## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

and ending A For the 2023 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change Edward H. Daveis Benevolent Fund 01-0473137 Name change Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite (207) 667-9735 Final return/ 245 Main Street 216,793. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Ellsworth, ME 04605 H(a) Is this a group return for subordinates? ..... Yes X No F Name and address of principal officer: Deborah Ellwood Applica-H(b) Are all subordinates included? Yes same as C above Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No." attach a list. See instructions www.mainecf.org H(c) Group exemption number J Website: L Year of formation: 1946 M State of legal domicile: ME Corporation X Trust Association K Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities: Support the Maine Community Governance Foundation (MCF) and its charitable and educational purposes. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 0 5 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 3 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 0. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 0. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 216,793. 100,182. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 100,182. 216,793. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 93,500. 98,500. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ........ 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 56,179. 56,307. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 149,807. 154,679. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 62,114. -49,625. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year Or Ses 2,397,058. 2,252,826. 20 Total assets (Part X, line 16) 0. 0. 21 Total liabilities (Part X, line 26) Vet/ und 2,252,826. 2,397,058. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officen) is based on all information of which preparer has any knowledge 2202 Signature of officer Sign Deborah Ellwood, MCF President & CEO Here Type or print name and title Preparer's signature Print/Type preparer's name 10/29/24 Paid Connor Smart Firm's EIN 01-0494526 Baker Newman & Noyes Preparer Firm's name Firm's address Box 507 Use Only Phone no. (207) 879-2100 Portland, ME 04112 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

The Check is Stored to Contains a response or note to any line in this Part III    Birally describe the organization smission:   Support the Maine Community Foundation (MCF) and its charitable and educational purposes.   Support the Maine Community Foundation (MCF) and its charitable and educational purposes.   Support the Maine Community Foundation (MCF) and its charitable and educational purposes.   Support the Maine Community Foundation (MCF) and its charitable and educational purposes.   Support Community Foundation (MCF)   Support Community Foundation (MC	Pai	Statement of Program Service Accomplishments
Support the Maine Community Foundation (MCF) and its charitable and educational purposes.    Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-027		Check if Schedule O contains a response or note to any line in this Part III
educational purposes.  2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-027	1	
Did the organization undortake any significant program services during the year which were not listed on the prior Form 990 or 990 (22)		
prior Form 980 or 890 E27  If Yes, 'describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No If Yes, 'describe these changes on Schedule O.  18 Obscribe these changes on Schedule O.  18 Obscribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 5016(S) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  40 (code:   Spansers   98,653 · nousing parts of   98,500 · ) (Revenue's   0. )  The Edward H. Davel is Benevolent Fund benefits nonprofit organizations serving the greater Portland area. The Fund currently focuses grantmaking efforts on organizations in the geographic area that work with: (1) young children aged birth to eight, their families and teachers, and (2) youth leadership programs for students through high school. Collaboration between and among organizations is encouraged. Requests for discrete projects are preferred over those for general operations.  40 (code:) (Supenses		educational purposes:
prior Form 980 or 890 E27  If Yes, 'describe these new services on Schedule O.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No If Yes, 'describe these changes on Schedule O.  18 Obscribe these changes on Schedule O.  18 Obscribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  Section 5016(S) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  40 (code:   Spansers   98,653 · nousing parts of   98,500 · ) (Revenue's   0. )  The Edward H. Davel is Benevolent Fund benefits nonprofit organizations serving the greater Portland area. The Fund currently focuses grantmaking efforts on organizations in the geographic area that work with: (1) young children aged birth to eight, their families and teachers, and (2) youth leadership programs for students through high school. Collaboration between and among organizations is encouraged. Requests for discrete projects are preferred over those for general operations.  40 (code:) (Supenses		
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Week   X   No   If Yes, 'describe these changes on Schedule O.		prior Form 990 or 990-EZ?
If "Yes," describe these changes on Schedule O.  Describe the Organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501 (cli) and 501 (cli) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4 (Coose:) (Expenses		
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if arry, for each program service reported.  40 (Cook)(expenses	3	J J J J J J J J J J J J J J J J J J J
### Revenue.flamy, for each program service reported.  ### (Code) (Expenses S	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4a (Code   ) (Expenses   98,653.		
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(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses 98,653.		
<b>4e</b> Total program service expenses 98,653.	4d	Other program services (Describe on Schedule O.)
	4e	

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		+
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			╁┈
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	

	990 (2023) Edward H. Daveis Benevolent Fund 01-047	<u>3137</u>	<u>Р</u>	age 4
Pai	T IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	l		\ <del></del>
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes, " complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		3,7	
	Part V, line 1	34	Х	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		122
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		<del>  ^</del>
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
		_	Yes	No
	Enter the Hamber reported in Box 6 of Ferri Todo. Enter 6 in Not applicable	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2023)

(gambling) winnings to prize winners?

#### Daveis Benevolent Fund Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b							
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a										
b										
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?		6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•								
	to file Form 8282?		7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year				Х					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	3 7 3 7 7 7 7 1									
g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8							
_	sponsoring organization have excess business holdings at any time during the year?									
9										
_	a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a depart depart depart depart departs of the sponsoring organization make a distribution to a depart depart depart departs of the sponsoring organization make any taxable distribution to a depart depart depart departs of the sponsoring organization make any taxable distributions under section 4966?									
10	, , , , , , , , , , , , , , , , , , , ,									
а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	100								
	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110								
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				х					
excess parachute payment(s) during the year?										
If "Yes," see the instructions and file Form 4720, Schedule N.										
16										
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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Form **990** (2023)

Form 990 (2023)

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

	to line oa, ob, or 10b below, describe the circumstances, processes, or changes on schedule of see instructions.			77
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
b		7b		x
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		
8		0-	Х	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		7.7
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17 10		le onl	) avail	abla
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	jo Unily	, avalli	aule
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	id tinai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Deborah Ellwood - (207) 667-9735			
	245 Main Street, Ellsworth, ME 04605			

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#### Form 990 (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			_ ((	2)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			s person is both an		h an	compensation	compensation	amount of
	week (list any	⊢—	<del></del>				<u> </u>	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıl trus	nal tru		loyee	dwos		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
(1) Deborah Ellwood	line) 0 • 10	Ĕ	ŝ	₽	Ş.	E Ħ	호			
MCF President & CEO	50.20	-		x				0.	303,244.	30,612.
(2) Michele Camarco	0.10			<u> </u>				0.	303,244.	30,012.
Treasurer/MCF CFO	50.20	1		x				0.	202,322.	32,178.
(3) Erik C. Jorgensen	0.10	$\vdash$		<del> </del>				•		02,2,00
Trustee	0.00	x						0.	0.	0.
(4) Nicole Witherbee	0.10									
Trustee	0.00	Х						0.	0.	0.
(5) Katharine Fullam Harris	0.10									
Chair/Trustee	0.00	Х		Х				0.	0.	0.
		1								
		-								
		-								
		-								
		1								
		1								
_										
		1								
		1								
		<u> </u>								
		4								
	I	1		I	l	l	l		I	

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(A)	(B)	ey Employees, and Highes  (C)				(D)	(E)			(F)			
Name and title	Average	5 1.6						Reportable	Reportable				ed
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	on	amount of		
	week	-	cer an	d a d	irecto	or/trus	tee)	from	from related	t	other		
	(list any	director						the	organization			pensa	
	hours for related	or dir	g,			ated		organization	(W-2/1099-MI			om th	
	organizations	ustee	trust		e)	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	)		anizat d relat	
	below	lual tr	tional		yoldı	st con	_	1099-NEC)				anizati	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.90		
		_											
1b Subtotal								0.	505,5		6	2,7	
c Total from continuation sheets to Part	VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)					<u>.</u>			0.	505,5	66.	6	2,7	90.
2 Total number of individuals (including but	t not limited to th	nose	liste	ed al	oove	e) wł	no re	eceived more than \$100	,000 of reportab	le			,
compensation from the organization												Yes	No.
3 Did the organization list any former office	er, director, trust	ee. k	ev e	empl	love	e. o	· hia	nhest compensated emr	olovee on	[		103	110
line 1a? If "Yes," complete Schedule J fo			•	•	•	•	·		-		3		Х
For any individual listed on line 1a, is the													
and related organizations greater than \$	•							-	•		4	х	
5 Did any person listed on line 1a receive of													
rendered to the organization? If "Yes," co	omplete Schedul	e J f	or st	ıch <sub>l</sub>	pers	son .					5		X
Section B. Independent Contractors		al a .a .					4		\$100,000 of oor		-4: 4		
<ol> <li>Complete this table for your five highest the organization. Report compensation for</li> </ol>	•	-								npens	ationi	TOTTI	
(A)								(B)			(C	;)	
Name and busine	ss address	NO	INC	3			_	Description of s	ervices	С	ompei	nsatio	า
2 Total number of independent contractors	s (including but r	not lii	mite	d to		_	sted	l above) who received n	nore than				
2 Total number of independent contractors \$100,000 of compensation from the orga		not lii	mite	d to		se lis	sted	d above) who received n	nore than		Form !	000 <i>«</i>	2000

332008 12-21-23

Ра	rt \	<b>/</b>							
			Check if Schedule O conta	ins a response	or note to any lir		(5)		
						(A)	(B) Related or exempt	(C) Unrelated	( <b>D)</b> Revenue excluded
						Total revenue		business revenue	from tax under
									sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Gra Iou		b	Membership dues	1b					
S, ( Am		С	Fundraising events	1c					
Gif		d	Related organizations	1d					
Si ini		е	Government grants (contribution	ons) <b>1e</b>					
tio S		f	All other contributions, gifts, grants	, and					
ğ			similar amounts not included above	e   1f					
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1	a-1f <b>1g</b> \$					
<u>5 E</u>		h	Total. Add lines 1a-1f						
					Business Code				
Se	2	а							
e <u>Z</u>		b							
n S en		С							
Jrar Rev		d							
Program Service Revenue		е							
а.		f	All other program service reven						
			Total. Add lines 2a-2f						
	3		Investment income (including d						
			other similar amounts)						
	4		Income from investment of tax-						
	5		Royalties		(ii) Personal				
	١,			(i) Real	(II) Personal				
	6	-	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
	_		Net rental income or (loss)	(i) Securities	(ii) Other				
	'	а	Gross amount from sales of assets other than inventory <b>7a</b>	(i) Securities	(ii) Other				
		h	assets other than inventory Less: cost or other basis						
<u>o</u>		D	and sales expenses						
enr		_	Gain or (loss) 76						
Revenue			Net gain or (loss)						
e	l 。		Gross income from fundraising eve						
퉏	١	u	including \$	of					
			contributions reported on line 1						
			Part IV, line 18						
		b	Less: direct expenses						
			Net income or (loss) from fundr						
	9		Gross income from gaming acti	· -					
			Part IV, line 19						
		b	Less: direct expenses						
		С	Net income or (loss) from gamir	ng activities					
	10	а	Gross sales of inventory, less re	eturns					
			and allowances	10a					
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales	of inventory					
S			g1 ·	_	Business Code	000 005			000 006
eor Te	11		Share-MCF Invest		523000	200,936.			200,936.
Miscellaneous Revenue		b	Share-MCF Cap. (	alns	523000	15,857.			15,857.
Rev		С							
Ĭ		d	All other revenue			216 702			
	<u> </u>		Total. Add lines 11a-11d			216,793.			216 702
	12		Total revenue. See instructions .			216,793.	0.	0.	216,793.

Part IX   Statement of Functional Expe	neae	TOILG T GIIG	01 0	T73137 Fage 10
-		or organizations must	amplete selumn (A)	
Section 501(c)(3) and 501(c)(4) organizations must c				
Check if Schedule O contains a res	ponse or note to any line in (A)	this Part IX(B)	(C)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organization				
and domestic governments. See Part IV, line 21	98,500.	98,500.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	gn			
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
a Management	32,463.		32,463.	
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
e Professional fundraising services. See Part IV, line 1				
f Investment management fees				
a Other (If line 11g amount exceeds 10% of line 25.				

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0.

12

13 14

15 16

17

18

19 20

21

22 23

24

b c d

25

Insurance

23,563.

154,679.

153.

e All other expenses

Check here L

column (A), amount, list line 11g expenses on Sch 0.)
Advertising and promotion

Office expenses

Information technology
Royalties

Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings .....

Payments to affiliates \_\_\_\_\_

Depreciation, depletion, and amortization .....

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

Share-MCF Invest. Fees Share-MCF Program Exp.

Total functional expenses. Add lines 1 through 24e

**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Other expenses. Itemize expenses not covered

153.

98,653.

23,563.

56,026.

Pa	rt X	Balance Sheet		
		Check if Schedule O contains a response or note to any line in this Part X		
			(A) Beginning of year	(B) End of year
	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	2	2
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	4	4
	5	Loans and other receivables from any current or former officer, director,		
		trustee, key employee, creator or founder, substantial contributor, or 35%		
		controlled entity or family member of any of these persons	5	5
	6	Loans and other receivables from other disqualified persons (as defined		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
şt	7	Notes and loans receivable, net	7	7
Assets	8	Inventories for sale or use	8	3
⋖	9	Prepaid expenses and deferred charges	9	9
	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a		
	b	Less: accumulated depreciation 10b	10	Oc
	11	Investments - publicly traded securities		1
	12	Investments - other securities. See Part IV, line 11		2 2,397,058
	13	Investments - program-related. See Part IV, line 11		3
	14	Intangible assets		4
	15	Other assets. See Part IV, line 11		5
	16	Total assets. Add lines 1 through 15 (must equal line 33)		6 2,397,058
	17	Accounts payable and accrued expenses		7
	18	Grants payable		8
	19	Deferred revenue		9
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2	21
ies	22	Loans and other payables to any current or former officer, director,		
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%		
Liabilities		controlled entity or family member of any of these persons		2
_	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties	2	4
	25	Other liabilities (including federal income tax, payables to related third		
		parties, and other liabilities not included on lines 17-24). Complete Part X		_
		of Schedule D		
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here X		6 0.
S				
ĕ		and complete lines 27, 28, 32, and 33.	2,252,826. 2	2,397,058
3ale	27	Net assets without donor restrictions		
ğ	28	Net assets with donor restrictions	<sup>2</sup>	8
Ξ		Organizations that do not follow FASB ASC 958, check here		
Net Assets or Fund Balances	00	and complete lines 29 through 33.		0
ets	29	Capital stock or trust principal, or current funds		9
Ass	30	Paid-in or capital surplus, or land, building, or equipment fund		
et/	31	Retained earnings, endowment, accumulated income, or other funds		0 005 050
Z	32	Total net assets or fund balances		0 000 000
	33	Total liabilities and net assets/fund balances	2,252,826. 3	3 2,397,030.

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1				93. 79.			
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5		8	2,1	18.			
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	2,	39	7,0	58.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
			_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,						
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3а		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

Form **990** (2023)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Edward H. Daveis Benevolent Fund

Employer identification number

01-0473137 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations 1 g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Maine Community Foundation 01-0391479 8 32,463. 98,653. X 32,463. 98,653. Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						_
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the						
<u> </u>	organization, check this box and stor	here					<u></u>
	tion C. Computation of Publ			. (0)		11	
	Public support percentage for 2023 (I					14	<u>%</u>
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the contain have The support test - 2023 and the contains a supp	•		•		•	
<b>L</b>	stop here. The organization qualifies						
D	33 1/3% support test - 2022. If the condition much						
47-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact		•	-		•	
<b>h</b>	meets the facts-and-circumstances to	~		• • •		170 and line 15 in	
O	10% -facts-and-circumstances tes						10% UI
	more, and if the organization meets the				-		
19	organization meets the facts-and-circ		-	•			
10	Private foundation. If the organization	n did not check a	DUA UIT III IE TO, TO	va, 100, 11d, 01 11	D, CHECK HIS DOX		(Form 000) 2022

Schedule A (Form 990) 2023

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

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

Sec	etion A. Public Support	elow, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and			,	` '		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
4							
	ization's benefit and either paid to or expended on its behalf						
_			+				
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's f	I first second third	fourth or fifth tax	vear as a section	 501(c)(3) organizat	ion
•	check this box and <b>stop here</b>	•		•			
Sec	tion C. Computation of Publ						
	Public support percentage for 2023 (I			column (fl)		15	9
	Public support percentage from 2022					16	9
	tion D. Computation of Invest					1 10 1	
	Investment income percentage for 20		<u>~</u> _			17	Ç
	Investment income percentage from 2					18	Ç
	33 1/3% support tests - 2023. If the						
198	more than 33 1/3%, check this box a						., 13 1101
L	33 1/3% support tests - 2022. If the						└── and
i.	• •	•			*	•	
20	line 18 is not more than 33 1/3%, che						
ZU	Private foundation. If the organization	ar dia not check 2	A DUX UH IME 14, IS	oa, or 190, check t	ins dux and see i	กรถนบเบกรี	

332023 12-21-23

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		Х
	2		X
			Х
	3a		Λ_
	3b		
	3с		
	4-		X
	4a		Λ
	4b		
	4c		
	40		
	5a		X
	5b		
	5c		
			Х
	6		Λ
	7		Х
	8		Х
	9a		Х
	Ju		
	9b		Х
			7.5
	9с		Х
	10a		Х
	.50		
	10b		
lule	A (Forr	n 990	2023

Га	Gontinued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			37
	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described on line 11a above?	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			7.7
	detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	X	<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	<i>-</i>		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	te Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting org	anization (see

Schedule A (Form 990) 2023

instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Schedule A, Part IV, Section A, Line 1: The Edward H. Daveis Benevolent Fund's organizational documents identify its supported organization as the Maine Community Foundation (listed by name in Part I) and also a class of organizations designated as "charitable organizations in the Greater Portland Maine area". The Edward H. Daveis Benevolent Fund supports these charitable organizations through the administration of grants. The Supporting Organization's more narrow focus allows for it to better coordinate these grant awards that, but for the existence of the Daveis Fund, would otherwise be administered through the Maine Community Foundation. Additionally and for the reasons outlined above, while not paid directly to the Maine Community Foundation, charitable grants and program support costs paid by the Daveis Benevolent Fund have been included and reported on this Form 990, Schedule A, Line 12(g)(vi), as other support. Schedule A, Part IV, Section B, Line 2: Please refer to explanation for Schedule A, Part IV, Section A, Line 1.

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Edward H. Daveis Benevolent Fund

**Employer identification number** 01-0473137

Pai	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	, ,		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advise	d funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	<u>-</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	oution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included on line 2	?a	2c
d	Number of conservation easements included on line 2c acqu	•		
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per		tion, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and or	oforcing consorvation	on agraments during the year
′	Amount of expenses incurred in monitoring, inspecting, name	alling of violations, and el	norching conservation	on easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirement	s of section 170(h)(	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	s financial statemer	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	•	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	e exhibition, education, o	r research in furthe	erance of public service,
	provide the following amounts relating to these items.			_
	(i) Revenue included on Form 990, Part VIII, line 1			\$
_				
2	If the organization received or held works of art, historical tre			gaın, provide
	the following amounts required to be reported under FASB A			<b>*</b>
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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Schedule D (Form 990) 2023

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Oth	er Simil	ar Asse	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	significant	use of its		
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exch	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other simila	r assets			
	to be sold to raise funds rather than to be ma					<u></u>	Yes	No_
Par	rt IV Escrow and Custodial Arrang	<b>gements</b> Complete	e if the organization	answered "Yes" on	Form 990	, Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia		•			_	7	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:					
							Amount	
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance				1f		7	
	Did the organization include an amount on Fo		•		lity?		Yes	No
Par	If "Yes," explain the arrangement in Part XIII.							Ш
Fai	rt V Endowment Funds Complete if	(a) Current year	(b) Prior year	(c) Two years back		ears hack	(a) Four ve	ars hack
4.	Deginning of year balance	2,252,826.	2,719,591.	2,376,955.		66,589.		03,416.
	Beginning of year balance	2,232,020.	2,713,331.	2,370,333.		00,303.	2,0	03,410.
b	Contributions Net investment earnings, gains, and losses	275,348.	-338,654.	463,536.	3	27,697.	2	78,410.
c d		98,500.	93,500.	85,500.		88,000.		85,700.
		30,300.	23,300.	03,300.		30,000.	,	<del>55,755.</del>
C		153.	150.					
f	and programs  Administrative expenses	32,463.	34,461.	35,400.		29,331.		29,537.
	End of year balance	2,397,058.	2,252,826.	2,719,591.		76,955.		66,589.
2	Provide the estimated percentage of the curr							
a	Board designated or quasi-endowment	100.0000	%	,,,				
b	Permanent endowment • 0000	%						
С								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for t	:he			
	organization by:						Y	es No
	(i) Unrelated organizations?						3a(i)	X
	(ii) Related organizations?							
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b 2	X
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990,	<u> </u>	1	, line 10.			
	Description of property	(a) Cost or ot	` '	' '	ccumulate	;d	(d) Book v	alue
		basis (investm	ent) basis (	other) de	preciation			
	Land							
	Buildings					-		
	Leasehold improvements					-		
	Equipment							
	Other  L Add lines 1a through 1e (Column (d) must ed		( line 10 =!	(D))				0.
ı otal	L AGO JINES TA TOYOUGO TE (COIUMO IGI MUST AC	Juai Form 990 Part )	CILLE LUC COLLIMN	וחוו		1		U .

Schedule D (Form 990) 2023

Part VII Investments - Other Securities			t = 1 t = t 1 t ugo t
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) Allocable share of MCF			
(B) (supported organization)			
(C) investment portfolio	2,397,058.	End-of-Year Market	Value
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	2,397,058.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	5 000 D 1 N/ II -	11 LO E 200 D LV " 45	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(h) De els velve
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	I (R))		
Part X Other Liabilities	. (D)//		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co.	I. (B))		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

	edule D (Form 990) 2023 Edward H. Daveis Benevolent			473137 <sub>Page</sub> 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			_
1	Total revenue, gains, and other support per audited financial statements		1	_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	r Returr	า
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	/-	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII Supplemental Information			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines 1b and 2b; Part V, line	4; Part X,	, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information.		
Pa:	rt V, line 4:			
Th:	e intended use of the endowment funds is fo	or charitable gr	rant 1	making to
noı	n-profit organizations in the greater Portl	and, ME area.		

#### Part X, Line 2:

MaineCF and its supporting organization, Maine Community Supporting

Foundation, are tax-exempt organizations as described in Section 501(c)(3)

of the Internal Revenue Code (the Code) and are generally exempt from

income taxes pursuant to Section 501(a) of the Code. The Edward H. Daveis

Benevolent Fund and the Vincent B. and Barbara G. Welch Supporting

Organization are exempt from federal income taxes under Section 501(a) of
the Code.

332054 09-28-23

MaineCF pays unrelated business income taxes on income from certain types of transactions within investment partnerships. Under Maine State law, the Foundation is not exempt from state sales tax on taxable purchases.

In certain circumstances, tax-exempt organizations may be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items, including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position.

Management has evaluated the Foundation's tax positions and concluded that the Foundation has maintained its tax-exempt status, does not have any significant unrelated business income and has taken no uncertain tax positions that require adjustment to the consolidated financial statements.

#### SCHEDULE I (Form 990)

#### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

Edward H. Daveis Benevolent Fund

Employer identification number
01-0473137

Edward II	· Davers i	Selie AOTELLE L	una			I	01 04/313/
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or ass	sistance?						X Yes No
2 Describe in Part IV the organization's p							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	ic Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addit	tional space is need	led.			
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Boys and Girls Clubs of Southern Maine – 277 Cumberland Avenue – Portland, ME 04112	01-0211543	501(c)(3)	10,000.	0.			Boys and girls clubs
Catholic Charities Maine P.O. Box 10660 Portland, ME 04104	01-0280225	501(c)(3)	10,000.	0.			Capacity building
Olympia Snowe Women's Leadership Institute - One Canal Plaza, #501 - Portland, ME 04101	46-1398374	501(c)(3)	8,500.	0.			Women's leadership
Our Place Portland Inc. 8 Thurston Lane Scarbrough, ME 04074	88-3309336	501(c)(3)	7,000.	0.			Family services
Portland Community Squash 66 Noyes Street Portland, ME 04103	46-2787590	501(c)(3)	10,000.	0.			Recreation and sport
The Center for Grieving Children 555 Forest Avenue Portland, ME 04101	01-0431501	501(c)(3)	7,000.	0.			Counseling
2 Enter total number of section 501(c)(3)	and government o	rganizations listed in th	he line 1 table			•	8
* * * *	-	-					

3 Enter total number of other organizations listed in the line 1 table ......

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
nited Way of Southern Maine 50 Forest Avenue, #100 ortland, ME 04101	01-0241767	501(c)(3)	11,000.	0.			Child care programs
outh and Family Outreach 31 Cumberland Avenue							Children and youth
ortland, ME 04101	01-0374597	501(c)(3)	10,000.	0.			services

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
Part IV Supplemental Information. Provide the information r	equired in Part I, lin	ie 2; Part III, columi	n (b); and any other a	dditional information.	
Part I, Line 2:					
Country of the countr		L - 1 1		£ +1	
Grant payments to organizations a	re initia	ted by red	commendatio	n from the	
review committee which consists of	f the boa	rd and di	rectors. Gr	ants are	
			7 . 1 . 7		
authorized by a vote at an annual	committe	e meeting	and then d	ocumented in	
the minutes of the committee meet	ing. Prio	r to award	ding a gran	t,	
Askarada ski na iza na da kita i iza			1 ( ) ( 2 )	1-1 !	
determination is made that the or	ganizatio	n 1s a 501	L(C)(3) or	a public	

organization in good standing.

Part IV Supplemental Information
The award letter clearly states the purpose of the grant and the terms of
the award, which include a requirement that the organization will use the
grant only for the purpose stated in the letter. The award letter also
states that by depositing the grant check, the organization agrees to and
accepts the terms of the award.
Organizations receiving solicited grants are required to submit a project
progress report approximately 10 months after receiving payment of the
grant. Organizations that fail to file a progress report are not eligible
for future funding for one year or until the missing report is filed.

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Edward H. Daveis Benevolent Fund

 $\begin{array}{c} \textbf{Employer identification number} \\ 01-0473137 \end{array}$ 

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			v
	The organization?	5a		X
b	Any related organization?	5b		_^
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	C-		х
a	The organization?	6a		X
b	Any related organization?	6b		
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			Х
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	ı	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Deborah Ellwood	(i)	0.	0.	0.	0.	0.		0.
MCF President & CEO	(ii)	293,501.	6,000.	3,743.	26,598.	4,014.	333,856.	0.
(2) Michele Camarco	(i)	0.	0.	0.	0.	0.		0.
Treasurer/MCF CFO	(ii)	184,398.	15,873.	2,051.	18,151.	14,027.	234,500.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023	Edward H. Daveis Benevolent Fund	01-0473137 Page 3
Part III Supplemental Information		
Provide the information, explanation,	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3b, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7b, and 8b, 4b, 4c, 5a, 5b, 6a, 6b, 7b, and 8b, 4b, 4b, 4b, 4b, 4b, 4b, 4b, 4b, 4b, 4	rt II. Also complete this part for any additional information.
Part I, Line 3:		
The Edward H. Dave:	is Benevolent Fund does not have any employees. 1	However,
the Vice President	/CFO of Maine Community Foundation (MCF), the su	pported
organization, overs	sees the finances of the Edward H. Daveis Benevo	lent
Fund, and the MCF	President & CEO has been named as the Organization	on's
Principal Officer.	MCF uses a compensation committee, an independent	nt
compensation consu	ltant, the Form 990 of other organizations, comp	ensation
surveys or studies	, and approval by the board or a compensation con	mmittee
to assist in estab	lishing the compensation for this position.	

## SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Internal Revenue Service

Name of the organization

Edward H. Daveis Benevolent Fund

Employer identification number 01-0473137

Form 990, Part VI, Section B, line 11b:

A copy of Form 990 is sent electronically to all trustees for review and comment. Once the allotted period of time has passed for trustee review, any additional corrections are made and Form 990 is filed with the IRS.

Form 990, Part VI, Section B, Line 12c:

Annually, all directors and officers are required to read the conflict of interest policy and sign a disclosure form on which each individual acknowledges their obligation to disclose any conflict of interest and comply with the conflict of interest policy. Directors also abstain from voting to approve grants to any organization for which they have an interest.

Form 990, Part VI, Section B, Line 15:

The Edward H. Daveis Benevolent Fund has no employees. However, the CEO and other officers of the supported organization, Maine Community Foundation (MCF), oversee the Edward H. Daveis Benevolent Fund. The process for determining compensation for the CEO of MCF includes use of an independent compensation consultant, compensation survey, and approval by the MCF Board Executive Committee, which acts as the compensation committee for the MCF Board. Periodic surveys and use of independent compensation consultants are employed to assist in determining compensation for officers and key employees. MCF also maintains salary ranges by position grades, which are reviewed and updated annually.

Form 990, Part VI, Section C, Line 19:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Edward H. Daveis Benevolent Fund	01-0473137
The governing documents, Form 990 and audited consolidate	d financial
statements are available upon request. In addition, Form	990 and the
audited consolidated financial statements are posted on t	
supported organization, Maine Community Foundation, at ww	
Form 990, Part XII, Line 2c:	
The audit process has not changed from the prior year.	

#### SCHEDULE R (Form 990)

Part I

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Edward H. Daveis Benevolent Fund

Employer identification number 01-0473137

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Identification of Related Tax-Exempt Organizations during the tax year.	Itions. Complete if the organization a	nswered "Yes" on Form 990, P	art IV, line 34, becau	use it had one or more	related tax-exempt
(a)	(b)	(c)	(d)	(e)	(f) Section

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	,	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
		Legal domicile (state or foreign country)  Exempt Code section  Exempt Code section  Fublic charity status (if section 501(c)(3))  Line 8  Maine Community  Foundation  Maine Community	Yes	No			
Maine Community Foundation - 01-0391479							İ
245 Main Street	Statewide community						
Ellsworth, ME 04605	foundation	Maine	501(c)(3)	Line 8	N/A		X
Vincent B. and Barbara G. Welch Supporting							
Organization - 27-0676659, 245 Main Street,	Support MCF through grant				Maine Community		
Ellsworth, ME 04605	making activities	Maine	501(c)(3)	Line 12a, I	Foundation		X
Maine Community Supporting Foundation -	Support MCF by receiving						
01-0517228, 245 Main Street, Ellsworth, ME	real estate and other				Maine Community		
04605	unique charitable gifts	Maine	501(c)(3)	Line 12a, I	Foundation		X
							1
							<u> </u>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	Share of total	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	(k)  Percentage ownership													
		Country)		5551515 572 571)			res	NO	10 ( om 1003)	resi															

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr enti	b)(13) rolled
		country)		,				Yes	No
Andrew Marshall Charitable Remainder									1
Unitrust, C/O Vanguard National Trust; P.O.	Charitable Remainder								1
Box 709, Valley Forge, PA 19482-0709	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
David K. Silverman Charitable Remainder									
Unitrust, C/O Bank of America; P.O. Box	Charitable Remainder								1
830269, Dallas, TX 75283	Trust	ME	N/A	TRUST	N/A	N/A	N/A		Х
Mary S. Marshal Charitable Remainder									
Unitrust, C/O Vanguard National Trust; P.O.	Charitable Remainder								1
Box 709, Valley Forge, PA 19482-0709	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
Rachel Samsel Charitable Remainder Unitrust									
C/O Vanguard National Trust; P.O. Box 709	Charitable Remainder								1
Valley Forge, PA 19482-0709	Trust	ME	N/A	TRUST	N/A	N/A	N/A		Х
Roger A Fessaguet 2013 Charitable Remainder									
Trust No. 1, C/O Law Offices of J.J. Lynch;	Charitable Remainder								1
P.O. Box 6, Damariscotta, ME 04543	Trust	ME		TRUST	N/A	N/A	N/A		Х

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	i) etion b)(13) rolled tity?
		country)						Yes	No
Roger A Fessaguet 2013 Charitable Remainder	<u>.</u>								
Trust No. 2, C/O Law Offices of J.J. Lynch;	Charitable Remainder	ME	3T / 7		NT / 7	37 / 3	37 / 3		177
P.O. Box 6, Damariscotta, ME 04543	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
Sedgwick Charitable Remainder Trust	<u>.</u>								
C/O Multop Financial; 2210 Rimland Drive, # 1	1		37 / 3		37 / 3	37 / 3	37 / 3		
Bellingham, WA 98226	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
Stanley N. Marshall III Charitable Remainder									
	Charitable Remainder		,_			,_			l
Box 709, Valley Forge, PA 19482-0709	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or mo	ore related organizations listed	d in Parts II-IV?						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b				1b		X			
С				1c		X			
d	d Loans or loan guarantees to or for related organization(s)			1d		Х			
е	Loans or loan guarantees by related organization(s)			1e		Х			
f	Dividends from related organization(s)			1f		X			
g				1g		X			
h	Purchase of assets from related organization(s)			1h		X			
i	Exchange of assets with related organization(s)			1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)			1j		X			
k	k Lease of facilities, equipment, or other assets from related organization(s)								
I	l Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)			1m	Х				
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		X			
	o Sharing of paid employees with related organization(s)								
р	p Reimbursement paid to related organization(s) for expenses								
q	q Reimbursement paid by related organization(s) for expenses								
r	Other transfer of cash or property to related organization(s)			1r	Х				
	S Other transfer of cash or property from related organization(s)			1s		X			
	•								
	(a) (b)  Name of related organization Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
<u>(1)</u>									
(2)									
(3)									
(4)									
<u>(5)</u>									
<u>(6)</u>									
33216	63 09-28-23		Schedule F	R (For	n 990)	2023			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Dispre	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi	or Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partne	? ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes N	0
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