of Transaction

Amount Involved

65,951.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

NH Listens  
c/o UNH; 9 Edgewood Road  
Durham, NH 03824

Nature of Transaction

Amount Involved

150,000.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

QC Bike Collective  
80 Clark Street  
Manchester, NH 03104

Nature of Transaction

Amount Involved

2,250.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

Riverwoods Group  
5 White Oak Drive  
Exeter, NH 03833

Nature of Transaction

Amount Involved

2,200.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

Strawbery Banke  
P.O. Box 300  
Portsmouth, NH 03802-0300

Nature of Transaction

Amount Involved

200,682.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

The Early Care and Education Associa  
P.O. Box 5054  
West Lebanon, NH 03784

Nature of Transaction

Amount Involved

42,000.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

Name and Address

White Mountain School  
371 West Farm Road  
Bethlehem, NH 03574

Nature of Transaction

Amount Involved

27,252.

Procedure Followed

See narrative in Schedule I, Part I, Line 2 of attached Form 990.

**Signature Required**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: Richard Ober

Title: President & CEO

Name of Preparer: Baker Newman & Noyes

Address P.O. Box 507

City Portland State ME ZIP Code 04112

Phone Number (207)879-2100

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

---



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Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input type="checkbox"/>

Other (specify): Email, Personal Contact, Phone, Pro. Investment

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: N/A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: N/A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: N/A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_



Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Rebecca Carr

Name and Title: Controller

Address NHCF, 37 Pleasant Street

City Concord

State NH

ZIP Code 03301

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Various/Multiple

Name and Title: Board of Directors

Address NHCF, 37 Pleasant Street

City Concord

State NH

ZIP Code 03301

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

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Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input checked="" type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input type="checkbox"/>

Other (specify): Email, Personal Contact, Telephone, Pro. Investment

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: N/A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: N/A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: N/A

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Rebecca Carr

Name and Title: Controller

Address NHCF, 37 Pleasant Street

City Concord

State NH

ZIP Code 03301

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Various/Multiple

Name and Title: Board of Directors

Address NHCF, 37 Pleasant Street

City Concord

State NH

ZIP Code 03301

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

**Certification by Organization**

*Two different signatures required.* Signers must be organization president or other authorized officer or trustee.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: Richard Ober

Title: President & CEO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Schedule RO**

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name: <b>OCG, LLC</b>		Primary purpose or activity: <b>Contributions - add'l info N/A</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name: <b>Tillotson Corporation</b>		Primary purpose or activity: <b>Latex &amp; Resort - add'l info N/A</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name: <b>Greater Rochester Community Health Foundation</b>		Primary purpose or activity: <b>Type I Supporting Organization</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/21	16,226,488.	0.	0.	16,226,488.

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

**Schedule RO ctd.**

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name: <b>N/A</b>		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

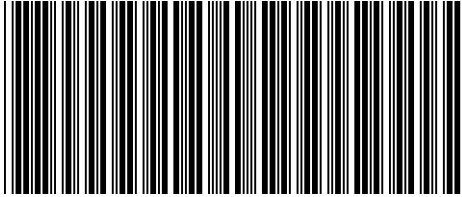
Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?  Yes  No



**2021 Form M-990T**

MA21636011019

Unrelated Business Income Tax Return

Year beginning 01012021 Ending 12312021

NEW HAMPSHIRE CHARITABLE FOUNDAT 02 6005625  
37 PLEASANT STREET CONCORD

### ## ##  
NH 033014005

Check if:	Enclosing Schedule TDS	Amended return	Federal amendment	Federal audit	Final return
Check if (one only):	Enclosing Schedule FCI	Amended return due to IRS BBA Partnership Audit			
	<input checked="" type="checkbox"/> 501(c)(3)	501			
1. Unrelated business taxable income				1	765602
2. Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income				2	0
3. Section 168(k) "bonus" depreciation adjustment				3	
4. Section 311 and 31K intangible expense add back adjustment				4	
5. Federal NOL add back adjustment				5	
6. Section 31J and 31K interest expense add back adjustment				6	
7. Reserved for future use				7	
8. Abandoned Building Renovation deduction		Total cost		x .10 = 8	
9. Other adjustments, including research and development expenses				9	
10. Income subject to apportionment.				10	765602
11. Income apportionment percentage				11	0.008313
12. Multiply line 10 by line 11				12	6364
13. Income not subject to apportionment				13	
14. Add lines 12 and 13				14	6364
15. Certified Massachusetts solar or wind power deduction				15	
16. Taxable income before net operating loss deduction				16	6364

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Signature of appropriate officer

Date

Phone

6032256641

Paid preparer's signature

Date

Paid preparer's EIN

11012022

01 0494526

Check if you are signing as an authorized delegate

of the appropriate officer of the corporation

(see instructions)

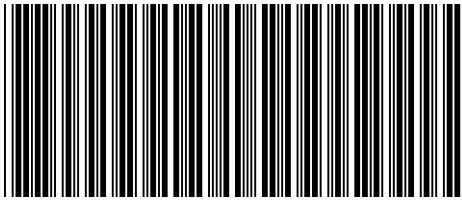
Taxpayer's e-mail address

RC@NHCF.ORG

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

11/01/2022

11:29:52



**2021 Form M-990T**

MA21636021019

Unrelated Business Income Tax Return

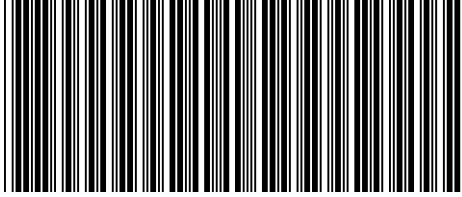
02 6005625

17.	Loss carryover deduction	17	1463
18.	Taxable income. Subtract line 17 from line 16	18	4901
19.	Multiply line 18 by .08	19	392
20.	Credit recapture (enclose Schedule CRS) and/or additional tax on installment sales.	20	
21.	Excise due before credits. Add lines 19 and 20	21	392
22.	Total credits. Enclose Schedule CMS	22	
23.	Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than "0"	23	392
24.	Voluntary contribution for endangered wildlife conservation	24	
25.	Total excise plus voluntary contribution. Add lines 23 and 24	25	392
26.	2020 overpayment applied to 2021 estimated tax	26	234
27.	2021 Massachusetts estimated tax payments (do not include amount in line 26)	27	
28.	Payment made with extension	28	
29.	Payment with original return. Use only if amending a return	29	
30.	Pass-through entity withholding. Payer ID number	30	
31.	Total refundable credits. Enclose Schedule CMS	31	
32.	Total payments. Add lines 26 through 31	32	234
33.	Amount overpaid. Subtract line 25 from line 32	33	
34.	Amount overpaid to be credited to 2022 estimated tax	34	
35.	Amount overpaid to be refunded. Subtract line 34 from line 33	35	
36.	Balance due. Subtract line 32 from line 25	36	158
37a.	M-2220 penalty	37a	
37b.	Other penalties	37b	
37.	Total penalty. Add lines 37a and 37b	37	
38.	Interest on unpaid balance	38	
39.	Total payment due at time of filing	39	158

11/01/2022

11:29:52





# 2021 Schedule F

MA21066011019

Income Apportionment

NEW HAMPSHIRE CHARITABLE FOUNDAT 02 6005625

- Fill in:
- Section 38 manufacturer
  - Mutual fund service corporation reporting sales of mutual funds only
  - Mutual fund service corporation reporting sales of non-mutual funds
  - Other
  - Change in method of calculating one or more factors from prior year

LOCATION	STATE	FACILITY TYPE	ACCEPTS ORDERS	REG. IN STATE	FILES IN STATE
----------	-------	---------------	-------------------	------------------	-------------------

## Apportionment Factors

1. Tangible property					
a. Property owned	Massachusetts			Worldwide	
b. Property rented	Massachusetts			Worldwide	
c. Total property owned and rented	Massachusetts			Worldwide	
d. Tangible property apportionment percentage				1d	
2. Payroll					
a. Total payroll	Massachusetts			Worldwide	
b. Payroll apportionment percentage				2b	
3. Sales					
a. Tangible (destination)	Massachusetts	6363			
b. Tangible (throw back)	Massachusetts			Worldwide	764602
c. Services	Massachusetts			Worldwide	
d. Rents and royalties	Massachusetts			Worldwide	
e. Other sales factors	Massachusetts			Worldwide	
f. Total sales factors	Massachusetts	6363		Worldwide	764602
g. Sales apportionment percentage				3g	0.008322
4. Apportionment percentage				4	0.016644
5. Massachusetts apportionment percentage				5	0.008313

157691 01-05-22

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2021**  
**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **01/01/2021** and Ending (mm/dd/yyyy) **12/31/2021**

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>New Hampshire Charitable Foundation</b>	Employer Identification Number (EIN): <b>02-6005625</b>
	Mailing Address: <b>37 Pleasant Street</b>	NY Registration Number: <b>462594</b>
	City / State / ZIP: <b>Concord, NH 03301-4005</b>	Telephone: <b>603 225-6641</b>
	Website: <b>www.nhcf.org</b>	Email: <b>rc@nhcf.org</b>

Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EXEMPT\* Confirm your Registration Category in the Charities Registry at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:	<u>Richard Ober</u>	<u>President &amp; CEO</u>	<u></u>
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	<u>Michael Wilson</u>	<u>VP Finance &amp; CFO</u>	<u></u>
	Signature	Print Name and Title	Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes  No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes  No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>1,500.</u>	Total fee: \$ <u>1,525.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
---	---------------------------------	--------------------------------------	--------------------------------	--

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# New Hampshire Charitable Foundation

## CHAR500

### Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.  
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
Call: (212) 416-8401  
Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).



CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

1 Legal name of corporation

1. NEW HAMPSHIRE CHARITABLE FOUNDATION

Payment enclosed

2.

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 02-6005625

5 File number (FCC)

5. MM4

6 Period beginning date (mm-dd-yy)

6. 01-01-21

7 Period ending date (mm-dd-yy)

7. 12-31-21

8 Amended (Y=1; N=0)

8. 0

9 Final (Y=1; N=0)

9.

10 NAICS code

10. 523000

11 MTA indicator (None = 0; Y = 1; N = 2; Both = 3)

11.

12 Federal 1120-H filed (Y = 1; N = 0)

12.

13 REIT/RIC indicator (Y = 1; N = 0)

13.

14 Tax due/MTA surcharge

14. 250.00

15 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000

15.

16 Balance due

16.

17 Amount of overpayment credited to next period - NYS

17. 25.00

18 Refund of overpayment

18.

19 Refund of unused tax credits

19.

20 Tax credits to be credited as an overpayment to next year's return

20.

21 Amount of overpayment credited to next period - MTA

21.

22 Amount of MTA surcharge retaliatory tax credit to be refunded

22.

23 Fixed dollar minimum

23.

24 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN

24. -

25 New York receipts

25.

26 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?

26.

27 Paid preparer's EIN

27. 01-0494526

28 Preparer's NYTPRIN

28.

29 Excl. code

29. 03

541001211019



184951 11-18-21 1019

For office use only

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.	<input type="text"/>	<input type="text"/>
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.	<input type="text"/>	<input type="text"/>
32	Total excise tax on telecommunication services	32.	<input type="text"/>	<input type="text"/>
33	Tax on gross income - NYS	33.	<input type="text"/>	<input type="text"/>
34	MTA surcharge related to non-mobile telecommunication services	34.	<input type="text"/>	<input type="text"/>
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.	<input type="text"/>	<input type="text"/>
36	Total MTA surcharge related to telecommunication services	36.	<input type="text"/>	<input type="text"/>
37	MTA surcharge on gross income	37.	<input type="text"/>	<input type="text"/>
38	Balance due - NYS	38.	<input type="text"/>	<input type="text"/>
39	Balance due - MTA	39.	<input type="text"/>	<input type="text"/>
40	Provided telecommunication services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	40.	<input type="text"/>	<input type="text"/>
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	41.	<input type="text"/>	<input type="text"/>
42	Overpayment credited to next year's tax - NYS	42.	<input type="text"/>	<input type="text"/>
43	Overpayment credited to next year's tax - MTA	43.	<input type="text"/>	<input type="text"/>
44	Refund of overpayment - NYS	44.	<input type="text"/>	<input type="text"/>
45	Refund of overpayment - MTA	45.	<input type="text"/>	<input type="text"/>
46	Refund of unused tax credits - NYS	46.	<input type="text"/>	<input type="text"/>
47	Refund of unused tax credits - MTA	47.	<input type="text"/>	<input type="text"/>
48	Refundable tax credits to be credited to next year's tax - NYS	48.	<input type="text"/>	<input type="text"/>
49	Refundable tax credits to be credited to next year's tax - MTA	49.	<input type="text"/>	<input type="text"/>

541002211019





New York State E-File Authorization for Tax Year 2021
For Certain Corporation Tax Returns and Estimated Tax
Payments for Corporations

TR-579-CT
(8/21)

Electronic return originator (ERO)/paid preparer: Do not mail this form to the Tax Department. Keep it for your records.

Legal name of corporation New Hampshire Charitable Foundation

Return type (mark an X for all that apply): CT-3 CT-3-A CT-3-M CT-3-S CT-13 X CT-33
CT-33-A CT-33-C CT-33-M CT-33-NL CT-183 CT-183-M CT-184 CT-184-M
CT-186-E CT-300 CT-400

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, General Business Corporation Franchise Tax Return; CT-3-A, General Business Corporation Combined Franchise Tax Return; CT-3-M, General Business Corporation MTA Surcharge Return; CT-3-S, New York S Corporation Franchise Tax Return; CT-13, Unrelated Business Income Tax Return; CT-33, Life Insurance Corporation Franchise Tax Return; CT-33-A, Life Insurance Corporation Combined Franchise Tax Return; CT-33-C, Captive Insurance Company Franchise Tax Return; CT-33-M, Insurance Corporation MTA Surcharge Return; CT-33-NL, Non-Life Insurance Corporation Franchise Tax Return; CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital Stock; CT-183-M, Transportation and Transmission Corporation MTA Surcharge Return; CT-184, Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings; CT-184-M, Transportation and Transmission Corporation MTA Surcharge Return; CT-186-E, Telecommunications Tax Return and Utility Services Tax Return; CT-300, Mandatory First Installment (MFI) of Estimated Tax for Corporations; or CT-400, Estimated Tax for Corporations.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns. Go to our website at www.tax.ny.gov to find this document.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both); CT-5.3, Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both); CT-5.4, Request for Six-Month Extension to File New York S Corporation Franchise Tax Return; CT-5.6, Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both); CT-5.9, Request for Three-Month Extension to File for certain Article 9 tax returns, MTA surcharge, or both; or CT-5.9-E, Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return) Instead use Form TR-579.1-CT, New York State Authorization for Electronic Funds Withdrawal For Tax Year 2021 Corporation Tax Extensions.

Financial institution information (required if electronic payment is authorized)

Table with 3 rows: 1 Amount of authorized debit, 2 Financial institution routing number, 3 Financial institution account number. Includes a small grid for inputting values.

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2021 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, Tax Shelter Reportable Transactions, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2021 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2021 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Table with 3 columns: Signature of authorized officer of the corporation, Print your name and title (Richard Ober, President & CEO), Date (11-15-21)

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2021 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2021 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2021 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2021 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

Table with 3 columns: ERO's signature (Connor Smart), Print name (Connor Smart), Date (11-01-22); Paid preparer's signature (Connor Smart), Print name (Connor Smart), Date (11-01-22)



CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

Amended return [ ] Tax Law - Article 13 All filers enter tax period: beginning 01-01-21 ending 12-31-21

Form with fields for Employer identification number (EIN), File number, Business telephone number, Legal name of corporation, Mailing address, City, State, ZIP/Postal code, etc.

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization

Organization - Have you filed this New York State application for exemption? (see instructions) Yes [ ] No [X]

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a) [ ]

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions) [ ]

Payment section with field A: Pay amount shown on line 22. Make payable to: New York State Corporation Tax

Computation of income and tax

Table with 25 rows for tax computation, including Federal unrelated business taxable income, New York State Article 13 and Article 23 tax deducted, Total subtractions, Taxable income before net operating loss deduction, etc.

See page 3 for third-party designee, certification, and signature entry areas.

400001211019



Have you been audited by the Internal Revenue Service in the past 5 years? Yes  No  If Yes, list years: \_\_\_\_\_

Federal return was filed on: 990-T  Other:  Attach a complete copy of your federal return.

**Schedule A - Unrelated business allocation**

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:	A New York State	B Everywhere	
26 Real estate owned (see instructions) .....	26		
27 Gross rents (attach list; see instructions) .....	27		
28 Inventories owned .....	28		
29 Other tangible personal property owned (see instructions) .....	29		
30 Total (add lines 26 through 29) .....	30		
31 Percentage in New York State (divide line 30, column A, by line 30, column B) .....	31		%

**Receipts in the regular course of business from:**

32 Sales of tangible personal property shipped to points within New York State .....	32	- 928 .		
33 All sales of tangible personal property .....	33		764,602 .	
34 Services performed .....	34			
35 Rentals of property .....	35			
36 Other business receipts .....	36			
37 Total (add lines 32 through 36) .....	37	- 928 .	764,602 .	
38 Percentage in New York State (divide line 37, column A, by line 37, column B) .....	38			- .1214 %
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions) .....	39			
40 Percentage in New York State (divide line 39, column A, by line 39, column B) .....	40			%
41 Total of New York State percentages (add lines 31, 38, and 40) .....	41			- .1214 %
42 Business allocation percentage (divide line 41 by three or by the number of percentages) .....	42			- .1214 %

**Composition of prepayments claimed on line 18\***

		Date paid	Amount
43 Payment with extension request, Form CT-5, line 5 .....	43		
44a Second installment from Form CT-400 .....	44a		
44b Third installment from Form CT-400 .....	44b		
44c Fourth installment from Form CT-400 .....	44c		
45 Amount of overpayment credited from prior years .....	45		275 .
46 Total prepayments (add lines 43 through 45; enter here and on line 18) .....	46		275 .

\* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

**Amended return information**

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination .....  If marked, enter date of determination: • \_\_\_\_\_

Capital loss carryback .....  Federal return filed ..... Form 1139 •

Amended Form 990-T .....

400002211019






Third - party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print)	Designee's phone number
	Designee's email address		PIN

**Certification:** I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person <b>RICHARD OBER</b>	Signature of authorized person	Official title <b>PRESIDENT &amp; CEO</b>
	Email address of authorized person <b>RICHARD.OBER@NHCF.ORG</b>		Telephone number <b>603 225-6641</b> Date <b>11-15-21</b>

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) <b>BAKER NEWMAN &amp; NOYES</b>		Firm's EIN <b>01-0494526</b>	Preparer's PTIN or SSN <b>P02285543</b>
	Signature of individual preparing this return 	Address      City      State      ZIP code <b>P.O. BOX 507 PORTLAND, ME 04112</b>		
	Email address of individual preparing this return <b>CSMART@BNNCPA.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date <b>11-01-22</b>

See instructions for where to file.

400003211019



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Form CT-13                      Principal Unrelated Business Activity                      Statement      1

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UBI from Qualified Partnership Interests  
& Scholarship Contracted/Grant Administration Services

**LOUISIANA**  
DEPARTMENT of REVENUE

**Louisiana Department of Revenue  
Corporation Income/Franchise Tax  
Declaration for Electronic Filing**

Do not file paper copies. This form must be maintained by the Electronic Return Originator (ERO).

For calendar year 2021, or tax year beginning \_\_\_\_\_, 2021, ending \_\_\_\_\_, 2022

PLEASE PRINT OR TYPE.

Name of Corporation <b>NEW HAMPSHIRE CHARITABLE FOUNDATION</b>			
Louisiana Revenue Account Number <b>1408935-001</b>		Federal Employer Identification Number (FEIN) <b>02-6005625</b>	
Street Address of Corporation <b>37 PLEASANT STREET</b>		Unit Type	Unit Number
City <b>CONCORD</b>	State <b>NH</b>	ZIP <b>03301-4005</b>	Foreign Nation, if not United States (do not abbreviate)

Part 1 - Tax Return Information (whole dollars only)			
1	Income & Franchise tax due after Priority 1 Credits (Form CIFT-620, Line 10, the sum of both columns 1 and 2)	1	1,683.00
2	Refund (Form CIFT-620, Line 28, column 3)	2	.00
3	Total amount due (Form CIFT-620, Line 25, column 3)	3	.00
4	Amount of payment remitted electronically	4	.00

Part II - Declaration of Officer (Sign only after Part I is completed.)		
Under penalties of perjury, I declare that I am an officer of the above corporation and that the information that I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part 1 above agree with the amounts on the corresponding lines of the Louisiana 2021 Income/2022 Franchise tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection.		
<input checked="" type="checkbox"/> I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer.		
Signature of Officer	Date (mm/dd/yyyy)	Title
		<b>PRESIDENT &amp; CEO</b>

Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer				
I declare that I have reviewed the above corporation's return and that the entries on LA8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub. 3112, IRS E-file Application and Participation, and Pub. 4163, Modernized E-File Information for Authorized IRS E-Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.				
<b>ERO's Use Only</b>				
ERO's Signature <b>X CONNOR SMART</b>	Date (mm/dd/yyyy) <b>10/31/22</b>	<input checked="" type="checkbox"/> Check if also paid preparer	<input type="checkbox"/> Check if self-employed	ERO's SSN or PTIN <b>P02285543</b>
Firm's Name (or yours if self-employed) <b>BAKER NEWMAN &amp; NOYES</b>				FEIN <b>01-0494526</b>
City <b>PORTLAND</b>		State <b>ME</b>	ZIP <b>04112</b>	Phone Number <b>(207) 879-210</b>
<b>Paid Preparer's Use only</b>				
Preparer's Signature	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed	Preparer's SSN or PTIN	
Firm's Name (or yours if self-employed)				FEIN
City		State	ZIP	Phone Number

CIFT-620EXT (1/12)

<b>LDR</b> <small>Contributing to a better quality of life</small>	<b>Application for Automatic Extension of Time to File Corporation Income and Franchise Taxes Return</b>
	Louisiana Department of Revenue P.O. Box 751 Baton Rouge, LA 70821-0751

**SPEC CODE**

This space at the bottom of the form is to be used only when specifically instructed by LDR. Otherwise, leave blank.

**IMPORTANT NOTICE:** The Secretary of the Louisiana Department of Revenue may grant an extension of time for filing the combined corporation income and franchise tax return not to exceed seven months from the date the return is due. Extensions must be filed before the due date of the return.

For calendar year filers, complete and submit the form below before May 15, 2022, to extend the date to file your Louisiana Corporation Income and Franchise Taxes return until December 15, 2022.

For fiscal year filers, please indicate the fiscal period below when requesting your 7-month extension to file your Louisiana Corporation Income and Franchise Taxes return. The due date for fiscal filers is the fifteenth day of the fifth month after the close of the fiscal year.

By filing this extension, you are requesting only an extension of time to file. This form does not grant an extension of time to pay the tax due. Payments received after the return due date will be charged interest and late payment penalty.

**Do not claim portions of the payment with this form as estimated franchise tax on the return.** All amounts remitted will be applied as estimated income tax and should be indicated as such on the return. Overpayments of estimated income tax will automatically be applied toward fulfillment of any franchise tax liability.

Corporation Income and Franchise Taxes Extension			
1	Estimated amount of income and franchise taxes due	1	1,682.00
2	Less all previously remitted estimated income and franchise tax payments	2	2,127.00
3	Total estimated taxes due and remitted with this application - Subtract Line 2 from Line 1.	3	0.00

**RETURN MUST BE E-FILED.**  
**This form cannot be paper filed - this copy is for informational purposes only.**

154691 04-01-21

CIFT-620EXT (1/12) For calendar year ended 2021, or other tax year beginning \_\_\_\_\_, 2021, ending \_\_\_\_\_, 2022. **2020 CE**

Louisiana Application for Extension of Time to File Corporation Income and Franchise Taxes				
Name <b>NEW HAMPSHIRE CHARITABLE FOUNDATION</b>			Louisiana Revenue Account Number <b>1408935-001</b>	
Address <b>37 PLEASANT STREET</b>			FEIN <b>02-6005625</b>	
City <b>CONCORD</b>	State <b>NH</b>	ZIP <b>03301-4005</b>	Telephone <b>(603) 255-6641</b>	

**SPEC CODE**

**DO NOT SEND CASH.** Amount enclosed

An automatic extension of time to file the Louisiana corporation income tax return for the period ending 12/31/2021 and the corporation franchise tax return for the period ending 12/31/2022 is hereby requested until 12/15/2022 (not to exceed 7 months).

**Worksheet for Estimating Corporation Income Tax**

1. Estimated taxable income .....	1.			<b>38,667.</b>
<div style="border: 1px solid black; padding: 5px; width: fit-content;">                 IMPORTANT! Act 396 of the 2021 Regular Legislative Session has reduced the income tax rates as shown below and has repealed the Federal income tax deduction.             </div>				
		<b>Column 1</b>		<b>Column 2</b>
		Net income in each bracket	Rate	Tax
2. Estimated income tax liability:				
a. First \$50,000 of net income .....	2a.	<b>38,667.</b>	X 3.5% =	<b>1,353.</b>
b. Next \$100,000 .....	2b.		X 5.5% =	
c. Excess over \$150,000 .....	2c.		X 7.5% =	
d. Total income (Add Column 1, Lines 2a through 2c and enter here) The total should be the same as Line 1 above .....	2d.	<b>38,667.</b>		
e. Total tax (Add Column 2, Lines 2a through 2c and enter total here) .....	2e.			<b>1,353.</b>
3. Less estimated credits allowable against the tax and credits carried forward from 2021 .....	3.			<b>444.</b>
4. Balance (Subtract Line 3 from Line 2e) .....	4.	<b>ROUNDED</b>		<b>909.</b>
5. Amount of installments (Divide Line 4 by number of installments due) Enter here and in "Amount of Payment" block on voucher .....	5.			<b>227.</b>

**Louisiana Department of Revenue**  
 Post Office Box 91011  
 Baton Rouge, LA 70821-9011

**Enter your LA Revenue Account Number here (Not FEIN):**

1408935-001

**For office use only.**

**Mark box if:**

LA Corporation Income Tax Return for <b>2021</b>	LA Corporation Franchise Tax Return for <b>2022</b>
<b>Mark box if:</b>	
Calendar Year filer	<b>X</b>
Fiscal Year filer (Enter dates below)	
Short period return (Enter dates below)	
<b>Income (MMDDYY)</b>	<b>Franchise (MMDDYY)</b>
Ended Begun	Ended Begun

Name change.

Address change.

Amended return.

**X** Entity is not required to file franchise tax.

Entity is not required to file income tax.

First time filing of this form.

Final return.

Legal Name <b>NEW HAMPSHIRE CHARITABLE FOUND</b>		
Trade Name		
Mailing Address <b>37 PLEASANT STREET</b>		
Unit Type	Unit Number	
City <b>CONCORD</b>	State <b>NH</b>	ZIP <b>033014005</b>
Foreign Nation, if not United States (do not abbreviate)		

A.	Federal Employer Identification Number	026005625
B.	Federal taxable income	764602
C.	Federal income tax	0
D.	Income tax apportionment percentage	6.29
E.	Gross revenues	0
F.	Total assets	1078662816
G.	NAICS code	523900
H.	Enter the state abbreviation for location of the principal place of business.	<b>NH</b>
I.	Does the income of this corporation include the income of any disregarded entities?	Yes No <b>X</b>
J.	Was the income of this corporation included in a consolidated federal income tax return?	Yes No <b>X</b>
K.	If answered yes to J, enter FEIN of consolidated federal income tax return.	
L.	Do the books of the corporation contain intercompany debt?	Yes No <b>X</b>
M.	Enter the code for the federal form filed.	1
N.	Enter the code for the type of entity.	8
O.	Pass-through Entity Tax Election	

Computation of Income Tax - See instructions.	
1A.	Louisiana net income before loss adjustments and income tax deduction. <span style="float: right;">48101</span>
1B.	Subchapter S corporation exclusion <span style="float: right;">0</span>
	Loss carryforward [ \$ 13103.00 ]
1C.	less federal tax refund applicable to loss <span style="float: right;">13103</span>
	[ \$ 0.00 ] Attach schedule.
1C1.	Loss carryforward utilized <span style="float: right;">9434</span>
1D.	Federal income tax deduction <span style="float: right;">0</span>
1D1.	Federal Disaster Relief Credits <span style="float: right;">0</span>
1E.	Louisiana taxable income <span style="float: right;">38667</span>
2.	Louisiana income tax <span style="float: right;">1683</span>
3.	Nonrefundable income tax credits from Schedule NRC-P1 <span style="float: right;">0</span>
4.	Income tax after priority 1 credits <span style="float: right;">1683</span>

Computation of Franchise Tax - See instructions.	
5A.	Total capital stock, surplus, & undivided profits <span style="float: right;">1002503073</span>
5B.	Franchise tax apportionment percentage <span style="float: right;">53.15</span>
5C.	Franchise taxable base <span style="float: right;">532830383</span>
6.	Amount of assessed value of real and personal property in Louisiana in 2021 <span style="float: right;">0</span>
7.	Louisiana franchise tax <span style="float: right;">5</span> <span style="float: right;">0</span>
8.	Nonrefundable franchise tax credits from Schedule NRC-P1 <span style="float: right;">0</span>
9.	Franchise tax after priority 1 credits <span style="float: right;">0</span>

**IMPORTANT!**

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

**\* SEE STATEMENT 1**

**FOR OFFICE USE ONLY**



Field Flag

DEV ID 2249

154401  
04-14-22

22241



Net Amount Due					
		Col. 1 - Income tax	Col. 2 - Franchise tax		Col. 3 - Total
10. Tax liability after priority 1 credits	10.	1683	10.	0	
11. Refundable credits from Schedule RC-P2	11.	0	11.	0	
12. Tax liability after priority 2 credits	12.	1683	12.	0	
13. Overpayment after priority 2 credits	13.	0	13.	0	
14. Nonrefundable credits from Schedule NRC-P3	14.	0	14.	0	
15. Tax liability after priority 3 credits	15.	1683	15.	0	
16A. Overpayment after priority 2 credits	16A.	0	16A.	0	
16B. Refundable credits from Schedule RC-P4	16B.	0	16B.	0	
16C. Credit carryforward from prior year return	16C.	2127	16C.	0	
16D. Estimated payments	16D.	0			
16E. Payment made with extension	16E.	0	16E.	0	
16F. Total refundable credits and payments	16F.	2127	16F.	0	
17. Overpayment	17.	444	17.	0	17. <b>444</b>
18. Tax due	18.	0	18.	0	
19. Amount of Income tax overpayment applied to franchise tax			19.	0	
20. Net Tax due			20.	0	
21. Interest	21.	0	21.	0	
22. Delinquent filing penalty	22.	0	22.	0	
23. Delinquent payment penalty	23.	0	23.	0	
24. Additional donation to The Military Family Assistance Fund	24.	0	24.	0	
25. Total amount due	25.	0	25.	0	

▼ PAY THIS AMOUNT ▼



**IMPORTANT!**

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

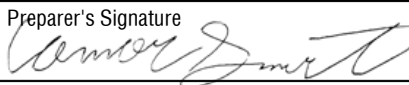


Net Amount Due			
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total
26. Net overpayment		26. 0	26. 444
27. Amount of overpayment you want to donate to The Military Family Assistance Fund			27. 0
28. Amount of overpayment to be refunded			28. 0
29. Amount of overpayment to be credited to 2022			29. 444

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: [www.revenue.louisiana.gov/LaTap](http://www.revenue.louisiana.gov/LaTap).

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, 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 he has any knowledge.

Signature of Officer	Title of Officer <b>PRESIDENT &amp; CEO</b>	
Print Name of Officer <b>RICHARD OBER</b>	Telephone <b>(603) 255-6641</b>	Date (mm/dd/yyyy)

<b>PAID PREPARER USE ONLY</b>	Print Preparer's Name <b>CONNOR SMART</b>	Preparer's Signature 	Date (mm/dd/yyyy) <b>10312022</b>	Check <input type="checkbox"/> if Self-employed
	Firm's Name ▶	<b>BAKER NEWMAN &amp; NOYES</b>		Firm's FEIN ▶ <b>01-0494526</b>
	Firm's Address ▶	<b>P.O. BOX 507, PORTLAND, ME 0411</b>		Telephone ▶ <b>(207) 879-2100</b>

**IMPORTANT!**

All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

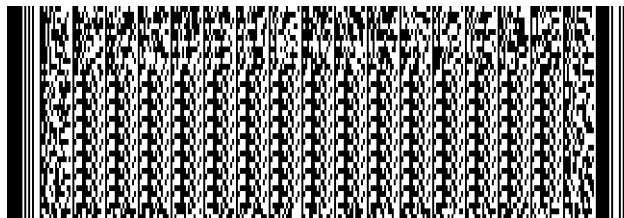
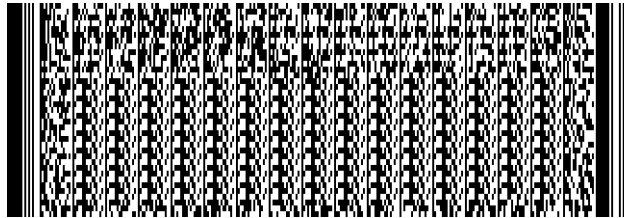
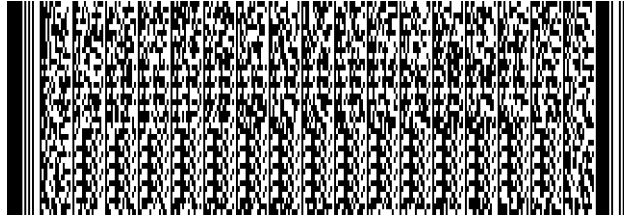
**PTIN, FEIN, or LDR Account  
Number of Paid Preparer**

**P02285543**

For Office  
Use Only.







**IMPORTANT!**

All four (4) pages of this return **MUST** be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**



All applicable schedules must be completed.

Schedule A - Required Information				
1. At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership?  If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities.	Yes <input type="checkbox"/>	1	FEIN	
		2	Percentage	
	No <input checked="" type="checkbox"/>	3		
		4		
		5		
2. At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock?  If yes, list the FEIN or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN and percentage owned of all entities.	Yes <input type="checkbox"/>	1	FEIN/SSN	
		2	Percentage	
	No <input checked="" type="checkbox"/>	3		
		4		
		5		
3. If you answered yes to Line 1 on CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and FEIN of all entities.	Yes <input type="checkbox"/>	1	FEIN	
		2	Percentage	
	No <input checked="" type="checkbox"/>	3		
		4		
		5		

Schedule B - Computation of Income Tax Apportionment Percentage			
Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise and/or charges for services			
A. Sales	764602	48101	
B. Charges for services	0	0	
C. Other gross apportionable income	0	0	
D. Total - Add the amounts in Columns 1 and 2.	764602	48101	6.29 %
2. For certain oil & gas businesses only. Wages, salaries, and other personal service compensation paid during the year (see instructions). If ratio not used, check box. <input checked="" type="checkbox"/>	0	0	%
3. For certain oil & gas businesses only (see instructions). Income tax property ratio - Enter percentage from Schedule C, Line 24. If ratio not used, check box. <input checked="" type="checkbox"/>			%
4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 (see instructions).			%
5. Total of percents in Column 3			6.29 %
6. Average of percents - Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D.			6.29 %



<b>Schedule D - Computation of Louisiana Net Income</b>					
<b>See instructions if separate accounting method is used and check box.</b> <input type="checkbox"/>					
	Totals			Totals	
1A. Gross receipts	0	.00	22. Other employee benefit plans	0	.00
1B. Less returns and allowances	0	.00	23. Other deductions - Attach schedule.	0	.00
1C. Balance. Subtract Line 1B from Line 1A.	0	.00	<b>24. Total deductions - Add Lines 10 through 23.</b>	0	.00
2. Less: Cost of goods sold and/or operations - Attach schedule.	0	.00	<b>25. Net income from all sources - Subtract Line 24 from Line 9.</b>	764602	.00
3. Gross profit - Subtract Line 2 from Line 1C.	0	.00	26. Allocable income from all sources:		
4. Gross rents	0	.00	26A. Net rents and royalties from immovable or corporeal movable property	0	.00
5. Gross royalties	0	.00	26B. Royalties from the use of patents, trademarks, etc.	0	.00
6. Income from estates, trusts, partnerships	0	.00	26C. Income from estates, trusts, and partnerships	0	.00
7. Income from construction, repair, etc.	0	.00	26D. Income from construction, repair, etc.	0	.00
8. Other income - Attach schedule.	764602	.00	26E. Other allocable income	0	.00
<b>9. Total income - Add Lines 3 through 8.</b>	<b>764602</b>	<b>.00</b>	26F. Allocable expenses	( 0)	.00
10. Compensation of officers	0	.00	26G. Net allocable income from all sources	0	.00
11. Salaries and wages (not deducted elsewhere)	0	.00	27. Net income subject to apportionment - Subtract Line 26G from Line 25.	764602	.00
12. Repairs	0	.00	28. Net income apportioned to Louisiana	48101	.00
13. Bad debts	0	.00	29. Allocable income from Louisiana sources:		
14. Rent	0	.00	29A. Net rents and royalties from immovable or corporeal movable property	0	.00
15. Taxes and licenses - Attach schedule.	0	.00	29B. Royalties from the use of patents, trademarks, etc.	0	.00
16. Interest	0	.00	29C. Income from estates, trusts, and partnerships	0	.00
17. Charitable Contributions	0	.00	29D. Income from construction, repair, etc.	0	.00
18. Depreciation - Attach schedule.	0	.00	29E. Other allocable income	0	.00
19. Depletion - Attach schedule.	0	.00	29F. Allocable expenses	( 0)	.00
20. Advertising	0	.00	29G. Net allocable income from Louisiana sources	0	.00
21. Pension, profit sharing, stock bonus, and annuity plans	0	.00	<b>30. Louisiana net income before loss adjustments and federal income tax deduction - Add Line 28 and Line 29G.</b>	<b>48101</b>	<b>.00</b>



<b>Schedule E - Reconciliation of Income Per Books with Income Per Return</b>			
1. Net income per books	764602	6. Total - Add Lines 1 through 5c.	764602
2. Louisiana income tax	0	7. Income recorded on books this year, but not included in this return - Attach Schedule.	0
3. Excess of capital loss over capital gains	0	8. Deductions in this tax return not charged against book income this year:	
4. Taxable income not recorded on books this year - Attach schedule	0	a. Depreciation	0
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	0
a. Depreciation	0	c. Other - Attach Schedule	0
b. Depletion	0	9. Total - Add Lines 7 through 8c.	0
c. Other - Attach schedule.	0	10. Net income from all sources per return - Subtract Line 9 from Line 6.	764602

<b>Schedule G - Liabilities and Capital from Balance Sheet</b>		
<b>Liabilities and Capital</b>	<b>1. Beginning of year</b>	<b>2. End of year</b>
1. Accounts payable	807182	844992
2. Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred	0	0
3. Other current liabilities - Attach schedule.	0	0
4. Loans from stockholders - Attach schedule.	0	0
5. Due to subsidiaries and affiliates	0	0
6. Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred	0	0
7. Other liabilities - Attach schedule. <b>STMT 3</b>	64892965	75314751
8. Capital stock: a. Preferred stock	0	0
b. Common stock	0	0
9. Paid-in or capital surplus	0	0
10. Surplus reserves - Attach schedule.	0	0
11. Earned surplus and undivided profits	881233234	1002503073
12. Excessive reserves or undervalued assets	0	0
<b>13. Totals - Add Lines 1 through 12.</b>	<b>946933381</b>	<b>1078662816</b>



All applicable schedules must be completed.

<b>Schedule F - Reconciliation of Federal and Louisiana Net Income</b>	
See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information.	
	Column 1
1. Enter the total net income calculated under federal law before special deductions.	764602
<b>2. Additions to federal net income:</b>	
a. Louisiana income tax	0
b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
c. Donation to School Tuition Organization Credit (see instructions).	0
d. Other additions - Attach schedule.	0
e. Total additions - Add Lines 2a through 2d.	0
<b>3. Subtractions from federal net income:</b>	
a. Bank dividends (see instructions).	0
b. All other dividends	0
c. Interest	0
d. Road Home - The amount included in federal taxable income	0
e. Louisiana depletion in excess of federal depletion	0
f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C	0
g. Exempt amount of related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
h. Compensation for disaster services (see instructions).	0
i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E.	0
j. COVID-19 Relief Benefits	0
k. Other subtractions - Attach schedule.	0
l. Total subtractions - Add Lines 3a through 3k.	0
4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 25.	764602



See Revenue Ruling 06-010 and Revenue Information Bulletin 13-006. **All applicable schedules must be completed.** Complete Lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an **equivalent account** on the books of the corporation. All corporations must complete Lines 12 through 19.

<b>Schedule G-1 Computation of Franchise Tax Base</b>	
1. Capital Stock:	
1A. Common Stock - Include paid-in or Capital Surplus	0
1B. Preferred Stock - Include paid-in or Capital Surplus	0
2. Total Capital stock - Add Lines 1A and 1B.	0
3. Surplus and undivided profits	0
4. Surplus reserves - Include any excessive reserves or undervalued assets	0
5. Total - Add Lines 2, 3, and 4	0
6. Due to subsidiaries and affiliates (Do not net with receivables)	0
7. Deposit liabilities to affiliates - Included in the amount on Line 6	0
8. Accounts payable less than 180 days old - Included in the amount on Line 6	0
9. Adjusted debt to affiliates - Subtract Lines 7 and 8 from Line 6	0
10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.	0
10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.	0
11. Additional Surplus and Undivided Profits - See instructions	0
<b>Total Franchise Taxable Base</b>	
12. Capital Stock: Common Stock	0
Preferred Stock	0
13. Paid-in or capital surplus - Include items of paid-in capital in excess of par value	0
14. Surplus reserves - Attach schedule	0
15. Earned surplus and undivided profits	1002503073
16. Excessive reserves or undervalued assets	0
17. Additional surplus and undivided profits - From Line 11 above	0
18. Allowable deductions - See instructions	0
<b>19. Total capital, surplus and undivided profits - Add Lines 12 through 17 and subtract Line 18. Also enter the total on CIFT-620, Line 5A. Round to the nearest dollar.</b>	<b>1002503073</b>

**Note:** All accounts on the books of the corporation should be reviewed to determine if an account is an item of capital, surplus or undivided profits. All items of capital, surplus and undivided profits must be included in the franchise taxable base. See Revenue Information Bulletin 06-026.



<b>Schedule H - Computation of Corporate Franchise Tax Property Ratio</b>		
	<b>LOCATED EVERYWHERE</b>	<b>LOCATED IN LOUISIANA</b>
	<b>1. End of year</b>	<b>2. End of year</b>
1. Cash	70300016	0
2. Notes and accounts receivable	2814547	0
3. Reserve for bad debts	( 0 )	( 0 )
4. Investment in U.S. gov. obligations	0	0
5. Stock and obligations of subsidiaries	0	0
6. Other investments - Attach schedule	992747665	0
7. Loans to stockholders	0	0
8. Other intangible assets - Attach schedule	92093	0
9. Accumulated depreciation	( 0 )	( 0 )
10. Total intangible assets - Add Lines 1-9	1065954321	0
11. Inventories	0	0
12. Bldgs. and other depreciable assets	4102881	0
13. Accumulated depreciation	( 3001823 )	( 0 )
14. Depletable assets	0	0
15. Accumulated depletion	( 0 )	( 0 )
16. Land	415840	0
17. Other real & tangible assets - Attach schedule	11191597	0
18. Excessive reserves, assets not reflected on books, or undervalued assets	0	0
19. Total real and tangible assets - Add Lines 11 through 18	12708495	0
20. Total Assets - Add Lines 10 and 19	1078662816	0
21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		100.00 %



<b>Schedule I - Computation of Corporate Franchise Tax Apportionment Percentage</b>			
<b>Description of items used as ratios</b>	<b>1. Total amount</b>	<b>2. Louisiana amount</b>	<b>3. Percent</b>
1. Net sales of merchandise, charges for services, and other revenues			
A. Sales	0	0	
B. Charges for services	0	0	
C. Other Revenues:			
(i) Rents and royalties	0	0	
(ii) Dividends and interest from subsidiaries	0	0	
(iii) Other dividends and interest	0	0	
(iv) All other revenues	764602	48101	
D. Total - If the ratio is not used, check the box. <input type="checkbox"/>	764602	48101	6.29 %
2. Franchise tax property ratio - Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box. <input type="checkbox"/>			100.00 %
3. Total of applicable percents in Column 3			106.29 %
4. Average of percents - Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B.			53.15 %





<b>Schedule J - Calculation of Income Tax</b>			
1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. <input type="checkbox"/>			38667
2. Calculation of tax	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> Tax
a. First \$25,000 of net taxable income	25000	x 4% =	1000
b. Next \$25,000	13667	x 5% =	683
c. Next \$50,000	0	x 6% =	0
d. Next \$100,000	0	x 7% =	0
e. Over \$200,000	0	x 8% =	0
3. Add the amounts in Column 1, Lines 2a through 2e and enter the result.			38667
4. Add the amounts in Column 2, Lines 2a through 2e. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			1683

<b>Schedule J-1 - Pass-Through Entity Tax Election Calculation of Income Tax</b>			
1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box and see the instructions. <input type="checkbox"/>			
2. Calculation of Tax	<b>Column 1</b> Net income in each bracket	<b>Rate</b>	<b>Column 2</b> Tax
a. First \$25,000 of net taxable income		x 2% =	
b. Next \$75,000		x 4% =	
c. Over \$100,000		x 6% =	
3. Add the amounts in Column 1, Lines 2a through 2c and enter the result.			
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			

<b>Schedule K - Summary of Estimated Tax Payments</b>			
	Check number	Date	Amount
1. Credit from prior year return			2127
2. First quarter estimated payment			0
3. Second quarter estimated payment			0
4. Third quarter estimated payment			0
5. Fourth quarter estimated payment			0
6. Payment made with extension request			0



Schedule L - Calculation of Franchise Tax		
1. Enter the amount from CIFT-620, Line 5C or Line 6, whichever is greater. Short period filers mark this box and see the instructions.	<input type="checkbox"/>	0
2. Enter the amount of Line 1 or \$300,000, whichever is less.		0
3. Multiply the amount on Line 2 by \$1.50 for each \$1,000 or major fraction and enter the result. See instructions for the suspension of the low tier of the tax.		0
4. Subtract Line 2 from Line 1 and enter the result.		0
5. Multiply the amount on Line 4 by \$3.00 for each \$1,000 or major fraction and enter the result.		0
6. Add Lines 3 and 5. Round to the nearest dollar. Enter the result here and on CIFT-620, Line 7.		0

Schedule M - Analysis of Schedule G, Line 11, Column 2 - Earned surplus and undivided profits per books			
1. Balance at beginning of year	881233234	b. Stock	0
2. Net income per books	764602	c. Property	0
3. Other increases - Attach schedule.	0	6. Other decreases - Attach schedule.	0
4. Total - Add Lines 1, 2, and 3.	881997836	7. Total - Add Lines 5a through 6.	0
5. Distributions: a. Cash	0	8. Balance at end of year - Subtract Line 7 from Line 4.	881997836

Schedule N - Additional Information Required	
<p>1. Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere.</p> <p>Louisiana:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Elsewhere:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2. Indicate the date and state of incorporation. <u>01011962</u> <u>NH</u></p> <p>3. Indicate parishes in which property is located.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



## FEDERAL INCOME TAX DEDUCTION WORKSHEET

1A. Louisiana net income - From Form CIFT-620, Line 1A .....	\$	48,101.
1B. Loss deductions - Enter the amount from Form CIFT-620, Line 1C1 .....	\$	9,434.
1C. Louisiana net income before federal income tax deduction - Subtract Line 1B from Line 1A .....	\$	38,667.
2. Adjustments to convert Louisiana net income to a federal basis		
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
Net adjustment	\$	_____
3. Louisiana net income on a federal basis - Subtract Line 2 from Line 1C .....	\$	38,667.
4. Federal net income .....	\$	764,602.
5. Less creditable expenses .....	\$	_____
6. Federal net income - Subtract Line 5 from Line 4 .....	\$	764,602.
7. Ratio of Louisiana net income to federal net income - Divide Line 3 by Line 6 .....		5.0571 %
8. Federal income tax liability .....	\$	0.
9. Less base erosion minimum tax .....	\$	_____
10. Federal income tax - Subtract Line 9 from Line 8 .....	\$	0.
11. Federal income tax attributable to Louisiana income - Multiply Line 10 by Line 7 .....	\$	0.
12. Federal income tax disaster relief credits .....	\$	_____
12a. Federal income tax disaster relief credit attributable to Louisiana - Multiply Line 12 by Line 7 and enter the amount here and on Form CIFT-620, Line 1D1 .....	\$	_____
13. 2021 Net IRC Section 965 tax liability from the worksheet in the instructions .....	\$	_____
14. Add Lines 11, 12a, and 13 - Enter on Form CIFT-620, Line 1D .....	\$	_____

The amount of federal income tax to be deducted is that portion levied on the income derived from sources in this state. See R.S. 47:287.83 and 287.85 and Louisiana Administrative Code 61:I.1122 and 1123 for specific information regarding the computation of the federal income tax deduction.

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LA FORM CIFT-620      LOUISIANA NET OPERATING LOSS DEDUCTION      STATEMENT      1

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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
12/31/14	1,199.	1,199.	0.
12/31/15	8,375.	6,232.	2,143.
12/31/16	9,014.	944.	8,070.
12/31/17	2,890.	0.	2,890.
NET OPERATING LOSS CARRYOVER AVAILABLE THIS YEAR			13,103.
LESSER OF CIFT-620, LINE 1A AND LINE 1C			13,103.
LESS ACT 123 REDUCTION (28% OF ABOVE AMOUNT)			3,669.
LOSS CARRYFORWARD UTILIZED THIS YEAR			9,434.
NET OPERATING LOSS CARRYOVER AVAILABLE NEXT YEAR			3,669.

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LA FORM CIFT-620      SCHEDULE D - OTHER INCOME      STATEMENT      2

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DESCRIPTION	LOUISIANA	EVERYWHERE
FROM PASSTHROUGH		764,602.
TOTALS TO CIFT-620, SCHEDULE D, LINE 8		764,602.

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LA FORM CIFT-620      SCHEDULE G - OTHER LIABILITIES      STATEMENT      3

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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
GRANTS PAYABLE	6,913,050.	10,425,926.
DEFERRED REVENUE	3,070,059.	2,388,658.
INCOME BENEFICIARIES PAYABLE	1,231,665.	1,318,241.
FUNDS HELD AS AGENCY FUNDS	49,241,585.	57,125,924.
DEFERRED COMPENSATION ACCRUAL	415,578.	561,940.
LIABILITIES RELATED TO ASSETS HELD FOR SALE	4,021,028.	3,494,062.
TOTALS TO CIFT-620, SCHEDULE G, LINE 7	64,892,965.	75,314,751.

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LA FORM CIFT-620      SCHEDULES C AND H - OTHER INVESTMENTS      STATEMENT      4

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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PUBLICLY TRADED SECURITIES	169,042,151.	216,058,835.
OTHER SECURITIES	692,894,429.	776,688,830.
TOTALS TO CIFT-620, SCHEDULE C, LINE 6 SCHEDULE H, LINE 6	861,936,580.	992,747,665.

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LA FORM CIFT-620      SCHEDULES C AND H - OTHER INTANGIBLE ASSETS      STATEMENT      5

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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES	71,842.	92,093.
TOTALS TO CIFT-620, SCHEDULE C, LINE 8 SCHEDULE H, LINE 8	71,842.	92,093.

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LA FORM CIFT-620      SCHEDULES C AND H - OTHER REAL AND  
TANGIBLE ASSETS LOCATED EVERYWHERE      STATEMENT      6

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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
NOTES RECEIVABLE	1,447,428.	1,930,029.
OTHER ASSETS	7,312,906.	9,261,568.
TOTAL TO CIFT-620, SCHEDULE C, LINE 17 SCHEDULE H, LINE 17	8,760,334.	11,191,597.

# Montana Corporate Income Tax Payment Instructions

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**Pay Online**

**TransAction Portal (TAP)**

Visit <https://tap.dor.mt.gov> to quickly and easily pay for e-filed or paper-filed returns by e-check (for free) or by credit/debit card (for a small fee).

See more payment options at [MTRevenue.gov](http://MTRevenue.gov)

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**Pay by Check**

**Help us apply your payment accurately!**

- Fill out the voucher below.
  - Choose one payment type.
  - Identify the tax year end date.
  - Provide the business' full FEIN.
- If you are paying for multiple tax periods, use separate vouchers for each tax period and specify the amount you want applied to that period.
- Do not staple or tape the voucher to your check or tax return.

- Make your check payable to Montana Department of Revenue.
- Remove your check stub.
- Write your FEIN and tax year in the memo line of your check.
- Detach the voucher below and mail it with your check to:

Department of Revenue  
PO Box 8021  
Helena, MT 59604-8021

**Payments of \$500,000 or more must be made electronically.**

162342 12-17-21

----- Cut line -----

**Form-CT**

V1 08/2020

**Montana Corporate Income  
Tax Payment Voucher**

**Help us apply your payment.**

- Send this voucher with your check
- Write your ID and tax year on the check memo line

**1. Current Year**

Name NEW HAMPSHIRE CHARITABLE FOUNDATIO  
Phone 603 255 6641

**2. Estimated**

**5. Period Ending Date** 12312021

**3. Tentative**



**6. FEIN** 026005625

**4. Amended**

Department of Revenue  
PO Box 8021  
Helena, MT 59604-8021

**7. Amount Paid** 50 00

*Pay online at [MTRevenue.gov](http://MTRevenue.gov).*

No Staples!

2021 Montana Corporate Income Tax Return
Include a copy of federal Form 1120 as filed with the Internal Revenue Service

Name: NEW HAMPSHIRE CHARITABLE FOUNDATION
FEIN: 026005625
Mailing Address: 37 PLEASANT STREET
City: CONCORD State: NH ZIP Code: 033014005
Date Qualified in Montana: 01011962
MT Secretary of State ID: 687749600

Mark all that apply:

- X Initial Return
Final Return
Amended Return - Filers need to complete the entire form using the corrected amounts.
Refund Return

Part I - Filing Method

- 1. Mark this box if you are protected under the provision of Public Law 86-272.
2. Are you a member (parent or subsidiary) of a consolidated group for federal purposes? Yes X No
3. Are you filing a combined return for Montana purposes? Yes X No
4. If you answered Yes to questions 2 or 3 above, then mark one of the following filing methods and include Schedule M:
a. Separate Company b. Separate Accounting c. Worldwide Combination d. Domestic Combination e. Limited Combination (Attach statement) f. Water's Edge
5. How many members of the unitary group had property, payroll or receipts in Montana or have an interest in a pass-through entity with Montana activity during the taxable period?
6. Are all members of the unitary group 100% Montana corporations? Yes X No
7. If you answered Yes to questions 2 or 3 above, you must include pages 1 through 5 of the parent's consolidated federal Form 1120 that you filed with the Internal Revenue Service, and enter:
a. Ultimate U.S. parent's name as reported on federal tax return
b. Ultimate U.S. parent's FEIN

Part II - Amended Return Only (mark all that apply)

- a. Federal Revenue Agent Report; include a complete copy of this report.
b. NOL carryback/carryforward; list year(s) of loss. (Schedule NOL must be included.)
c. Apportionment factor changes; include a statement explaining all adjustments in detail.
d. Amended federal tax return (Form 1120X); include a complete copy of the federal Form 1120X.
e. Application and/or change in tax credit; list type of credit being claimed.
f. Other; include a statement explaining all adjustments in detail.

Part III - General Questions (all questions must be answered)

- a. Describe in detail the nature and location(s) of your Montana activities (if necessary, provide the description on an additional page). STATE SOURCE UBI
b. Is this your corporation's first Montana tax return? X Yes No
If this corporation is a successor to a previously existing business, enter the predecessor's information:
Name FEIN



\*21EP01A1\*

NEW HAMPSHIRE CHARITABLE FOUNDATION

2021 Form CIT, Page 2

Period End Date

12312021

FEIN

026005625

Part III - General Questions (continued)

- c. Is this your corporation's final Montana tax return? ..... Yes  No  
 If **Yes**, please include detailed statement and indicate whether your corporation has:  
 Withdrawn                      Merged                      Dissolved                      Reorganized  
 Date of withdrawal, dissolution, merger, or reorganization  
 If applicable, enter the successor's name                      FEIN
- d. For any tax period(s), has the Internal Revenue Service issued an official notice of change or correction that you have not filed with the Montana Department of Revenue? ..... Yes  No  
 If **Yes**, indicate what period(s)
- e. Are any statute of limitation waivers currently in force that have been executed with the Internal Revenue Service? ..... Yes  No  
 If **Yes**, which taxable year(s) is covered and what is the expiration date(s) of the waiver(s)?
- f. Have you filed an amended federal tax return for any of the last five taxable periods? .....  Yes      No  
 If **Yes**, for which years have you filed amended Montana returns?                      **NONE**
- g. Did an individual at the end of the taxable year own, directly or indirectly, 50% or more of the voting stock of this corporation? If **Yes**, enter name                      and % of ownership ..... Yes  No
- h. Did a partnership, corporation, estate or trust at the end of the taxable year own, directly or indirectly, 50% or more of the voting stock of this corporation? ..... Yes  No  
 If **Yes**, enter name                      and % of ownership
- i. Did the same individual, partnership, corporation, estate or trust designated above in question g, or h at the end of the taxable year also own, directly or indirectly, 50% or more of the voting stock of another (brother-sister) corporation? ..... Yes      No
- j. Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more of the outstanding voting stock of a domestic corporation that is not included in the consolidated group? ..... Yes  No  
 If **Yes**, how many corporations?
- k. Did this corporation or any member of the consolidated group own, directly or indirectly, 50% or more of the outstanding voting stock of a foreign corporation? If **Yes**, how many corporations? ..... Yes  No
- l. Was your corporation owned 50% or more, directly or indirectly, by a corporation or entity that was organized or incorporated outside the U.S.? ..... Yes  No  
 If **Yes**, enter name                      and % of ownership
- m. Did this corporation or any member of the consolidated group directly or indirectly have an interest in a domestic partnership? If **Yes**, how many partnerships?                      **91** .....  Yes      No
- n. Did this corporation or any member of the consolidated group directly or indirectly have an interest in a foreign partnership? If **Yes**, how many partnerships? ..... Yes  No  
**If you answered Yes to any of the above questions (h) through (n), you need to complete and include Schedule M.**
- o. Are you a multistate taxpayer that uses market sourcing for receipts factor purposes and uses reasonable approximation in assigning receipts? If yes, provide a brief description. .... Yes  No

Part IV - Reporting of Special Transactions

Mark **Yes** if you filed any of the following forms with the Internal Revenue Service.  
 You must include with your Montana tax return a complete copy of any of these applicable forms.

- a. **I filed federal Form 8886 - Reportable Transaction Disclosure Statement with the Internal Revenue Service.** ..... Yes  No  
 Form 8886 is used to disclose information for each reportable transaction in which you participated.
- b. **I filed federal Schedule UTP - Uncertain Tax Position Statement with the Internal Revenue Service.** ..... Yes  No  
 Schedule UTP is used to disclose uncertain tax positions.



\*21EP02A1\*



NEW HAMPSHIRE CHARITABLE FOUNDATION

2021 Form CIT, Page 3 Period End Date 12312021 FEIN 026005625

Computation of Montana Taxable Income and Net Amount Due

1. Taxable income reported on your federal tax return (line 28). Include a copy of signed federal Form 1120 .....	1.	764602 00
<b>2. Additions</b>		
2a. State, local, foreign and franchise taxes based on income. Include breakdown of your Form 1120, line 17 .....	2a.	00
2b. Federal tax exempt interest .....	2b.	00
2c. Contributions used to compute qualified endowment credit .....	2c.	00
2d. Income/loss of foreign parent and foreign subsidiaries for worldwide combined filers (attach schedule) .....	2d.	00
2e. Income/loss of unitary corporations not included in federal consolidated return (attach schedule) .....	2e.	00
2f. Deemed dividends - Water's Edge filers only (include Schedule WE) .....	2f.	00
2g. Income/loss of corporations incorporated in tax havens - Water's Edge filers only (attach schedule) .....	2g.	00
2h. Federal capital loss carry-over utilized on federal return. Include Schedule D .....	2h.	00
2i. All of your other additions. Include a detailed breakdown .....	2i.	00
Add lines 2a through 2i and enter the result. <b>This is the total of your additions.</b> .....	2.	00
<b>3. Reductions</b>		
3a. IRC Section 243 dividend received deduction .....	3a.	00
3b. Nonapportionable income (include a detailed breakdown) .....	3b.	00
3c. Montana recycling deduction (include Form RCYL) .....	3c.	00
3d. Income/loss of nonunitary corporations included in federal consolidated return (attach schedule) .....	3d.	00
3e. Income/loss of 80/20 companies - Water's Edge filers only (attach schedule) .....	3e.	00
3f. Capital loss incurred in current year. Include federal Schedule D .....	3f.	00
3g. All of your other reductions. Include a detailed breakdown .....	3g.	00
Add lines 3a through 3g and enter the result. <b>This is the total of your reductions.</b> .....	3.	00
4. Add lines 1 and 2, then subtract line 3 and enter the result. <b>This is your adjusted taxable income.</b> .....	4.	764602 00

Combined filers with more than one entity with Montana activity must use Schedule K-Combined for lines 5 through 10 below. (See instructions)

5. Income apportioned to Montana (multiply line 4 x .0000 % from Schedule K, line 6) .....	5.	0 00
6. Enter the income that you allocated directly to Montana. Include a detailed breakdown .....	6.	00
7. Montana taxable income before net operating loss (add lines 5 and 6 or enter amount reported on line 4) .....	7.	-1001 00
If line 7 is a loss, do you wish to forgo the net operating loss carry-back provision? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Note: If you have reported a loss on line 7 and have not marked either box, the loss must be carried back first.		
8. Enter your Montana net operating loss carried over to this period .....	8.	00
<b>Use Schedule NOL of Form CIT on page 14 to calculate your net operating loss carryover.</b>		
9. Subtract line 8 from line 7 and enter the result here. <b>This is your Montana taxable income.</b> .....	9.	-1001 00
10. Multiply line 9 by 6.75% (or line 9 by 7% if you have a valid Water's Edge election). <b>This is your Montana tax liability.</b> (This amount cannot be less than the minimum tax liability of \$50.) .....	10.	50 00

Mark this box if you are calculating your tax liability using the Alternative Tax method (please see the Form CIT instructions before checking this box).

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.



\*21EP03A1\*

NEW HAMPSHIRE CHARITABLE FOUNDATION

2021 Form CIT, Page 4

Period End Date

12312021

FEIN

026005625

Computation of Montana Taxable Income and Net Amount Due (continued)

11. Your Montana tax liability from line 10 .....	11.	50	00
<b>12. Payments</b>			
12a. 2020 overpayment .....	12a.	00	
12b. Tentative payment .....	12b.	00	
12c. Quarterly estimated tax payments .....	12c.	00	
12d. Montana mineral royalty tax withheld. Include Form(s) 1099 .....	12d.	00	
12e. Montana tax withheld from pass-through entities. Include MT Schedule(s) K-1 .....	12e.	00	
12f. All other payments. Describe. ....	12f.	00	
12g. Previously issued refunds. (Do not include any overpayments to 2022.) .....	12g.	00	
Add lines 12a through 12f and subtract line 12g; enter the result. <b>This is the total of your payments.</b> .....	12.		00
13. Enter total credits (from Schedule C) .....	13.		00
14. Add lines 12 and 13, then subtract from line 11 and enter result. <b>This is your tax due or overpayment.</b> .....	14.	50	00
15. Enter the amount of overpayment that you want to be applied to your 2022 estimated tax .....	15.		00
16. Add lines 14 and 15; enter the result. <b>This is your net tax due or overpayment.</b> .....	16.	50	00
17. Enter interest on all the tax paid after the due date (See instructions) .....	17.		00
18. Enter estimated tax underpayment interest. Include Form CIT-UT .....	18.		00
Mark this box if you are using the annualized income or adjusted seasonal income method.			
<b>19. Penalty</b>			
19a. Enter your late filing penalty (See instructions) .....	19a.	00	
19b. Enter your late payment penalty (See instructions) .....	19b.	00	
Add lines 19a and 19b; enter the result. <b>This is your total penalty.</b> .....	19.		00
20. Add lines 16 through 19; enter the result on line 20a or 20b below.			
20a. If the result is positive, enter the amount due here. <b>This is your total amount due.</b> .....	20a.		50 00
<i>Visit our website at revenue.mt.gov for electronic payment options or include your remittance payable to Montana Department of Revenue.</i>			
20b. If the result is negative, enter the refund due here. <b>This is your total refund.</b> .....	20b.		00

Direct Deposit

Your Refund

1. RTN#

2. ACCT#

Complete 1, 2, 3 and 4 (See instructions).

3. If using direct deposit, you are required to mark one box.



Checking

Savings

4. Is this refund going to an account that is located outside of the United States or its territories?

Yes

No

Under penalties of false swearing, 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.

Signature of Officer

Date

Printed Name and Title

Telephone Number

X \_\_\_\_\_

RICHARD OBER, PRESIDENT

603 255 6641

Print/Type Preparer's Name

Preparer's Signature

Date

PTIN

*Richard Ober*

10312022

P02285543

Firm's Name

Firm's Address

Telephone Number

Firm's FEIN

207 879 2100

010494526

May the DOR discuss this tax return with your tax preparer?

X Yes No

Please mail your completed Form CIT to: Montana Department of Revenue, PO Box 8021, Helena, MT 59604-8021



\*21EP04A1\*

NEW HAMPSHIRE CHARITABLE FOUNDATION

2021 Form CIT, Page 5

Period End Date

12312021

FEIN

026005625

Schedule K - Apportionment Factors for Multi-State Taxpayers

Enter dollar values in columns A and B. Enter percentages in column C.

For combined filers, also complete Schedule-K Combined (See instructions)

A. Everywhere B. Montana C. Factor

1. Property Factor: Enter average values for real and tangible personal property.

1a. Land	1a.	00	00
1b. Buildings	1b.	00	00
1c. Machinery	1c.	00	00
1d. Equipment	1d.	00	00
1e. Furniture and fixtures	1e.	00	00
1f. Leases and leased property	1f.	00	00
1g. Inventories	1g.	00	00
1h. Depletable assets	1h.	00	00
1i. Supplies and other	1i.	00	00
1j. Property of foreign subs included in combined group	1j.	00	00
1k. Property of unconsolidated subs included in combined group	1k.	00	00
1l. Property (pro-rata share) of pass-throughs included in group	1l.	00	00
1m. Multiply amount of rents by 8 and enter result	1m.	00	00
<b>Total Property Value</b> - add lines 1a through 1m		00	00
Divide the total in column B by the total in column A. Multiply that result by 100. <b>This is your property factor</b>	1.		.0000 %

2. Payroll Factor:

2a. Compensation of officers	2a.	00	00
2b. Salaries and wages	2b.	00	00
Payroll included in:			
2c. Costs of goods sold	2c.	00	00
2d. Other deductions	2d.	00	00
2e. Payroll of foreign subs included in combined group	2e.	00	00
2f. Payroll of unconsolidated subs included in combined group	2f.	00	00
2g. Payroll (pro-rata share) of pass-throughs included in group	2g.	00	00
<b>Total Payroll Value</b> - add lines 2a through 2g		00	00
Divide the total in column B by the total in column A. Multiply that result by 100. <b>This is your payroll factor</b>	2.		.0000 %

3. Gross Receipts Factor: Montana Sources Sales on Market Basis

3a. Gross receipts, less returns and allowances	3a.	00	
3b. Receipts delivered or shipped to Montana purchasers:			
(1) Shipped from outside Montana	3b. (1)		00
(2) Shipped from within Montana	3b. (2)		00
3c. Receipts shipped from Montana to:			
(1) United States government	3c. (1)		00
(2) Purchasers in a state where the taxpayer is not taxable	3c. (2)		00
3d. Receipts other than receipts of tangible personal property (for example, service income)	3d.		00
3e. Net gains reported on federal Schedule D and federal Form 4797	3e.	00	00
3f. Other gross receipts (rents, royalties, interest, etc.)	3f.	764602	00
3g. Receipts of foreign subs included in combined group	3g.	00	00
3h. Receipts of unconsolidated subs included in combined group	3h.	00	00
3i. Receipts (pro-rata share) of pass-throughs included in group	3i.	00	00
3j. Less: All intercompany transactions	3j.	00	00
<b>Total Receipts Value</b> - add lines 3a through 3j		764602	00
Divide the total in column B by the total in column A. Multiply that result by 100. <b>This is your receipts factor</b>	3.		.0000 %

- 4. For periods beginning after June 30, 2021 enter the amount reported on line 3. (Otherwise, leave blank) 4. %
- 5. Add the percentages on lines 1, 2, and 3 in column C. **This is the sum of your factors** 5. .0000 %
- 6. Divide the total percentage on line 5, column C, by the number of factors that can be included in the calculation. If a property, payroll or receipts factor is 0%, it is included in the calculation for line 6 if there is a value in Column A. (See instructions)  
Enter the results here and also on Form CIT, page 3, line 5. **This is your apportionment factor** 6. .0000 %



\*21EP05A1\*

**Schedule M - Affiliated Entities**

Complete the schedules below if your corporation has an affiliated relationship with another business entity. Please note that all schedules must be completed if your corporation is a member of a U.S. consolidated group and has affiliated relationships with other business entities.

**1. Members of a U.S. Consolidated Group**

Include your information in the following schedule for all members of your U.S. consolidated group. If additional space is needed, attach another copy of the Schedule M for this section. Federal Form 851 is not an acceptable substitution for this section.

A	B	C	D	E	F	G
Federal Employer Identification Number (FEIN)	Name of affiliate/subsidiary/parent corporation	Percentage of ownership	Considered a Disregarded Entity?	Included in this Montana unitary filing?	Have any activities in Montana?	Mark if filing Montana Form CIT separate from this unitary filing
			Yes No	Yes No	Yes No	



\*21EP06A1\*

NEW HAMPSHIRE CHARITABLE FOUNDATION

2021 Form CIT, Page 7

Period End Date

12312021

FEIN

026005625

Schedule M - Affiliated Entities (continued)

Complete the schedules below if your corporation has an affiliated relationship with another business entity. Please note that all schedules must be completed if your corporation is a member of a U.S. consolidated group and has affiliated relationships with other business entities.

2. Affiliated Entities

Include information in the following schedule for all business entities that are not included in the U.S. consolidated group; i.e., partnerships, limited liability companies, foreign disregarded entities, foreign subsidiaries owned greater than 50%, or unconsolidated subsidiaries owned greater than 50%. Include entities that are owned by your corporation and entities that are owned by all members of your U.S. consolidated group. If additional space is needed, attach another copy of the Schedule M for this section.

A Federal Employer Identification Number (FEIN)	B Name of entity	C Percentage of ownership	D		E		F Type of entity, i.e., foreign subsidiary, unconsolidated subsidiary, partnership, LLC, LLP, DER
			Included in this Montana unitary filing?		Have any activities in Montana?		
			Yes	No	Yes	No	
043574590	ADAGE CAPITAL PARTNERS, LP	.2100	X		X		PARTNERS
453951660	ASIA ALTERNATIVES DELAWARE III, LP	.0000	X		X		PARTNERS
833260557	ASIA ALTERNATIVES DELAWARE IV, LP	.0000	X		X		PARTNERS
833280027	ASIA ALTERNATIVES DELAWARE V. LP	.0000	X		X		PARTNERS
352632233	AUDAX PRIVATE EQUITY FUND VI-A, LP	.1400	X		X		PARTNERS
611539701	BAIN CAPITAL FUND X	2.1200	X		X		PARTNERS
261962451	BAIN EUROPE FUND III	2.2400	X		X		PARTNERS
981301995	BENEFIT STREET PARTNERS SPECIAL SI	.7000	X		X		PARTNERS
113741222	BPG INVESTMENT PARTNERSHIP VIIA LP	1.9100	X		X		PARTNERS
208865098	BPG INVESTMENT PARTNERSHIP VIIIA L	.0000	X		X		PARTNERS
205875830	BOREALIS FUND II, L.P.	6.7000	X		X		PARTNERS
300732296	BOREALIS GRANITE FUND	2.9800	X		X		PARTNERS
826360347	CA INTERNATIONAL EQUITY CEF FUND	5.8600	X		X		PARTNERS
461910329	CA RESOURCES FUND LP - SERIES RESO	4.3700	X		X		PARTNERS
473497814	CASTLELAKE IV LP	.2000	X		X		PARTNERS
821221295	CASTLELAKE V LP	.1000	X		X		PARTNERS
030587680	CENTERBRIDGE CAPITAL PARTNERS, LP	.1000	X		X		PARTNERS
205672493	CENTERBRIDGE CAPITAL PARTNERS AIV	.0900	X		X		PARTNERS
271600572	CENTERBRIDGE CAPITAL PARTNERS AIV-	.0000	X		X		PARTNERS
472972531	CIM ENTERPRISE LOAN FUND, LP	.2800	X		X		PARTNERS
810898827	CL IV FUNDING HOLDING COMPANY, LLC	.1500	X		X		PARTNERS
822504621	CL V FUNDING, LLC	.0700	X		X		PARTNERS
844442565	CLOSED LOOP VENTURES II (NEW IN 20	.6500	X		X		PARTNERS
066540386	CONSTANCE JONES NON-MARITAL TRUST	.0000	X		X		PARTNERS
133597020	DAVIDSON KEMPNER INSTITUTIONAL PAR	.3400	X		X		PARTNERS
453212336	DENHAM COMMODITY PARTNERS FUND VI-	.6500	X		X		PARTNERS
473010122	DENHAM OIL AND GAS FUND LP	.3300	X		X		PARTNERS
611845928	DOUBLELINE CORE PLUS PORTFOLIO (NE	6.7500	X		X		PARTNERS
800860738	ENCAP ENERGY CAPITAL FUND IX	.0400	X		X		PARTNERS
472732735	ENCAP ENERGY CAPITAL FUND X	.0500	X		X		PARTNERS
871747950	FELICIS FOCUS FUND I (NEW IN 2021)	.3300	X		X		PARTNERS
871725350	FELICIS VENTURES VIII (NEW IN 2021	.3300	X		X		PARTNERS
843808939	FIRSTMARK CAPITAL OF III	.6800	X		X		PARTNERS
843747650	FIRSTMARK CAPITAL V	.8000	X		X		PARTNERS



\*21EP07A1\*

NEW HAMPSHIRE CHARITABLE FOUNDATION

2021 Form CIT, Page 7

Period End Date

12312021

FEIN

026005625

Schedule M - Affiliated Entities (continued)

Complete the schedules below if your corporation has an affiliated relationship with another business entity. Please note that all schedules must be completed if your corporation is a member of a U.S. consolidated group and has affiliated relationships with other business entities.

2. Affiliated Entities

Include information in the following schedule for all business entities that are not included in the U.S. consolidated group; i.e., partnerships, limited liability companies, foreign disregarded entities, foreign subsidiaries owned greater than 50%, or unconsolidated subsidiaries owned greater than 50%. Include entities that are owned by your corporation and entities that are owned by all members of your U.S. consolidated group. If additional space is needed, attach another copy of the Schedule M for this section.

A Federal Employer Identification Number (FEIN)	B Name of entity	C Percentage of ownership	D		E		F Type of entity, i.e., foreign subsidiary, unconsolidated subsidiary, partnership, LLC, LLP, DER
			Included in this Montana unitary filing?		Have any activities in Montana?		
			Yes	No	Yes	No	
815105538	GREAT HILL EQUITY PARTNERS VI, LP	.2800	X		X		PARTNERS
981462687	GREAT HILL EQUITY PARTNERS VI-A, L	.0300	X		X		PARTNERS
841939008	GREAT HILL EQUITY PARTNERS VII LP	.3500	X		X		PARTNERS
#####	GREAT HILL EQUITY PARTNERS VII-A,	.3400	X		X		PARTNERS
872534715	GREAT HILL EQUITY PARTNERS VIII, L	.4700	X		X		PARTNERS
841471728	IMPACT VENTURES IV	.2800	X		X		PARTNERS
800888329	KABOUTER INTERNATIONAL OPPORTUNITI	.5200	X		X		PARTNERS
201463725	KNIGHTBRIDGE VENTURE CAPITAL VI LP	2.6700	X		X		PARTNERS
862743849	LINDEN CAPITAL PARTNERS V-A (NEW I	.2300	X		X		PARTNERS
862626552	LINDEN CO-INVESTMENT V-A (NEW IN 2	1.6300	X		X		PARTNERS
273218759	LYME FOREST FUND III TE	2.7100	X		X		PARTNERS
920188112	MB GROWTH PARTNERS	.0000	X		X		PARTNERS
980631695	OAKTREE OPPORTUNITIES FUND VIII LP	.0300	X		X		PARTNERS
980636871	OAKTREE OPPORTUNITIES FUND VIII AI	.0400	X		X		PARTNERS
271110989	OAKTREE OPPORTUNITIES FUND VIII AI	.0100	X		X		PARTNERS
980649534	OAKTREE OPPORTUNITIES FUND VIIIB	.0700	X		X		PARTNERS
274730219	OAKTREE OPPORTUNITIES FUND VIIIB A	.2100	X		X		PARTNERS
981187852	OAKTREE OPPORTUNITIES FUND XB	.0700	X		X		PARTNERS
981208442	OAKTREE OPPORTUNITIES FUND XB AIF	.0700	X		X		PARTNERS
842384706	OAKTREE OPPORTUNITIES FUND XB AIF	.0700	X		X		PARTNERS
823055804	OLYMPUS GROWTH FUND VII PARALLEL L	.4800	X		X		PARTNERS
371827421	OWNERSHIP CAPITAL GLOBAL EQUITY FU	1.6100	X		X		PARTNERS
201195774	PARK ST CAPITAL NATURAL RESOURCE F	2.1800	X		X		PARTNERS
208068512	PARK ST CAPITAL NATURAL RESOURCE F	2.2600	X		X		PARTNERS
205033090	PARK ST CAPITAL NATURAL RESOURCE F	2.1500	X		X		PARTNERS
264116920	PARK ST CAPITAL NATURAL RESOURCE F	4.0500	X		X		PARTNERS
453001979	PARK ST CAPITAL NATURAL RESOURCE F	2.0100	X		X		PARTNERS
472540754	PARK ST CAPITAL NATURAL RESOURCE F	8.9000	X		X		PARTNERS
832359524	PARKERGALE CAPITAL II LP	1.3000	X		X		PARTNERS
200741955	PAUL CAPITAL PARTNERS VIII-A, LP	1.5800	X		X		PARTNERS
753269118	RYDER COURT INTERNATIONAL SELECT F	2.1100	X		X		PARTNERS
352521213	SENTAKU INVESTORS	.5300	X		X		PARTNERS
367243326	SILCHESTER TOBACCO FREE INTERNATIO	.7800	X		X		PARTNERS
203791496	SPUR VENTURES II, LP	3.8200	X		X		PARTNERS



\*21EP07A1\*

NEW HAMPSHIRE CHARITABLE FOUNDATION

2021 Form CIT, Page 7

Period End Date

12312021

FEIN

026005625

**Schedule M - Affiliated Entities (continued)**

Complete the schedules below if your corporation has an affiliated relationship with another business entity. Please note that all schedules must be completed if your corporation is a member of a U.S. consolidated group and has affiliated relationships with other business entities.

**2. Affiliated Entities**

Include information in the following schedule for all business entities that are not included in the U.S. consolidated group; i.e., partnerships, limited liability companies, foreign disregarded entities, foreign subsidiaries owned greater than 50%, or unconsolidated subsidiaries owned greater than 50%. Include entities that are owned by your corporation and entities that are owned by all members of your U.S. consolidated group. If additional space is needed, attach another copy of the Schedule M for this section.

A Federal Employer Identification Number (FEIN)	B Name of entity	C Percentage of ownership	D Included in this Montana unitary filing?		E Have any activities in Montana?		F Type of entity, i.e., foreign subsidiary, unconsolidated subsidiary, partnership, LLC, LLP, DER
			Yes	No	Yes	No	
262690155	SPUR VENTURES III, LP	3.0900	X		X		PARTNERS
831614667	TELEGRAPH HILL PARTNERS IV LP	2.3800	X		X		PARTNERS
465708206	TRUEBRIDGE BAIN 2014 SPECIAL PURPO	16.8100	X		X		PARTNERS
800696826	TRUEBRIDGE BVP VIII SPECIAL PURPOS	2.0600	X		X		PARTNERS
822022562	TRUEBRIDGE CAPITAL PARTNERS FUND V	1.2000	X		X		PARTNERS
841921100	TRUEBRIDGE CAPITAL PARTNERS FUND V	.9000	X		X		PARTNERS
862897191	TRUEBRIDGE CAPITAL PARTNERS FUND V	1.0900	X		X		PARTNERS
320300512	TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWM	1.8800	X		X		PARTNERS
800917098	TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWM	1.4500	X		X		PARTNERS
474398785	TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWM	1.5000	X		X		PARTNERS
611661459	TRUEBRIDGE-REDPOINT OMEGA II SPECI	11.2300	X		X		PARTNERS
204804871	THE VARDE FUND VIII (FINAL)	.0000	X		X		PARTNERS
261594327	THE VARDE FUND IX (FINAL)	.0000	X		X		PARTNERS
271015088	THE VARDE FUND X(B) (FEEDER)	.4200	X		X		PARTNERS
863681141	VENROCK ASSOCIATES IX, LP (NEW IN	.9700	X		X		PARTNERS
862982200	VENROCK OPPORTUNITIES FUND, LP (NE	.7400	X		X		PARTNERS
820826838	VOX HEALTH FUND	3.3000	X		X		PARTNERS
853937651	WARREN EQUITY PARTNERS FUND III-A	1.6600	X		X		PARTNERS
760844191	WEATHERGAGE VENTURE CAPITAL, LP	2.8400	X		X		PARTNERS
811361959	WEATHERGAGE VENTURE CAPITAL IV, LP	2.5500	X		X		PARTNERS
463572913	WELLINGTON TRUST COMPANY	3.0100	X		X		PARTNERS
371768594	WESTBROOK REAL ESTATE FUND X	.1100	X		X		PARTNERS
203377269	WGI EMERGING MARKETS FUND, LLC	.3900	X		X		PARTNERS



\*21EP07A1\*

**Schedule M - Affiliated Entities (continued)**

Complete the schedules below if your corporation has an affiliated relationship with another business entity. Please note that all schedules must be completed if your corporation is a member of a U.S. consolidated group and has affiliated relationships with other business entities.

**3. Foreign Parent and Affiliated Entities**

If you are owned directly or indirectly greater than 50% by a corporation incorporated in a foreign country, provide the name of the foreign parent and any foreign subsidiaries owned greater than 50% by the foreign parent. If additional space is needed, attach another copy of the Schedule M for this section.

A	B	C	D	E	F
Federal Employer Identification Number (FEIN) (if applicable)	Name of entity	Percentage of ownership	Included in this Montana unitary filing?	Have any activities in Montana?	Type of entity, i.e., foreign subsidiary, foreign partnership, foreign disregarded entity
			Yes No	Yes No	



\*21EP08A1\*



MT CIT	FOOTNOTES	STATEMENT	1
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NEW HAMPSHIRE CHARITABLE FOUNDATION  
DISCLOSURE OF MONTANA SOURCED INCOME

THE ORGANIZATION IS A 501(C)(3) TAX-EXEMPT PUBLIC CHARITY BASED PRIMARILY IN THE STATE OF NEW HAMPSHIRE. THE ORGANIZATION HOLDS MULTIPLE PASS-THROUGH INVESTMENTS THAT ARE CONSIDERED QUALIFIED PARTNERSHIP INTERESTS AS DEFINED UNDER SECTION 512(A)(6). A PORTION OF THE INCOME AND LOSSES FROM THESE PASS-THROUGH INVESTMENTS ARE DESIGNATED AS UNRELATED BUSINESS INCOME AND ARE APPORTIONED TO THE STATE OF MONTANA.

ACCORDINGLY, THE ORGANIZATION IS FILING A MONTANA CORPORATE INCOME TAX RETURN TO REPORT ITS MT-SOURCED UNRELATED BUSINESS INCOME/(LOSS). THE ORGANIZATION HAS NO OTHER PROPERTY, SALES, PAYROLL, OR ACTIVITY SOURCED TO THE STATE OF MONTANA.

DENHAM OIL & GAS FUND (EIN: 47-3010122)	-1,013.
PARK STREET CAPITAL NAT. RES. FUND III (EIN: 20-5033090)	11.
PARK STREET CAPITAL NAT. RES. FUND V (EIN: 45-3001979)	1.
MONTANA SOURCED UNRELATED BUSINESS INCOME / (LOSS):	-1,001.

DO NOT STAPLE

New Hampshire  
Department of  
Revenue Administration

# 2021 BT-SUMMARY



## BUSINESS TAX RETURN SUMMARY

### STEP 1 - PRINT OR TYPE

For the CALENDAR year **2021** or other taxable period beginning: MMDDYYYY **01012021** and ending: MMDDYYYY **12312021**

Check box if there has been a name change since last filing. List former name.

Proprietor's Last Name

First Name

MI

Social Security Number

**If issued a DIN,  
use the DIN in the  
appropriate taxpayer  
identification box.  
DO NOT enter SSN or FEIN if  
you have a DIN**

Corporate, Partnership, Estate, Trust, Non-Profit or LLC Name

**NEW HAMPSHIRE CHARITABLE FOUNDATION**

Taxpayer Identification Number **026005625**  
Principal Business Activity Code (Federal) **523900**

Number & Street Address  
**37 PLEASANT STREET**

Address (continued)

Unit Type Unit #

City / Town **CONCORD** State **NH** ZIP Code + 4 (or Canadian Postal Code) **03301-4005**

### STEP 2 - Return Type and Federal Information

Are you required to file a BET Return (Gross Business Receipts over \$222,000, or Enterprise Value Tax Base over \$111,000)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are you required to file a BPT Return (Gross Business Income over \$50,000)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Do you file a Form 990/990T?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you file a Federal Form 8023, Federal Form 8883 and/or have checked box 10b on Schedule B of Federal Form 1065?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the business organization filing its return on an IRS approved 52/53 week tax year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If you checked "yes" to one or both of the first two questions, you must file the completed corresponding return(s) with this BT-Summary.

OR	<b>2 - CORPORATION</b>	<b>3 - PARTNERSHIP</b>	<b>1 - PROPRIETORSHIP</b>	<b>AMENDED RETURN</b>	<b>LLC</b>
	<b>6 - COMBINED GROUP</b>	<input checked="" type="checkbox"/> <b>5 - NON-PROFIT</b>	<b>4 - FIDUCIARY</b>	<b>FINAL RETURN</b>	

**IRS Adjustment:** A complete federal Report of Change form with all applicable Schedules must be included with a complete amended NH tax return. Incomplete Report of Change forms will not be accepted. **Do not use this form to report an IRS adjustments for taxable periods ending on or before December 31, 2020.**

### Check Appropriate Box(es):

Payment Required      Refund Request       Credit Next Year's Tax Liability      No Payment Required



**BUSINESS TAX RETURN SUMMARY - Continued**

**STEP 3 - Complete the BET and / or BPT return(s) and then complete the BT-Summary and attach return(s)**

**STEP 4 - Calculate Your Balance Due or Overpayment**

Round to the nearest whole dollar

1 (a)	Business Enterprise Tax Net of Statutory Credits	1(a)	224	
(b)	Business Profits Tax Net of Statutory Credits	1(b)	0	
(c)	Subtotal of Business Tax Due (Line 1(b) plus Line 1(a))	1(c)		224
2	<b>PAYMENTS</b>			
(a)	Tax paid with application for extension	2(a)	600	
(b)	Total of taxable period's estimated tax payments	2(b)	501	
(c)	Credit carryover from prior tax period	2(c)	102	
(d)	Tax paid with original return (Amended returns only)	2(d)		
(e)	Total of Lines 2(a) through 2(d)	2(e)		1203
3	TAX DUE: (Line 1(c) minus Line 2(e))		3	-979
4	<b>ADDITIONS TO TAX</b>			
(a)	Interest (See instructions)	4(a)		
(b)	Failure to Pay (See instructions)	4(b)		
(c)	Failure to File (See instructions)	4(c)		
(d)	Underpayment of Estimated Tax (See instructions)	4(d)		
(e)	Total of Lines 4(a) through 4(d)	4(e)		
5 (a)	Subtotal of Amount Due (Line 3 plus Line 4(e))	5(a)		-979
(b)	Return Payment Made Electronically	5(b)		
(c)	<b>BALANCE DUE:</b> Line 5(a) minus 5(b). Make your payment online at <a href="http://www.revenue.nh.gov/gtc">www.revenue.nh.gov/gtc</a> or make check payable to: <b>STATE OF NEW HAMPSHIRE</b> <b>PAY THIS AMOUNT</b>			
		5(c)		
6	<b>OVERPAYMENT:</b> If balance due is less than zero, enter on Line 6	6	979	
7	Apply overpayment amount on Line 6 to:			
(a)	Credit - Next Year's Tax Liability ( <b>Not available for Federal ROC</b> )	7(a)	<b>DO NOT PAY</b>	979
(b)	Refund ( <b>Only option available for Federal ROC</b> )	7(b)	<b>DO NOT PAY</b>	0

**STEP 5**

**THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES**



**BUSINESS TAX RETURN SUMMARY - Continued**

Under penalties of perjury, I declare that I have examined this BT-Summary and the attached returns, and to the best of my belief they are true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.

**TAXPAYER'S SIGNATURE & INFORMATION**

Signature (in ink)

MMDYYYYY

Print Signatory Name & Title

**PRESIDENT & CEO**

Email Address

**NPORTO@BNNCPA.COM**

Phone Number

**6032556641**

Check this box if you are filing as a surviving spouse

**PAID PREPARER'S SIGNATURE & INFORMATION**

Signature of Preparer

MMDYYYYY

10312022

Printed Name of Preparer

**CONNOR SMART**

Email Address

**CSMART@BNNCPA.COM**

Phone Number

**2078792100**

Preparer Identification Number

**P02285543**

Preparer's Address

**P.O. BOX 507**

Address (continued)

City / Town

**PORTLAND**

State

**ME**

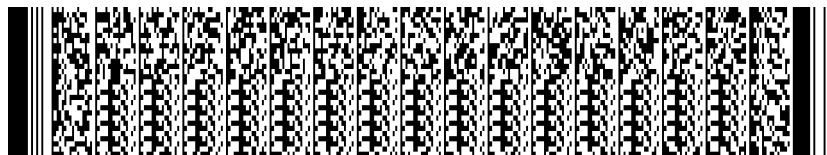
ZIP Code + 4 (or Canadian Postal Code)

**04112**

Mail to:  
NH DRA  
PO Box 637  
Concord NH 03302-0637

Make Check Payable to:  
**STATE OF NEW HAMPSHIRE**  
Enclose but DO NOT staple or tape your  
attachments

**FILE ONLINE AT GRANITE TAX CONNECT**  
[www.revenue.nh.gov/gtc](http://www.revenue.nh.gov/gtc)





**BUSINESS ENTERPRISE TAX RETURN**

Taxpayer Name

**NEW HAMPSHIRE CHARITABLE FOUNDATION**

Taxpayer Identification Number

026005625

For the CALENDAR year **2021**  
or other taxable period beginning:

MMDDYYYY

01012021

MMDDYYYY

and ending: 12312021

You are required to file this return if the gross business receipts were greater than **\$222,000** or the enterprise value tax base is greater than **\$111,000**.

Check here if required to file Form BET-80

Round to the nearest whole dollar

**Total Gross Business Receipts for this business organization**

**764602**

1. Dividends Paid	1	0
2. Compensation and Wages Paid or Accrued	2	37341
3. Interest Paid or Accrued	3	0
4. Taxable Enterprise Value Tax Base (Sum of Lines 1, 2, and 3)	4	37341
5. New Hampshire Business Enterprise Tax (BET) (Line 4 multiplied by .006) before credits	5	224
6. Enter credits against BET. Use DP-160 to determine credit against BET	6	
7. Enter Tax Due (Line 5 minus 6). If negative, enter Zero. Report on BT-SUMMARY Line 1(a) <b>TAX DUE</b>	7	<b>224</b>

**BET CREDIT WORKSHEET**

1. Business Profits Tax (BPT) from BPT Return, Line 18 NH-1120-WE, Line 10 all other forms. 1
2. Sum the amounts from Lines 3 through 10, Column B plus other credits applied from Form DP-160 part B, not to exceed the amount on Line 1. Include the result on the BPT return, Line 19(a) NH-1120-WE or Line 11(a) all other forms. If other credits are applied, include result on BPT return, Line 19(b) NH-1120-WE, Line 11(b) all other forms.

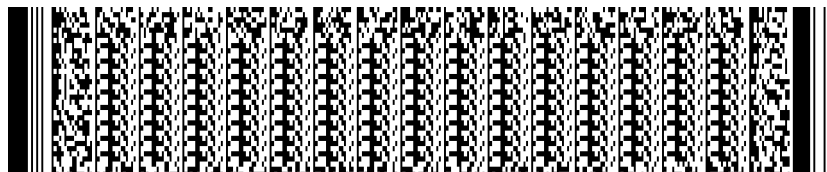
Use carry forward amounts in the following order for this taxable period

A  
Available Credits

B  
Credit Applied to BPT

C  
Excess Credits

3. BET tax paid amount from Line 7 BET Return plus Line 4 of DP-160, Part A.	224		224
4. Carry over BET from seventh prior taxable period			
5. Carry over BET from sixth prior taxable period			
6. Carry over BET from fifth prior taxable period			
7. Carry over BET from fourth prior taxable period			





**BET CREDIT WORKSHEET CONTINUED**

Use carry forward amounts in the following order for this taxable period (continued)

	A Available Credits	B Credit Applied to BPT	C Excess Credits
8. Carry over BET from third prior taxable period			
9. Carry over BET from second prior taxable period		265	265
10. Carry over BET from first prior taxable period		631	631

**BET CREDIT WORKSHEET INSTRUCTIONS**

The worksheet must be completed if the taxpayer is using carry forward BET credits from prior taxable periods. In no case can the BET credit used exceed the Business Profits Tax (BPT) liability. BET must be paid to be used as a credit against BPT.

The current year BET paid shall be used as a credit against the current year BPT liability before BET credits from prior taxable periods may be used. If, after current year credits have been applied, a current year BPT liability still remains, prior taxable periods' BET credits may be applied using the oldest allowable BET credits first.

1. Determine your BPT liability and enter that amount on the BET CREDIT WORKSHEET.
2. Enter on Lines 3 through 10, Column A all available BET credits, including those credits applied against BET that are considered taxes paid from Line 4 of DP-160, Part A.
3. Enter on Lines 3 through 10, Column B, the amounts of BET credits applied against this taxable period's BPT liability. Work from Line 3 down.
4. Enter on Lines 3 through 10, Column C, the difference between the amounts reported in Column A and the amounts used as a credit against BPT reported in Column B. The total of Column C is excess and can be carried forward to another year.

**Note:** Any unused portion of BET credits applied under RSA 77-A:5, X from taxable periods ending on or after December 31, 2014 may be carried forward and allowed against the business profits tax due for 10 taxable periods from the taxable period in which the tax was paid. Unused credits in taxable periods ending before December 31, 2014 remain at a 5 year carry forward.

**SEPARATE ENTITY FILER  
WITH MULTISTATE ACTIVITY**

**2021**

CORPORATION NAME <b>NEW HAMPSHIRE CHARITABLE FOUNDATION</b>	FEIN <b>026005625</b>
--	--------------------------

1. Federal taxable income (per attached federal return) .....	1	764602	.00
2. Total increasing adjustments (Schedule B line 12) .....	2	.00	
3. Total decreasing adjustments (Schedule B line 25) .....	3	.00	
4. Adjusted Federal taxable income (line 1 plus line 2 minus line 3) .....	4	764602	.00
5. Total nonbusiness income allocated everywhere (Form CIT-120APT, Schedule A-1, line 9, Column 3) .....	5		.00
6. Total income subject to apportionment (subtract line 5 from line 4) .....	6	764602	.00
7. WV Apportionment Factor (Form CIT-120APT, Sch. B Part 1, line 8, or either Part 2 or Part 3, Column 3) <b>COMPLETED FORM MUST BE ATTACHED</b> .....	7		
8. West Virginia apportioned income (line 6 multiplied by line 7) .....	8		.00
9. Nonbusiness income allocated to West Virginia (Form CIT-120APT Sch. A2, Line 13)	9	-980	.00
10. West Virginia adjusted taxable income (add lines 8 and 9) .....	10	-980	.00
11. Net operating loss carryforward (Schedule NOL, Column 6 total) .....	11		.00
12. Subtotal (line 10 less line 11) .....	12	-980	.00
13. REIT Inclusion and other Taxable income .....	13		.00
14. WV Net Taxable Income (add lines 12 and 13) .....	14	-980	.00
15. Corporate Net Income Tax Rate .....	15	.065	
16. Corporate Net Income Tax (line 14 multiplied by line 15) .....	16		.00
17. Corporate Net Income Tax Credits (Form CIT-120TC, Total Credit Line, Column 2)	17		.00
18. Adjusted Corporate Net Income Tax (subtract line 17 from line 16) .....	18		.00
<b>Enter on CIT-120, page 2, line 9</b>			



CIT-120

REV 9-21

WEST VIRGINIA CORPORATION NET INCOME TAX RETURN

2021

TAX PERIOD BEGINNING MM/DD/YYYY

01012021

ENDING MM/DD/YYYY

12312021

EXTENDED DUE DATE MM/DD/YYYY

CORPORATION NAME  
**NEW HAMPSHIRE CHARITABLE FOUNDATION**

MAILING ADDRESS  
**37 PLEASANT STREET**

CITY STATE ZIP  
**CONCORD NH 033014005**

STATE OF DOMICILE NAICS CONTACT NAME CONTACT PHONE  
**NH 523900 RICHARD OBER 6032256641**

FEIN  
**026005625**

WV CORPORATION INCOME TAX ACCOUNT NUMBER

CHANGE OF ADDRESS

CHECK ALL APPLICABLE BOXES

1) ENTITY TYPE

CORPORATION

NONPROFIT

2) RETURN TYPE  ANNUAL  INITIAL  FINAL  AMENDED  RAR  OTHER

52/53 WEEK FILER DAY OF WEEK ENDING \_\_\_\_\_  FISCAL

3) IF FINAL/SHORT/INITIAL RETURN  CEASED OPERATIONS IN WV  CHANGE OF OWNERSHIP  CHANGE OF FILING STATUS  MERGER

SUCCESSOR FEIN OF PREDECESSOR \_\_\_\_\_  TECHNICAL TERMINATIONS  OTHER \_\_\_\_\_

4) FILING METHOD  SEPARATE ENTITY  CHECK HERE IF SEPARATE BUT PART OF FEDERAL CONSOLIDATED. ENTER FEIN: \_\_\_\_\_

COMBINED (UB-CR)  SEPARATE COMBINED

GROUP COMBINED SURETY FEIN: \_\_\_\_\_

WORLDWIDE ELECTION \_\_\_\_\_

5) IF SEPARATE, INDICATE ACTIVITY  WHOLLY WV ACTIVITY (SCHEDULE 1)  MULTISTATE ACTIVITY (SCHEDULE 2)

6) REPORTABLE ENTITIES (ALL ENTITIES MUST BE INCLUDED ON SCHEDULE D)

- A. ANY PTE YOU ARE A PARTNER, MEMBER, OR SHAREHOLDER DOING BUSINESS IN WV
- B. ANY ENTITY YOU OWN 80% OF VOTING STOCK
- C. ANY ENTITY THAT OWNED MORE THAN 80% OF YOUR STOCK
- D. ANY DISREGARDED ENTITY
- E. ANY CONTROLLED FOREIGN CORPORATION

7) CURRENTLY UNDER AUDIT BY THE IRS?  NO  YES

YEARS UNDER AUDIT: \_\_\_\_\_

8) TYPE OF FEDERAL RETURN INCLUDED WITH THIS RETURN  1120  PROFORMA 1120  990  990T





NAME NEW HAMPSHIRE CHARITABLE FOUNDATION

FEIN 026005625

9. Adjusted Corporate Net Income Tax from Schedule 1, Schedule 2, or UB-CR	9	0	.00
10. Prior year carryforward credit	10	1919	.00
11. Estimated and extension payments	11		.00
12. Withholding must match the withholding statements unless withholding is from NRSR	12		.00
<input type="checkbox"/> CHECK HERE IF WITHHOLDING IS FROM NRSR (NONRESIDENT SALE OF REAL ESTATE)			
13. Payments (add lines 10 through 12; must match total on Schedule C)	13	1919	.00
14. Overpayment previously refunded or credited (amended return only)	14		.00
15. TOTAL PAYMENTS (subtract line 14 from line 13)	15	1919	.00
16. If line 15 is larger than line 9, enter <b>overpayment</b>	16	1919	.00
17. Amount of line 16 to be <b>credited</b> to next year's tax	17	1919	.00
18. Amount of line 16 to be <b>refunded</b> (subtract line 17 from line 16)	18		.00
19. If line 15 is <b>smaller</b> than line 9, enter <b>tax due</b> here	19		.00
20. Interest for late payment (see instructions)	20		.00
21. Additions to tax for late filing and/or late payment (see instructions)	21		.00
22. Penalty for underpayment of estimated tax (Form CIT-120U line 6; attach schedule)	22		.00
23. TOTAL DUE with this return (add lines 19 through 22)	23		.00

Direct Deposit of Refund

CHECKING  SAVINGS

ROUTING NUMBER

ACCOUNT NUMBER

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE. PLEASE SEE PAGE 3 OF INSTRUCTIONS FOR PAYMENT OPTIONS.

I authorize the State Tax Department to discuss my return with my preparer  YES  NO

Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Officer/Partner or Member Print name of Officer/Partner or Member Date

PRESIDENT & CEO

NPORTO@BNNCPA.COM

6032556641

Title Email Business Telephone #

Signature of paid preparer

CONNOR SMART

10312022

Signature of paid preparer Print name of Preparer Date

BAKER NEWMAN & NOYES PORTLAND, ME 04112

CSMART@BNNCPA.COM

2078792100

Firm's name and address Preparer's Email Preparer's Telephone #

MAIL TO: WEST VIRGINIA STATE TAX DEPARTMENT TAX ACCOUNT ADMINISTRATION DIVISION PO BOX 1202 CHARLESTON WV 25324-1202



CA30202102

WV

FOOTNOTES

STATEMENT 1

NEW HAMPSHIRE CHARITABLE FOUNDATION  
DISCLOSURE OF WEST VIRGINIA SOURCED INCOME

THE ORGANIZATION IS A 501(C)(3) TAX-EXEMPT PUBLIC CHARITY BASED PRIMARILY IN THE STATE OF NEW HAMPSHIRE. THE ORGANIZATION HOLDS MULTIPLE PASS-THROUGH INVESTMENTS THAT ARE CONSIDERED QUALIFIED PARTNERSHIP INTERESTS AS DEFINED UNDER SECTION 512(A)(6). A PORTION OF THE INCOME AND LOSSES FROM THESE PASS-THROUGH INVESTMENTS ARE DESIGNATED AS UNRELATED BUSINESS INCOME AND ARE APPORTIONED TO THE STATE OF WEST VIRGINIA.

ACCORDINGLY, THE ORGANIZATION IS FILING A WEST VIRGINIA CORPORATE INCOME TAX RETURN TO REPORT ITS WV-SOURCED UNRELATED BUSINESS INCOME/(LOSS). THE ORGANIZATION HAS NO OTHER PROPERTY, SALES, PAYROLL, OR ACTIVITY SOURCED TO THE STATE OF WEST VIRGINIA.

AUDAX PRIVATE EQUITY FUND VI-A (EIN: 35-2632233)	-57.
PARK STREET CAPITAL NAT. RES. FUND II (EIN: 20-1195774)	1.
PARK STREET CAPITAL NAT. RES. FUND III (EIN: 20-5033090)	16.
PARK STREET CAPITAL NAT. RES. FUND IV (EIN: 26-4116920)	-922.
PARK STREET CAPITAL NAT. RES. FUND V (EIN: 45-3001979)	-18.
WV SOURCED UNRELATED BUSINESS INCOME / (LOSS):	-980.

**ADJUSTMENTS TO FEDERAL TAXABLE INCOME**

**2021**

**Adjustments Increasing Federal Taxable Income (§11-24-6 and 6a)**

1. Interest or dividends on obligations or securities from any state or a political subdivision .....	1	.00
2. US Government obligation interest or dividends not exempt from state tax, less related expenses not deducted on federal return .....	2	.00
3. Income taxes or taxes based upon net income, imposed by this state or any other jurisdiction, deducted on your federal return .....	3	.00
4. Federal depreciation/amortization for West Virginia water/air pollution control facilities - wholly West Virginia corporations only. Multistate corporations must use CIT-120APT, Schedule A-2, line 11 .....	4	.00
5. Unrelated business taxable income of a corporation exempt from federal tax (IRC §512) .....	5	.00
6. Federal net operating loss deduction .....	6	.00
7. Federal deduction for charitable contributions to Neighborhood Investment Programs, if claiming the West Virginia Neighborhood Investment Programs Tax Credit .....	7	.00
8. Net operating loss from sources outside the United States (WV Code §11-24-6(b)(6)) .....	8	.00
9. Foreign taxes deducted on your federal return .....	9	.00
10. Add back expenses related to certain REIT's and Regulated Investment Companies and certain interest and intangible expenses (WV Code §11-24-4b) .....	10	.00
11. Other increasing adjustments Provide a brief description: <input type="text"/>	11	.00
<b>12. TOTAL INCREASING ADJUSTMENTS</b> (Add lines 1 through 11; enter here and on Schedule 1, line 2 or Schedule 2, line 2) .....	12	.00

**Adjustments Decreasing Federal Taxable Income (§11-24-6)**

13. Refund or credit of overpayment of income taxes or taxes based upon net income, imposed by this state or any other jurisdiction, included in federal taxable income .....	13	.00
14. Interest expense on obligations or securities of any state or its political subdivisions, disallowed in determining federal taxable income .....	14	.00
15. US Government obligation interest or dividends subject to federal but exempt from state tax, less related expenses deducted on your federal return .....	15	.00
16. Salary expense not allowed on federal return due to claiming the federal jobs credit .....	16	.00
17. Foreign dividend gross-up (IRC Section 78) .....	17	.00
18. Subpart F income (IRC Section 951) .....	18	.00
19. Taxable income from sources outside the United States .....	19	.00
20. Cost of West Virginia water/air pollution control facilities - wholly WV corporations only. Multistate corporations must use CIT-120 APT, Schedule A-2, line 10 .....	20	.00
21. Employer contributions to medical savings accounts (WV Code §33-16-15) included in federal taxable income less amounts withdrawn for non-medical purposes .....	21	.00
22. Qualified Opportunity Zone business income (include IRS 8996) .....	22	.00
23. Other decreasing adjustments Provide a brief description: <input type="text"/>	23	.00
24. Schedule B-1 allowance (Schedule B-1, line 9) .....	24	.00
<b>25. TOTAL DECREASING ADJUSTMENTS</b> (Add lines 13 through 24; enter here and on Schedule 1, line 3 or Schedule 2, line 3) .....	25	.00



CA30202105

**SCHEDULE OF TAX PAYMENTS**

**2021**

Taxpayers reporting more than 10 payments must file their CIT-120 return electronically.

NAME OF ENTITY	FEIN	DATE OF PAYMENT			TYPE: WITHHOLDING, ESTIMATED, EXTENSION, OTHER PMTS OR PRIOR YEAR CREDIT	AMOUNT OF PAYMENT
		MM	DD	YYYY		
NEW HAMPSHIRE C	026005625	01	01	2021	PRIOR YEAR CRED	1919 .00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
						.00
<b>TOTAL (AMOUNT MUST AGREE WITH AMOUNT ON CIT-120, LINE 13)</b> .....						1919 .00

**SCHEDULE OF REPORTABLE ENTITIES**

**2021**

This is a schedule of all reportable entities that are included on CIT-120 page 1, section 6.  
 Taxpayers reporting more than 10 entities must file their CIT-120 return electronically.

NAME OF ENTITY	FEIN	PARENT NAME	PARENT FEIN	TYPE OF ENTITY (SEE INSTRUCTIONS)



**ALLOCATION AND APPORTIONMENT  
FOR MULTISTATE BUSINESSES**

**2021**

FEIN 026005625

This form is used by corporations that are subject to tax in more than one state to allocate and apportion their income to the State of West Virginia. Complete and attach to Form CIT-120. See instructions for information on APT Schedules A1, A2, and B, Part 1, 2, & 3.

**APT SCHEDULE A1 EVERYWHERE  
ALLOCATION OF NONBUSINESS INCOME FOR MULTISTATE BUSINESSES (§11-24-7)**

TYPES OF ALLOCABLE INCOME	Column 1 GROSS INCOME	Column 2 RELATED EXPENSES	Column 3 NET INCOME
1. Rents .....	.00	.00	.00
2. Royalties .....	.00	.00	.00
3. Capital gains/losses .....	.00	.00	.00
4. Interest .....	.00	.00	.00
5. Dividends .....	.00	.00	.00
6. Patent/copyright royalties .....	.00	.00	.00
7. Gain - sale of natural resources (IRC Sec. 631 (a)(b)) .....	.00	.00	.00
8. Income from nonunitary sources reported on the schedule K-1C .....			.00
9. Nonbusiness income/loss - Sum of lines 1 through 8, of Column 3. Enter total of Column 3 on Schedule 2, line 5			.00

**APT SCHEDULE A2 WEST VIRGINIA  
ALLOCATION OF NONBUSINESS INCOME FOR MULTISTATE BUSINESSES (§11-24-7)**

TYPES OF ALLOCABLE INCOME	Column 1 GROSS INCOME	Column 2 RELATED EXPENSES	Column 3 NET INCOME
1. Rents .....	.00	.00	.00
2. Royalties .....	.00	.00	.00
3. Capital gains/losses .....	.00	.00	.00
4. Interest .....	.00	.00	.00
5. Dividends .....	.00	.00	.00
6. Patent/copyright royalties .....	.00	.00	.00
7. Gain - sale of natural resources (IRC Sec. 631 (a)(b)) .....	.00	.00	.00
8. Income from nonunitary sources reported on the schedule K-1C .....			.00
9. Nonbusiness income/loss - Sum of lines 1 through 8, of Column 3 .....			.00
10. Less cost of West Virginia water/air pollution control facilities this year .....			.00
11. Federal depreciation/amortization on those facilities this year .....			.00
12. Federal depreciation/amortization on such facilities expensed in prior year .....			.00
13. Net nonbusiness income/loss allocated to West Virginia (sum of lines 9 through 12, Column 3. Enter on Schedule 2, Line 9)			.00



(CIT-120APT)

FEIN

026005625

**FAILURE TO COMPLETE CIT-120APT, SCHEDULE B WILL RESULT IN 100% APPORTIONMENT TO WEST VIRGINIA**

**APT SCHEDULE B  
APPORTIONMENT FACTORS FOR MULTISTATE BUSINESS (§11-24-7)**

**PART 1 - REGULAR FACTOR**

LINES 1 & 2: Divide Column 1 by Column 2 and enter six (6) digit decimal in Column 3.

LINE 5: Column 1 - Enter line 3. Column 2 - line 3 less line 4. Divide Column 1 by Column 2 and enter six (6) digit decimal in Column 3.

	<b>Column 1 West Virginia</b>	<b>Column 2 Everywhere</b>	<b>Column 3 Decimal Fraction (6 digits)</b>
1. Total property .....	.00	.00	.000000
2. Total payroll .....	.00	.00	.000000
3. Total sales .....	0 .00	764602 .00	
4. Sales to purchasers in a state where you are not taxable .....		.00	
5. Adjusted sales .....	0 .00	764602 .00	.000000
6. Adjusted sales (enter line 5 again)	0 .00	764602 .00	.000000
7. <b>TOTAL:</b> add Column 3, lines 1, 2, 5, and 6 .....			.000000
8. <b>APPORTIONMENT FACTOR</b> - Line 7 divided by the number 4, reduced by the number of factors showing zero in Column 2, lines 1, 2, 5, and 6. Enter six (6) digits after the decimal. Enter on Schedule 2, line 7 .....			.000000

**PART 2 - MOTOR CARRIER FACTOR (§11-24-7A)**

Divide Column 1 by Column 2 and enter six (6) digit decimal in Column 3.

Enter Column 3 on Form CIT-120, Schedule 2, line 7.

<b>VEHICLE MILEAGE</b>	<b>Column 1 West Virginia</b>	<b>Column 2 Everywhere</b>	<b>Column 3 Decimal Fraction (6 digits)</b>

**PART 3 - FINANCIAL ORGANIZATION FACTOR (§11-24-7B)**

Divide Column 1 by Column 2 and enter six (6) digit decimal in Column 3.

Enter Column 3 on CIT-120, Schedule 2, line 7.

<b>GROSS RECEIPTS</b>	<b>Column 1 West Virginia</b>	<b>Column 2 Everywhere</b>	<b>Column 3 Decimal Fraction (6 digits)</b>
	.00	.00	



Electronic Filing PDF Attachment

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

# 2021

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ **Go to [www.irs.gov/Form990T](http://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).**

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> <input type="checkbox"/> Check box if address changed.	<b>B</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.) <b>New Hampshire Charitable Foundation</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>37 Pleasant Street</b> City or town, state or province, country, and ZIP or foreign postal code <b>Concord, NH 03301-4005</b>	<b>D</b> Employer identification number  <b>02-6005625</b>  <b>E</b> Group exemption number (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year ..... ▶ <b>1,078,662,816.</b>				

**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) ..... ▶ **2**

**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 ▶ **Rebecca Carr, Controller** Telephone number ▶ **(603) 225-6641**

Part I Total Unrelated Business Taxable Income		
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	1 850,558.
2	Reserved .....	2
3	Add lines 1 and 2 .....	3 850,558.
4	Charitable contributions (see instructions for limitation rules) <b>Stmt 1 Stmt 2</b> .....	4 84,956.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	5 765,602.
6	Deduction for net operating loss. See instructions .....	6
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7 765,602.
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	8 1,000.
9	<b>Trusts.</b> Section 199A deduction. See instructions .....	9
10	<b>Total deductions.</b> Add lines 8 and 9 .....	10 1,000.
11	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	11 764,602.

Part II Tax Computation		
1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....	1 160,566.
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	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	7 160,566.

LHA For Paperwork Reduction Act Notice, see instructions.



**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b>	Other credits (see instructions)	<b>1b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>		160,566.
<b>3</b>	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)	<b>3</b>		
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>		160,566.
<b>5</b>	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>		0.
<b>6a</b>	Payments: A 2020 overpayment credited to 2021	<b>6a</b>	179,392.	
<b>b</b>	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	230,000.	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>6g</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		409,392.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		248,826.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> 248,826. <b>Refunded</b>	<b>11</b>		0.

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b>	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
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
<b>5</b>	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		
	\$		
	\$		
<b>6a</b>	Did the organization change its method of accounting? (see instructions)		X
<b>b</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: **President & CEO**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **Connor Smart** Preparer's signature: \_\_\_\_\_ Date: **10/31/22** Check  if self-employed PTIN: **P02285543**

Firm's name: **Baker Newman & Noyes** Firm's EIN: **01-0494526**

Firm's address: **P.O. Box 507, Portland, ME 04112** Phone no.: **(207)879-2100**

Form 990-T	Contributions	Statement	1
Description/Kind of Property	Method Used to Determine FMV	Amount	
Various Public Charities	N/A	55,934,544.	
Total to Form 990-T, Part I, line 4		55,934,544.	

Form 990-T	Contributions Summary	Statement	2
Qualified Contributions Subject to 100% Limit			
Qualified Contributions Subject to 25% Limit			
Carryover of Prior Years Unused Contributions			
For Tax Year 2016	29,581,476		
For Tax Year 2017	36,479,372		
For Tax Year 2018	34,490,909		
For Tax Year 2019	36,691,336		
For Tax Year 2020	44,140,268		
Total Carryover		181,383,361	
Total Current Year 10% Contributions		55,934,544	
Total Contributions Available		237,317,905	
Taxable Income Limitation as Adjusted		84,956	
Excess Contributions		237,232,949	
Excess 100% Contributions		0	
Total Excess Contributions		237,232,949	
Allowable Contributions Deduction			84,956
Total Contribution Deduction			84,956

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

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990T](http://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).

1  
OMB No. 1545-0047

**2021**

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

<b>A</b> Name of the organization <b>New Hampshire Charitable Foundation</b>	<b>B</b> Employer identification number <b>02-6005625</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>540000</b>	<b>D</b> Sequence: <b>1</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **UBI from grant administration**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>82,980.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance ▶	<b>1c</b>	<b>82,980.</b>		
<b>2</b> Cost of goods sold (Part III, line 8) _____	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c _____	<b>3</b>	<b>82,980.</b>		<b>82,980.</b>
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions _____	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions _____	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts _____	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) _____	<b>5</b>			
<b>6</b> Rent income (Part IV) _____	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) _____	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) _____	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) _____	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) _____	<b>10</b>			
<b>11</b> Advertising income (Part IX) _____	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) _____	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 _____	<b>13</b>	<b>82,980.</b>		<b>82,980.</b>

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

<b>1</b> Compensation of officers, directors, and trustees (Part X) _____	<b>1</b>		
<b>2</b> Salaries and wages _____	<b>2</b>		
<b>3</b> Repairs and maintenance _____	<b>3</b>		
<b>4</b> Bad debts _____	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions _____	<b>5</b>		
<b>6</b> Taxes and licenses _____	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562). See instructions _____	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return _____	<b>8a</b>		
<b>9</b> Depletion _____	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans _____	<b>10</b>		
<b>11</b> Employee benefit programs _____	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII) _____	<b>12</b>		
<b>13</b> Excess readership costs (Part IX) _____	<b>13</b>		
<b>14</b> Other deductions (attach statement) <u>See Statement 3</u>	<b>14</b>		<b>23,405.</b>
<b>15 Total deductions.</b> Add lines 1 through 14 _____	<b>15</b>		<b>23,405.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) _____	<b>16</b>		<b>59,575.</b>
<b>17</b> Deduction for net operating loss. See instructions _____	<b>17</b>		<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 _____	<b>18</b>		<b>59,575.</b>

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 ▶

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float: right;">..... <input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**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  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	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%) .....				
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) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span> 0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span> 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  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	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 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span> 0.				
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span> 0.				
11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span> 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			
		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	6. Deductions directly connected with income in column 5
(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)	
<b>Totals</b>			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)
<b>Totals</b>		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	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**A**

**B**

**C**

**D**

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.
<b>a</b>				
3 Direct advertising costs by periodical .....				
<b>a</b> Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
<b>a</b> Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

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Form 990-T (A)	Other Deductions	Statement	3
<u>Description</u>		<u>Amount</u>	
Allocated Overhead		23,405.	
Total to Schedule A, Part II, line 14		23,405.	

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**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](http://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

<b>A</b> Name of the organization <b>New Hampshire Charitable Foundation</b>	<b>B</b> Employer identification number <b>02-6005625</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>520000</b>	<b>D</b> Sequence: <b>2</b> of <b>2</b>

**E** Describe the unrelated trade or business ▶ **Section 512(a)(6) Qualified Partnerships**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>			
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>Statement 4</b>	<b>5</b>	<b>872,187.</b>		<b>872,187.</b>
<b>6</b> Rent income (Part IV)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>			
<b>11</b> Advertising income (Part IX)	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>872,187.</b>		<b>872,187.</b>

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)				
<b>2</b> Salaries and wages				
<b>3</b> Repairs and maintenance				
<b>4</b> Bad debts				
<b>5</b> Interest (attach statement). See instructions				
<b>6</b> Taxes and licenses				<b>2,555.</b>
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>			
<b>9</b> Depletion				
<b>10</b> Contributions to deferred compensation plans				
<b>11</b> Employee benefit programs				
<b>12</b> Excess exempt expenses (Part VIII)				
<b>13</b> Excess readership costs (Part IX)				
<b>14</b> Other deductions (attach statement) <b>See Statement 5</b>	<b>14</b>			<b>78,649.</b>
<b>15 Total deductions.</b> Add lines 1 through 14	<b>15</b>			<b>81,204.</b>
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>			<b>790,983.</b>
<b>17</b> Deduction for net operating loss. See instructions	<b>17</b>			<b>0.</b>
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>			<b>790,983.</b>

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 ▶

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float: right;">..... <input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	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%) .....				
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) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span>	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span>	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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	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 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span>	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span>	0.			
11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span>	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)		
<b>Totals</b>			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)
<b>Totals</b>		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	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....				
5 Readership costs .....				
6 Circulation income .....				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....				0.

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1 .....			0.

**Part XI Supplemental Information** (see instructions)

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Form 990-T (A)	Income (Loss) from Partnerships	Statement	4
Description		Net Income or (Loss)	
Audax Private Equity Fund VI-A, LP - Ordinary Business Income (loss)		-7,232.	
Benefit Street Partners Special Situations Fund - Ordinary Business Income (		44.	
Series Resource Capital VI - CA Resources - Ordinary Business Income (loss)		-5,735.	
Denham Commodity Partners Fund VI-A - Ordinary Business Income (loss)		-11.	
Denham Oil and Gas Fund LP - Ordinary Business Income (loss)		133,124.	
Encap Energy Capital Fund IX - Ordinary Business Income (loss)		155,810.	
Encap Energy Capital Fund X - Ordinary Business Income (loss)		215,683.	
Great Hill Equity Partners VI, LP - Ordinary Business Income (loss)		5,051.	
Great Hill Equity Partners VI-A, LP - Ordinary Business Income (loss)		-333.	
Great Hill Equity Partners VII LP - Ordinary Business Income (loss)		-88,928.	
Knightbridge Venture Capital VI LP Series VC - Ordinary Business Income (los		5.	
Lyme Forest Fund III TE - Ordinary Business Income (loss)		-9.	
Oaktree Opportunities Fund XB - Ordinary Business Income (loss)		62,902.	
Oaktree Opportunities Fund XB AIF (Cayman) - Ordinary Business Income (loss)		7,498.	
Oaktree Opportunities Fund XB AIF (Delaware) - Ordinary Business Income (los		475.	
Park St Capital Natural Resource Fund II - Ordinary Business Income (loss)		2,493.	
Park St Capital Natural Resource Fund III - Ordinary Business Income (loss)		4,367.	
Park St Capital Natural Resource Fund IV - Ordinary Business Income (loss)		-2,316.	
Park St Capital Natural Resource Fund V - Ordinary Business Income (loss)		23,807.	
Park St Capital Natural Resource Fund VI - Ordinary Business Income (loss)		159,231.	
TrueBridge Capital Partners Fund V - Ordinary Business Income (loss)		-183.	
TrueBridge Capital Partners Fund VI - Ordinary Business Income (loss)		220.	
TrueBridge-Kauffman Fellows Endowment Fund III, L.P. - Ordinary Business Inc		5,450.	
TrueBridge-Kauffman Fellows Endowment Fund IV, L.P. - Ordinary Business Inco		3,643.	

TrueBridge Bain 2014 Special Purpose - Ordinary Business Income (loss)	20,951.
Spur Ventures II, LP - Ordinary Business Income (loss)	2.
TrueBridge Capital Partners Fund VII - Ordinary Business Income (loss)	308.
The Varde Fund X(B) (Feeder) - Ordinary Business Income (loss)	-3,136.
Weathergage Venture Capital, LP - Ordinary Business Income (loss)	1,663.
Weathergage Venture Capital IV, LP - Ordinary Business Income (loss)	2,517.
Westbrook Real Estate Fund X - Ordinary Business Income (loss)	192,300.
Great Hill Equity Partners VIII LP - Ordinary Business Income (loss)	-7,947.
Great Hill Equity Partners VII-A LP - Ordinary Business Income (loss)	-9,527.
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Total Included on Schedule A, Part I, line 5	872,187.
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<hr/> <hr/> Form 990-T (A)	Other Deductions	Statement	5
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<u>Description</u>	<u>Amount</u>
Tax Return Prep (allocated)	3,813.
Investment Fees (allocated)	60,901.
Administrative Overhead (allocated)	13,935.
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Total to Schedule A, Part II, line 14	78,649.
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