



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2010

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2010, or tax year beginning , and ending

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Name of foundation EDWARD H. DAVEIS BENEVOLENT FUND		A Employer identification number 01-0473137
Number and street (or P O box number if mail is not delivered to street address) 245 MAIN STREET	Room/suite	B Telephone number (207) 667-9735
City or town, state, and ZIP code ELLSWORTH, ME 04605		C If exemption application is pending, check here <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 1,892,710. (Part I, column (d) must be on cash basis.)	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input checked="" type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities		20,587.	20,587.		
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		11,538.			
b Gross sales price for all assets on line 6a	11,538.				
7 Capital gain net income (from Part IV, line 2)			11,538.		
8 Net short-term capital gain					
9 Income modifications				32,000.	
10a Gross sales less returns and allowances					
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11		32,125.	32,125.	32,000.	
13 Compensation of officers, directors, trustees, etc		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees					
c Other professional fees STMT 1		30,512.	17,837.		12,675.
17 Interest					
18 Taxes					
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings					
22 Printing and publications					
23 Other expenses STMT 2		111.	0.		111.
24 Total operating and administrative expenses. Add lines 13 through 23		30,623.	17,837.		12,786.
25 Contributions, gifts, grants paid		79,945.			79,945.
26 Total expenses and disbursements. Add lines 24 and 25		110,568.	17,837.		92,731.
27 Subtract line 26 from line 12		-78,443.			
a Excess of revenue over expenses and disbursements					
b Net investment income (if negative, enter -0-)			14,288.		
c Adjusted net income (if negative, enter -0-)				32,000.	

SCANNED AUG 18 2011

Operating and Administrative Expenses

RECEIVED

AUG 18 2011

STMT 2

OCCIDEN, UT

IRS-OSC

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		85,910.	63,401.	63,401.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶		1,320.		
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U S and state government obligations				
	b	Investments - corporate stock				
	c	Investments - corporate bonds				
11	Investments - land, buildings, and equipment basis ▶					
	Less: accumulated depreciation ▶					
12	Investments - mortgage loans					
13	Investments - other STMT 4		1,667,412.	1,829,309.	1,829,309.	
14	Land, buildings, and equipment basis ▶					
	Less: accumulated depreciation ▶					
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers)		1,754,642.	1,892,710.	1,892,710.	
Liabilities	17	Accounts payable and accrued expenses		27.		
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)		27.	0.	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted		1,754,615.	1,892,710.	
	25	Temporarily restricted				
	26	Permanently restricted				
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
	29	Retained earnings, accumulated income, endowment, or other funds				
	30	Total net assets or fund balances		1,754,615.	1,892,710.	
	31	Total liabilities and net assets/fund balances		1,754,642.	1,892,710.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,754,615.
2	Enter amount from Part I, line 27a	2	-78,443.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 3	3	216,538.
4	Add lines 1, 2, and 3	4	1,892,710.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,892,710.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a ALLOCATION FROM MAINE COMMUNITY FOUNDATION	P		
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 11,538.			11,538.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			11,538.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	11,538.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)	<div> <div>If gain, also enter in Part I, line 8, column (c)</div> <div>If (loss), enter -0- in Part I, line 8</div> </div>	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	139,033.	1,597,080.	.087054
2008	149,143.	1,688,005.	.088355
2007	94,609.	2,307,165.	.041007
2006	110,150.	2,143,433.	.051390
2005	109,140.	2,085,912.	.052322

2 Total of line 1, column (d)	2	.320128
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.064026
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	1,810,715.
5 Multiply line 4 by line 3	5	115,933.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	143.
7 Add lines 5 and 6	7	116,076.
8 Enter qualifying distributions from Part XII, line 4	8	92,731.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary-see instructions)		1	0.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		2	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3	0.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments			
a 2010 estimated tax payments and 2009 overpayment credited to 2010	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input type="checkbox"/> \$ 0. (2) On foundation managers <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> ME		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Form 990-PF (2010)

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.MAINECF.ORG</u>	13	X	
14	The books are in care of ► <u>JAMES E. GEARY</u> Telephone no ► <u>(207) 667-9735</u> Located at ► <u>245 MAIN STREET, ELLSWORTH, ME</u> ZIP+4 ► <u>04605</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country ►	16	Yes	No
				X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/> ► <input type="checkbox"/>	1b	X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) N/A	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► _____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010) N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	X

Form 990-PF (2010)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ALDEN H. SAWYER, JR. 245 MAIN STREET ELLSWORTH, ME 04605	TRUSTEE 0.25	0.	0.	0.
FREDERIC L. THOMPSON 245 MAIN STREET ELLSWORTH, ME 04605	TRUSTEE 0.25	0.	0.	0.
KATHERINE FULLAM HARRIS 245 MAIN STREET ELLSWORTH, ME 04605	TRUSTEE 0.25	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Form 990-PF (2010)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	1,781,279.
b	Average of monthly cash balances	1b	57,010.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,838,289.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,838,289.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	27,574.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,810,715.
6	Minimum investment return. Enter 5% of line 5	6	90,536.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	90,536.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	
b	Income tax for 2010 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	90,536.
4	Recoveries of amounts treated as qualifying distributions	4	32,000.
5	Add lines 3 and 4	5	122,536.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	122,536.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	92,731.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	92,731.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	92,731.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2010)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				122,536.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005	7,564.			
b From 2006	4,259.			
c From 2007				
d From 2008	67,500.			
e From 2009	59,383.			
f Total of lines 3a through e	138,706.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$	92,731.			
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2010 distributable amount				92,731.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	29,805.			29,805.
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	108,901.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount - see instructions		0.		
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	108,901.			
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008	49,518.			
d Excess from 2009	59,383.			
e Excess from 2010				

N/A

- b**
- Check box to indicate whether the foundation is a private operating foundation described in section

☐ 4942(I)(3) or ☐ 4942(I)(5)

- | Tax year | Prior 3 years | | | (e) Total |
|----------|---------------|----------|----------|-----------|
| (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | |

- (4) Gross investment income**

2010.04010 EDWARD H. DAVEIS BENEVOLENT 47589-21

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|----------|--|--------------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of | | |
| | (1) Cash | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | X |
| d | If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

**Sign
Here**

Signature of officer or trustee

Date _____

Title

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date _____

Check ☐ self-employed

PTIN

E. DREW CHENEY

E. Drew Chena

8/4/11

Firm's name	BAKER NEWMAN & NOYES, LLC
-------------	---------------------------

Firm's EIN ▶

Firm's address ► BOX 507
PORTLAND, ME 04112

Phone no (207) 879-2100

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT FEES	5,162.	5,162.		0.	
ADMINISTRATIVE FEE	25,350.	12,675.		12,675.	
TO FORM 990-PF, PG 1, LN 16C	30,512.	17,837.		12,675.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MISCELLANEOUS	111.	0.		111.	
TO FORM 990-PF, PG 1, LN 23	111.	0.		111.	

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES			STATEMENT	3
DESCRIPTION					AMOUNT
NET UNREALIZED GAINS ON INVESTMENTS					184,538.
PRIOR YEAR GRANTS REFUNDED					32,000.
TOTAL TO FORM 990-PF, PART III, LINE 3					216,538.

FORM 990-PF	OTHER INVESTMENTS		STATEMENT	4
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
PUBLICLY TRADED	FMV	1,629,466.	1,629,466.	
VENTURE CAPITAL	FMV	79,429.	79,429.	
REAL ASSETS	FMV	120,414.	120,414.	
TOTAL TO FORM 990-PF, PART II, LINE 13		1,829,309.	1,829,309.	

FORM 990-PF

GRANTS AND CONTRIBUTIONS
PAID DURING THE YEAR

STATEMENT 5

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
A COMPANY OF GIRLS PO BOX 7527 PORTLAND, ME 04112	NONE SUPPORT "FROM FLEDGING TO FULL GROWN" PROJECT	PUBLIC	2,500.
AMISTAD, INC. PO BOX 992 PORTLAND, ME 04104-0992	NONE REPLACE KITCHEN APPLIANCES AND UTENSILS	PUBLIC	1,500.
CHILDREN'S MUSEUM AND THEATRE OF MAINE PO BOX 4041 PORTLAND, ME 04101	NONE SUPPORT "LEMONADE DAY MAINE"	PUBLIC	2,000.
FORT WILLIAMS CHARITABLE FOUNDATION PO BOX 6260 CAPE ELIZABETH, ME 04104-0992	NONE CREATE AN ARBORETUM AT FORT WILLIAMS	PUBLIC	3,500.
FRIENDS OF THE KOTZSCHMAR ORGAN PO BOX 7455 PORTLAND, ME 04112	NONE CONCERT OF CHORAL MUSIC ACCOMPANIED BY THE KOTZSCHMAR ORGAN	PUBLIC	1,500.
HOOR EXCHANGE PORTLAND 516 CONGRESS ST PORTLAND, ME 04101	NONE TRAINING TO HOOR WEATHERIZATION PROGRAM GREEN TEAM MEMBERS	PUBLIC	2,000.
KIDS FIRST CENTER 222 ST. JOHN ST, SUITE 101 PORTLAND, ME 04102	NONE 10 SCHOLARSHIPS TO PROFESSIONALS WORKING WITH FAMILIES AFFECTED BY DIVORCE	PUBLIC	1,750.
LEARNING WORKS 181 BRACKETT ST PORTLAND, ME 04102	NONE SUPPORT LITERACY VOLUNTEERS OF GREATER PORTLAND	PUBLIC	2,000.

EDWARD H. DAVEIS BENEVOLENT FUND

01-0473137

MAINE HUMANITIES COUNCIL 674 BRIGHTON AVE PORTLAND, ME 04102-1012	NONE NEW BOOKS & READERS FOR ENGLISH LANGUAGE LEARNER CLASSES	PUBLIC	2,500.
MAINE MEDICAL CENTER 22 BRAMHALL ST PORTLAND, ME 04102	NONE SUPPORT PRODUCTION OF "IN THE POCKET OF MY UNIFORM"	PUBLIC	2,295.
MAINE PHILANTHROPY CENTER PO BOX 9301 PORTLAND, ME 04104-9301	NONE ANNUAL SUPPORT	PUBLIC	700.
MAYO STREET ARTS 10 MAYO ST PORTLAND, ME 04101	NONE SUPPORT THE "PERFORMING ARTS AND CULTURE SERIES"	PUBLIC	1,000.
OPPORTUNITY FARM FOR BOYS & GIRLS PO BOX 65 NEW GLOUCESTER, ME 04260	NONE PROGRAMS TO RAISE EDUCATIONAL ATTAINMENT IN GREATER PORTLAND, ME AREA	PUBLIC	2,500.
PEOPLE'S REGIONAL OPPORTUNITY PROGRAM 2338 CONGRESS ST PORTLAND, ME 04102	NONE PROGRAMS OFFERED TO LOW-INCOME PARKSIDE RESIDENTS	PUBLIC	3,500.
PORTLAND OPERA REPERTORY THEATRE PO BOX 7733 PORTLAND, ME 04112	NONE PILOT PROJECT FOR OPERA EDUCATION IN PORTLAND, ME AREA SCHOOLS	PUBLIC	2,000.
PORTLAND SYMPHONY ORCHESTRA PO BOX 3573 PORTLAND, ME 04104-3573	NONE 3 EDUCATIONAL MECHANISMS FOR ENGAGING AUDIENCES	PUBLIC	2,000.
RIPPLEEFFECT, INC. PO BOX 441 PORTLAND, ME 04112	NONE RIPPLEEFFECT AFTERSCHOOL PROGRAM	PUBLIC	3,500.
SEEDS OF INDEPENDENCE PO BOX 8 FREEPORT, ME 04032	NONE FREEPORT PROGRAM AND TEEN PARTNERING	PUBLIC	2,200.

EDWARD H. DAVEIS BENEVOLENT FUND

01-0473137

SPACE GALLERY 538 CONGRESS ST PORTLAND, ME 04101	NONE SUPPORT VISITING ARTISTS SERIES	PUBLIC	1,500.
SPRING POINT LEDGE LIGHTHOUSE TRUST PO BOX 2311 SOUTH PORTLAND, ME 04116-2311	NONE KEEP THE LIGHT ON PROJECT	PUBLIC	3,500.
SPURWINK SERVICES 899 RIVERSIDE ST PORTLAND, ME 04103	NONE COMPASS PROJECT'S STEM	PUBLIC	2,000.
TATE HOUSE MUSEUM PO BOX 8800 PORTLAND, ME 04104	NONE MOISTURE MITIGATION PROJECT FOR TATE HOUSE	PUBLIC	3,500.
TOWN OF FALMOUTH 271 FALMOUTH RD FALMOUTH, ME 04105-2098	NONE TRAIL SYSTEM ON TOWN OF FALMOUTH & FALMOUTH LAND TRUST PROPERTY	PUBLIC	2,500.
VSA ARTS OF MAINE 11 PLEASANT ST BRUNSWICK, ME 04011	NONE ART CLASSES FOR CHILDREN & ADULTS IN GREATER PORTLAND, ME AREA	PUBLIC	1,000.
WAYNFLETE SCHOOL 360 SPRING ST PORTLAND, ME 04102-3652	NONE CREATE POSITIVE CONNECTIONS FOR AT-RISK YOUTH AND THEIR FAMILIES	PUBLIC	2,500.
WINTERKIDS EDUCATION FOUNDATION PO BOX 7566 PORTLAND, ME 04112	NONE WELCOME TO WINTER OUTREACH PROGRAMS	PUBLIC	2,500.
UNITED WAY OF GREATER PORTLAND PO BOX 15200 PORTLAND, ME 04112-5200	NONE GENERAL SUPPORT	PUBLIC	22,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

79,945.



Grants > Available Grants & Deadlines > Edward H Daveis Benevolent Fund

Login

Search

Edward H. Daveis Benevolent Fund

Home
About MaineCF
For Maine
For Donors
For Professional Advisors

Grants

MaineCF's Grant Programs
Available Grants & Deadlines
Capacity Building Resources
Grants for Individuals
Grantseeker FAQ
Tips for Creating a Strong Grant Application
Grant Applications & Other Important Forms
Recent Grants
Grant Recipient FAQ
Nonprofit Endowments
Competitive Grantmaking Policies
Scholarships
Contact Information

Total grant dollars requested last cycle: \$215,179
Total grant dollars awarded last cycle: \$79,945
Percentage of proposals that received full funding: 23%
Percentage of proposals that received partial funding: 47%
Maximum grant size: \$5,000
Average grant size last cycle: \$2,961
Application deadline: November 15

Grant Application Form

> Microsoft Word Document
> RTF (Use this version of the application with word processors other than Microsoft Word)
> PDF (Use this version of the application if you do not have word processing software)

Having trouble downloading or filling out the application? Click here for some tips

Background

The Edward H. Daveis Benevolent Fund was established by the will of his daughter, Mabel Stewart Daveis, in 1943 to honor her father and to benefit nonprofit organizations serving the greater Portland area. Mr. Daveis was a member of a prominent Portland family with roots in the community dating back to 1785. After distinguished careers in banking and law, Mr. Daveis became president of the Portland Gas Light Company, one of the first 25 gas utility companies in the United States. He was also involved with the Portland Locomotive Company, a subdivision of the Portland Company. Mabel Stewart Daveis and her sister Mary Gilman Daveis were generous benefactors who supported many local civic organizations.

Priorities

Grants will be awarded for projects that benefit the communities of the greater Portland area. Collaboration among nonprofits is encouraged, and a letter of support from each partner should be included with the application.

Eligibility Requirements

- Applicants must be nonprofit, 501(c)(3) federal tax-exempt organizations, public schools, public agencies, or Indian tribal governments (and their political subdivisions) recognized by the Department of the Interior or have a fiscal sponsor that is a 501(c)(3) organization, public school, public agency, or Indian tribal government (click here for more information on applying with a fiscal sponsor)
- Grants cannot be made for lobbying or religious activities
- Grants cannot pay for program expenses that have already been incurred
- Grants will not be made to annual funds or endowments

Note: Eligible organizations that have received grants from other Maine Community Foundation funds in the last 12 months are still eligible to apply to the Edward H. Daveis Benevolent Fund.

Project Progress Report

All grant recipients will be required to submit a Project Progress Report (PDF | RTF | Word Document) approximately 10 months after receiving payment of the grant.

How to Apply

Proposals and attachments may be mailed to:

Edward H. Daveis Benevolent Fund
Maine Community Foundation
One Monument Way, Suite 200
Portland, ME 04101

When to Apply

Applications must be postmarked by November 15. Awards will be announced in December. All applicants will receive notice of the committee's decisions.

Copyright © 2010 Maine Community Foundation • Privacy Statement • Terms of Use • Site Map
245 Main St., Ellsworth ME 04805 • tel (877) 700-6800 • fax (207) 667-0447 • info@mainecf.org

Contact

If you have questions or would like to discuss an idea before submitting a proposal, please contact Pam Cleghorn via e-mail or by phone at (877) 700-6800, ext. 2205.

- ◊ [Recent grants from the Edward H. Daveis Benevolent Fund](#)
- ✓ [Return to Available Grants & Deadlines page](#)

MAINE COMMUNITY FOUNDATION GRANT APPLICATION

The Maine Community Foundation grant programs vary in terms of their application requirements and interests. Please consult our website for individual grant program criteria and guidelines about how to apply to each program.

The **Grantseeker FAQ** section of the Maine Community Foundation's website includes detailed information about this grant application.

If you have questions about the application or review process that are not addressed on that page, please call MaineCF toll-free at (877) 700-6800

DIRECTIONS

- Do not send materials (including letters of support) other than those requested, and do not send any materials under separate cover. Please refer to the grant program guidelines on our website for guidance on what to submit.
- Send only one copy and do not staple or bind your application.
- This application can be completed in two ways: 1) open it in Microsoft Word and click on the shaded areas to **type** in your answers (preferred); or 2) you can type your answers on a separate sheet of paper. Please use a font size of at least 11 point.
- Please note that we do not accept electronic applications at this time.
- **Mail this application to:**

**Maine Community Foundation
Edward H. Daveis Benevolent Fund
One Monument Way, Suite 200
Portland, ME 04101**

CHECKLIST

Please use this checklist to ensure that your application contains all required information and attachments.
MaineCF will not review incomplete proposals.

- ☐ Completed application form (including required signatures)
- ☐ A one-page list of key project personnel including their roles and qualifications
- ☐ A one-page list of your organization's board of directors or advisory committee, including occupations and city/town of residence

In addition, if your project:

- ☐ proposes **work with a school**, a letter of agreement from a school representative is required
- ☐ is a **collaborative project** with an organization other than a school, letters of agreement from participating organizations that explain their level of involvement are required

Please **include one** of the following items documenting the eligibility of the project to receive charitable funds:

If your organization is:

- ☐ **Not a recognized 501(c)(3):** tax-exempt public charity and are applying with a fiscal sponsor, include MaineCF's Fiscal Sponsorship Agreement Form completed and signed by an authorized representative of each entity
- ☐ **A public school or school district:** include a letter from principal or superintendent agreeing to accept MaineCF grant funds for your project
- ☐ **A municipal library:** include a letter from the Town or City Manager confirming your organization's municipal status (Note that libraries with separate 501(c)(3) tax-exempt public charity status should instead submit a copy of their federal IRS ruling letter)
- ☐ **A town/city or government/municipal agency:** include a letter from the head of agency agreeing to accept MaineCF grant funds for your project

STATEMENT 6 ³/₉

MAINE COMMUNITY FOUNDATION GRANT APPLICATION

PART I: APPLICANT INFORMATION

LIST THE GRANT PROGRAM(S) YOU ARE APPLYING TO:

[Click here for a list of programs and deadlines](#)

LEGAL NAME OF ORGANIZATION:

ADDRESS:

CITY/ STATE /ZIP:

COUNTY: [Click here for a list:](#)

TELEPHONE:

WEBSITE:

OF PAID STAFF:

OF VOLUNTEERS:

FEDERAL TAX I.D. # (EIN):

YEAR ORGANIZATION STARTED:

EXECUTIVE DIRECTOR:

TELEPHONE:

E-MAIL:

PRIMARY CONTACT FOR PROPOSAL:

TELEPHONE:

E-MAIL:

AMOUNT REQUESTED FROM MAINECF: \$

TOTAL PROJECT BUDGET: \$

COUNTY(IES) WHERE SERVICES WILL BE DELIVERED: [Click here for a list](#)

IN THE SPACE PROVIDED, WRITE A ONE-SENTENCE PROJECT DESCRIPTION:

ISSUE AREA Check the category(ies) that best describe the topic of your project.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Animal-Related | <input type="checkbox"/> Education | <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> Youth Development |
| <input type="checkbox"/> Arts/Culture/Humanities | <input type="checkbox"/> Environment | <input type="checkbox"/> Human Services | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Civil Rights/Advocacy | <input type="checkbox"/> Employment | <input type="checkbox"/> Medical Research | <input type="checkbox"/> Recreation/Sports |
| <input type="checkbox"/> Community Improvement | <input type="checkbox"/> Food/Agriculture/Nutrition | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Science/Technology |
| <input type="checkbox"/> Crime/Legal-Related | <input type="checkbox"/> Health Care | <input type="checkbox"/> Philanthropy/Voluntarism | <input type="checkbox"/> Social Science |
| <input type="checkbox"/> Other (Describe): _____ | | | |

FISCAL SPONSOR INFORMATION (IF APPLICABLE)

NAME OF FISCAL SPONSOR ORGANIZATION:

FISCAL SPONSOR CONTACT PERSON:

ADDRESS:

CITY/ STATE /ZIP:

TELEPHONE:

E-MAIL:

FEDERAL TAX I.D. NUMBER (EIN):

PART II: FINANCIAL INFORMATION

Provide information about your organization's operating budget in the space provided. Use the most recently completed financial or fiscal year. School districts and municipalities do not need to complete this section.

PLEASE USE THIS FORM. DO NOT ATTACH AUDITED REPORTS OR FINANCIAL STATEMENTS.

1. REVENUES AND EXPENSES Provide detail for last fiscal year.

Fiscal year start _____

Revenue	
Contributions	
Individual/Business	\$
Foundation	\$
Government	\$
United Way	\$
MaineShare	\$
Endowment income (if any)	\$
Interest and dividends	\$
Other (specify)	\$
A. TOTAL REVENUE	\$

Expenses	
For programming	\$
For administration	\$
For fundraising	\$
Other (specify)	\$
B. TOTAL EXPENSES	\$
C. NET (A Revenue – B Expenses)	\$

2. SHORTFALLS: If your expenses exceeded revenues for the last fiscal year, explain how this shortfall was financed in the space provided.

3. ASSETS AND LIABILITIES Provide detail for last fiscal year.

Fiscal Year Start
and End Dates _____

Assets:		Liabilities:	
Cash	\$	Current liabilities (accounts payable)	\$
Securities & investments (stocks, endowments, etc.)	\$	Long-term liabilities (loans, mortgages, etc.)	\$
Property & equipment	\$	B. Total liabilities	\$
Accounts receivable	\$	C. Total net assets (A minus B):	\$
Other (Specify)	\$	D. Liabilities and net assets (B+C)	
A. Total assets:	\$	(D must equal A)	\$

4. RESTRICTED ASSETS OR REVENUE: These represent resources whose use is limited by the donor or the source to a specific purpose within the organization or resources that are to be maintained by the organization in perpetuity. Please indicate the amount and purpose of any restricted revenue and/or assets (in the space provided).

a. Restricted Revenue:

b. Restricted Assets:

PART III: PROJECT BUDGET

The use of this form is **required**. Please be as specific as possible.

ANTICIPATED EXPENSES AND FUNDING

ITEM	1. AMOUNT REQUESTED from MaineCF for each item	2. IN-KIND DONATIONS to support each item	3. OTHER FUNDING SOURCES to support this item (include earned income and indicate if funding is already secured)			TOTAL BUDGET for each item (Add columns 1-3)
			Amount	Source	Secured?	
<i>Example: speaker fees:</i>	<i>\$750</i>		<i>\$250</i>	<i>XYZ Foundation</i>	<i>yes</i>	<i>\$1,000</i>
1.	\$	\$	\$			\$
2.	\$	\$	\$			\$
3.	\$	\$	\$			\$
4.	\$	\$	\$			\$
5.	\$	\$	\$			\$
6.	\$	\$	\$			\$
7.	\$	\$	\$			\$
8.	\$	\$	\$			\$
9.	\$	\$	\$			\$
10.	\$	\$	\$			\$
TOTAL Sum of items in each column	\$	\$	\$			\$

ANTICIPATED EARNED INCOME (if applicable):

ITEM	AMOUNT
Sales:	\$
Fees for Service:	\$
Other, please specify:	\$
TOTAL ANTICIPATED INCOME:	\$

SUSTAINABILITY: If your project is ongoing, what are your plans to secure funding in the future?

ADDITIONAL BUDGET INFORMATION: Use this space to provide any additional budget information you wish to include:

PART IV: ORGANIZATION AND PROJECT OVERVIEWS

Directions: The following questions apply to all MaineCF competitive grant programs. Please consider and incorporate the specific guidelines for the grant program to which you are applying in your responses to these questions.

Format: Please number and write your answers on a separate page. We seek short answers to these questions, so please limit your answers to this section to **ONE** page (with a font size no smaller than 11 point.)

1. ORGANIZATIONAL HISTORY In this brief history you should include:

- the founding date of the organization
- its mission
- geographic region served
- population served
- two or three most important programs or services the organization currently provides

2. PROJECT OVERVIEW Briefly describe the project for which you seek funding. Be sure to include:

- what you hope to accomplish with this project
- how this project will strengthen or improve the community or your organization's ability to serve the community
- how you will measure the project's progress or success (your evaluation method)

3. DIRECTORS, ADVISORS, AND KEY PERSONNEL Please attach the following documents on separate sheets of paper:

- A list of key project personnel including their roles and qualifications
- a list of your organization's board of directors or advisory committee, including occupations and city/town of residence.

PART V: PROJECT DESCRIPTION

This form is required as part of your application.

Format: You may complete this form in Microsoft Word using the form fields or number and write your answers on a separate page. Answers for this section, Part V, should be limited to ONE page total (with a font size no smaller than 11 point).

For more detailed description see **Grantseekers FAQ** on our website.

1. WHAT IS THE OVERALL GOAL OF THIS PROJECT?

2. DESCRIBE UP TO 3 MEASURABLE OUTCOMES OR RESULTS OF THIS PROJECT THAT WILL HELP ACHIEVE THIS GOAL.

3. WHAT SPECIFIC ACTIVITIES WILL YOU DO AS PART OF THIS PROJECT TO PRODUCE THOSE RESULTS? (PLEASE LIST NO MORE THAN 5)

4. TIMING:
 - a. WHEN DO YOU EXPECT TO BEGIN YOUR PROJECT (MONTH, YEAR)?
 - b. WHEN DO YOU EXPECT TO COMPLETE YOUR PROJECT (MONTH, YEAR)?

5. WHO WILL BE SERVED BY OR PARTICIPATE IN THIS PROJECT? DESCRIBE ANY CHARACTERISTICS THAT MAY BE SIGNIFICANT TO THE PROJECT (E.G., NUMBER, AGE, GENDER, REGION).

AGREEMENT TO GRANT TERMS

By signing this application form, the applicant and the fiscal sponsor (if applicable) hereby indicate(s) agreement with the following terms and conditions:

- 1) The information contained in this application and in any attachments is true and correct to the best of your knowledge.
- 2) Your organization is a nonprofit, 501(c)(3) federal tax-exempt organization, public school, public agency working for the State of Maine, or an Indian tribal government (or its political subdivision) recognized by the Department of the Interior or has a written agreement with a fiscal sponsor that is a 501(c)(3) organization, public school, or public agency.
- 3) Any funds received as a result of this application will be used only for the purpose specified in the award letter. No part of any grant will be used for a political campaign or to support attempts to influence legislation of any governmental body other than through making available the results of non-partisan analysis, study, and research. No portion of the award will be granted to any secondary grantee without the express permission of the Maine Community Foundation.
- 4) Any funds received as a result of this application will be returned if the grant recipient loses its exemption from federal income taxation as provided for under section 501(c)(3) of the Internal Revenue Code.
- 5) Any funds received as a result of this application will be expended within 12 months of the payment date. At the end of this period, any unexpended grant funds will be returned to the Maine Community Foundation, or a written request for an extension of time will be submitted to the foundation for approval. An evaluation report will be submitted upon completion of your project or by the due date specified in the grant award letter.

Please note that the required signature[s] on this form must be original (not photocopied).

SIGNATURE OF PRESIDENT, CHIEF ADMINISTRATIVE OFFICER, OR TREASURER

DATE

PRINT NAME

TITLE

FISCAL SPONSOR

If you applied using a fiscal sponsor, please have an authorized officer of the sponsoring organization sign below

SIGNATURE OF OFFICER OF FISCAL SPONSOR ORGANIZATION (IF APPLICABLE)

DATE

PRINT NAME

TITLE

MAINECF NON-DISCRIMINATION POLICY

Maine Community Foundation seeks to promote respect for all people. In its community-building and capacity-building grantmaking (or successor grant programs supported by those funds), the foundation will support organizations that do not intend to deny services, employment, or volunteer involvement on the basis of race, age, ancestry or national origin, sexual orientation, gender, physical or mental disability, or religion. It is not the intent of this policy to deny support for programs that serve specifically defined populations. By signing this form, the applicant organization confirms that it is in compliance with this policy. If you are applying to our **Community Building Grants Program** (including the county funds), please sign below to signal acceptance of the terms of this policy.

SIGNATURE OF PRESIDENT, CHIEF ADMINISTRATIVE OFFICER, OR TREASURER

DATE

PRINT NAME

TITLE

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions	Name of exempt organization	Employer identification number
	EDWARD H. DAVEIS BENEVOLENT FUND	01-0473137
	Number, street, and room or suite no. If a P.O. box, see instructions. 245 MAIN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ELLSWORTH, ME 04605	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JAMES E. GEARY

- The books are in the care of ► **245 MAIN STREET - ELLSWORTH, ME 04605**

Telephone No. ► **(207) 667-9735**

FAX No. ► **(207) 667-0447**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► ☒ calendar year **2010** or

► ☐ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)