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Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

For	cale	ndar yea <u>r 2</u> 011 or tax year beginning		, and ending		
Na	me o	foundation			A Employer identification	number
Ε	Edw	ard H. Daveis Benevo	lent Fund		01-0473137	
Nu	mber	and street (or P O box number if mail is not delivered to	street address)	Room/suite	B Telephone number	<u> </u>
_2	245	Main St				9735
		own, state, and ZIP code	•		C If exemption application is p	ending, check here
E		sworth, ME 04605				
G	Chec	k all that apply Initial return	Initial return of a f	former public charity	D 1 Foreign organizations	s, check here 🕨 🗔
		Final return	Amended return		Femice organizations me	setupe the REP/ test
		Address change	Name change		Foreign organizations me 2 check here and attach co	imputation
H_	_		(3) exempt private foundation		E If private foundation sta	
		ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	Ties .	under section 507(b)(1)	(A), check here
		· 1	counting method L Cash	X Accrual	F If the foundation is in a	. 1 47 7
	rom ►\$	Part II, col. (c), line 16)	Other (specify) column (d) must be on cash	basis)	under section 507(b)(1)	(B), check here X
	art			T		(d) Disbursements
	arı	(The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a))	not (a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check X if the foundation is not required to attach Sch	В			
	3	Interest on savings and temporary cash investments	01 100	01.100		
	4	Dividends and interest from securities	21,129.	21,129	<u> </u>	
		Gross rents	***************************************			
	1 -	Net rental income or (loss)	33,481.			
e	D a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 33, 481				
Ven	7		L •	33,481		
Revenue	8	Net short-term capital gain		33,401	. •	
	9	Income modifications				
	10a	Gross sales less returns				
	1 .	Less Cost of goods sold			The state of the s	
		Gross profit or (loss)		Y- "T [3 %	EIVELOI	`
	11	Other income		111	181	
	12	Total Add lines 1 through 11	54,610.	54,610		
	13	Compensation of officers, directors, trustees, etc	2,000.	151 NO). 4 1	2,000.
	14	Other employee salaries and wages	· · · ·		11T 1	
es	15	Pension plans, employee benefits		1 0	CIDEN, U!	
		Legal fees		100		
x		Accounting fees Other professional fees Stmt 1	32,398.	10.060		12 220
ē	17	Other professional fees Stmt 1 Interest	32,390.	19,060	•	13,338.
ativ	17 18	Taxes				
Operating and Administrative Expens	19	Depreciation and depletion			 	
Ë	20	Оссиралсу				
Ad	21	Travel, conferences, and meetings			1	
pue	22	Printing and publications	141.	0	•	141.
b b	23	Other expenses				
rati	24	Total operating and administrative				
be		expenses Add lines 13 through 23	34,539.	19,060	•	15,479.
J	25	Contributions, gifts, grants paid	74,464.			15,479. 74,464.
	26	Total expenses and disbursements				
	ļ.	Add lines 24 and 25	109,003.	19,060	•	89,943.
		Subtract line 26 from line 12	4F.4. 202			
	1	Excess of revenue over expenses and disbursements	<54,393.			
	ì	Net investment income (if negative, enter -0-)		35,550		
1235		Adjusted net income (if negative, enter -0-)		<u> </u>	N/A	

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	1,892,710.
2	Enter amount from Part I, line 27a	2	<54,393.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	1,838,317.
5	Decreases not included in line 2 (itemize) See Statement 2	5	57,280.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,781,037.

123511

(a) List and desc	ribe the k	osses for Tax on In Ind(s) of property sold (e g or common stock, 200 shs	, real estate,	ı income	(p)	How ac	equired hase		acquired day, yr)	(d) Date sold (mo , day, yr)
1a Allocation fro				dation	+ "	- Dona	P	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		() =======
b			7		+		_			
C										
<u>d</u>		······································			1					
8										
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale					Sain or (loss s (f) minus	(g)
a 33,481.							<u>-</u>			33,481.
b		-	<u> </u>							
d d										
Complete only for assets showing	o gain in	column (h) and owned by t	the foundation	оп 12/31/69				I) Gains ((Col (h) gain	minus
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) E>	cess of col (i)				ľ (k), buť	not less tha (from col	n -0-) or
a										33,481.
b					-					
C										
d										
е										
2 Capital gain net income or (net ca	pital loss) { If gain, also enter of the lift (loss),	in Part I, line in Part I, line	7 7	}	2			···	33,481.
3 Net short-term capital gain or (los	s) as def	ined in sections 1222(5) an	d (6)		`					
If gain, also enter in Part I, line 8,		, ,	,		•				N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification U	ndor S	Caction 4940(a) for	Poducod	Tay on Not	· lov	3	ont Inc	20000	N/A	
If section 4940(d)(2) applies, leave the Was the foundation liable for the section for the foundation does not qual	tion 4942 Ify under	tax on the distributable am section 4940(e) Do not co	mplete this pa	rt						Yes X No
1 Enter the appropriate amount in (ach colu		ictions before	making any entri						(d)
(a) Base period years Calendar year (or tax year beginnii	ng in)	(b) Adjusted qualifying dist		Net value of no		rıtable-				oùtion ratio rided by col. (c))
2010			2,731.				0,715			.051212
2009			9,033. 9,143.				7,080 8,005			.087054
2008 2007			4,609.	 — 			7,165			.041007
2006	-		0,150.				3,433			.051390
2 Total of line 1, column (d)							·	2		.319018
3 Average distribution ratio for the state foundation has been in exister			on line 2 by 5,	or by the number	r of ye	ars		3		.063804
4 Enter the net value of noncharitab	le-use as	sets for 2011 from Part X, I	ıne 5					4		1,842,142.
5 Multiply line 4 by line 3								5_		117,536.
6 Enter 1% of net investment incom	ne (1% of	Part I, line 27b)						6		356.
7 Add lines 5 and 6								7		117,892.
8 Enter qualifying distributions from	n Part XII,	line 4						8		89,943.
If line 8 is equal to or greater than See the Part VI instructions			1b, and comp	lete that part usin	ig a 1	% tax r	ate			
123521 12-02-11	•	<u> </u>						******	F	orm 990-PF (2011)

-	Markey Edward & Dayloic Renewalant Fund	0473	127		
_	1990-PF (2011) Edward H. Daveis Benevolent Fund 01— rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948				Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1	- See II	15111	Cliu	115)
ıa	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			0.
u	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	1			0.
	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	-			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	-			0.
6	Credits/Payments	ļ			
	·				
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a				
	Tax paid with application for extension of time to file (Form 8868) Residue withhelding excessively withheld				
	Backup withholding erroneously withheld				0.
	Total credits and payments Add lines 6a through 6d The same and payments and lines 6a through 6d The same and payments of estimated the Charles have a same and the same and				<u> </u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				<u> </u>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid The total to a constitution of the				
	Enter the amount of line 10 to be Credited to 2012 estimated tax ► Refunded ► 11 rt VII-A Statements Regarding Activities	L			
				Voc	No
14	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?	ŀ	4-	163	X
h	· · · · · ·	-	1a		X
IJ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	-	1 <u>b</u>		Α_
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.				Х
	Did the foundation file Form 1120-POL for this year?	ŀ	1c		Α_
ū	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$\bigsec\$\$\$\$\$ 0 \cdot (2) On foundation managers \$\bigsec\$				
		1			
E	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 0 •	İ			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	ŀ	2		х
_	If "Yes," attach a detailed description of the activities	F			
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		,		х
Aa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	ŀ	3 4a		X
		/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	′ * *	5		X
•	If "Yes," attach the statement required by General Instruction T	-	٠.		-
R	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	ŀ			
	remain in the governing instrument?	:	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	ŀ	7	<u>X</u>	
•	If "Yes," complete Part II, col (c), and Part XV.		-		
Ra.	Enter the states to which the foundation reports or with which it is registered (see instructions)				
00	ME	— I			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	—			
u	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
q	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	-	00		
3	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	:	х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	F	10		X

_	1990-PF(2011) Edward H. Daveis Benevolent Fund 01-047	3137		Page 5
	art 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 make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		1	v
	If "Yes," attach statement (see instructions)	12	v	X
13		13	<u>X</u>	L
	Website address ► www.MaineCF.org	667	-97	25
14				33
45		1003		
10	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	N	/A	<u> </u>
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during colonder year 2011, did the foundation have an interest in any exemption as other enthance health.		Yes	No
10	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,	146	res	X
	securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign	16	J	
	country			
P.	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			Ь
تستسا	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	'	Yes	No
1:	During the year did the foundation (either directly or indirectly)		163	110
•	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(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)			
t	o 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 instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			1 1111
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 2011?	10		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	ļ		
	defined in section 4942(j)(3) or 4942(j)(5))	1		
â	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2011? Yes X No			
	If "Yes," list the years >			
t	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			
3,	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
56	during the year? — Yes X No			
ł	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
٠	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 2011.) N/A	3b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 leopardy before the first day of the tax year beginning in 2011?	4h		Х

orm 990-PF (2011) Edward H. Daveis Benevo			01-04731	<u>.37 </u>	Page 6
Part VII-B Statements Regarding Activities for Whic	h Form 4720 May Be	Required (conti	nued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (see	` ''		es X No		
(2) Influence the outcome of any specific public election (see section 4955	5), or to carry on, directly or indi				
any voter registration drive?		· · · · · · · · · · · · · · · · · · ·	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpo		Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organiz	ation described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		•	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, liter the prevention of cruelty to children or animals?	ary, or educational purposes, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions decombed		es 🔼 NO		
section 53 4945 or in a current notice regarding disaster assistance (see in		iii negulations	N/A	5b	1
Organizations relying on a current notice regarding disaster assistance cher	•	•	▶	-	_
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		uned			
expenditure responsibility for the grant?		-/-	es No		
If "Yes," attach the statement required by Regulations section 53.4	1945-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly,	, to pay premiums on				
a personal benefit contract?		Y	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?		L	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 to		Y	es 🗓 No 📙		
b If "Yes," did the foundation receive any proceeds or have any net income att				7b	L
Part VIII Information About Officers, Directors, Tru Paid Employees, and Contractors		anagers, Highl	У		
List all officers, directors, trustees, foundation managers and the	eir compensation.		1 (0		
(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	accou allo	Expense Int, other wances
Alden H. Sawyer, Jr.	Director	,			
.45 Main St					
Cllsworth, ME 04605	0.25	1,000.	0.		0.
rederic L. Thompson	Chair/Directo	pr	ĺ		
245 Main St Cllsworth, ME 04605		1 000			•
Catherine Fullam Harris	0.25	1,000.	0.		0.
45 Main St	Director		}		
Cllsworth, ME 04605	0.25	0.	0.		0
JIISWOICH, III 04005	0.23	 	0.		0.
				i	
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	(c) Compensation	(d) Contributions to employee benefit plans	(e) E	xpense int, other
	devoted to position	(C) Compensation	and deferred compensation	accou	wances
NONE					
					
	-				
-				-	
				İ	
otal number of other employees paid over \$50,000	1				<u> </u>

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "N	NONE."		•
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Con	npensation
NONE			
	<u> </u>		
			~- -
	<u></u>		
Total number of others receiving over \$50,000 for professional services		•	0
Part IX-A Summary of Direct Charitable Activities		· •	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	I information such as the	Expense	s
1 N/A		-	-
2			
3			
·			
4			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on line	s 1 and 2	Amount	
1 <u>N/A</u>			
2			·
All other program-related investments See instructions			
3			
Total. Add lines 1 through 3	>		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	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	1 1a	1,870,195.
	Average of monthly cash balances	1b	
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	1,870,195.
е	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	1,870,195.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	28.053.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,842,142.
6	Minimum investment return Enter 5% of line 5	6	92,107.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	92,107.
2a	Tax on investment income for 2011 from Part VI, line 5		•
b	Income tax for 2011 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	92,107.
4	Recoveries of amounts treated as qualifying distributions	4	0. 92,107.
5	Add lines 3 and 4	5	92,107.
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	92,107.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	89,943.
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		
а	Suitability test (prior IRS approval required)	3a	
þ	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	89,943.
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	89,943.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	ualifies for	the section

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2011 from Part XI, line? 2 Lindenbusies scene, 4 sp., as a fine and at 2011 at 6 fine amount for 2010 only b 70 tail for prior years 3 Excess distributions carryover, if any, to 2011 a From 2006 b From 2007 c From 2009 49, 518 c From 2009 59, 383 c From 2010 1 Total of lines 38 through b 1038, 991 a 2 a Applead to 2010, but not more than time 2a Papplead to unafficient deal common for years (Eaction required -see instructions) 0 c Prailed as distributions for 2011 from years 1 c From 2008 (Eaction required -see instructions) 0 c Prailed as distributions out of corpus (Eaction required -see instructions) 0 c Prailed as distributions out of corpus (Eaction required -see instructions) 0 c Prailed as distributed incomen of the 2011 distributed out of corpus (Eaction required -see instructions) 0 c Prailed as distributed out of corpus (Eaction required -see instructions) 0 c Prailed as distributed out of corpus (Eaction required -see instructions) 0 c Prailed as distributed out of corpus (Eaction required -see instructions) 0 c Prailed as distributed out of corpus (Eaction required -see instructions) 0 c Prailed as distributed out of corpus (Eaction required -see instructions) 0 c Prailed as distributed incomen of the 2011 distributed incomen of corpus (Eaction required -see instructions) 0 c Prailed as distributions (Eaction required -see instructions) 0 c Prailed -see instructions 0 c Prailed -see i		(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
2. Undertunated accument, days, as a failure and of 2011				, , , , , , , , , , , , , , , , , , , ,	92.107.
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8 Excess distributions carryover from 2006 not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010	·	0.			
not applied on line 5 or line 7 9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010	i i				
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010	· ·	0.			
Subtract lines 7 and 8 from line 6a 106,737. 10 Analysis of line 9 a Excess from 2007 b Excess from 2008 47,354. c Excess from 2009 59,383. d Excess from 2010	· ·	*			
10 Analysis of line 9 a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010		106,737.			
a Excess from 2007 b Excess from 2008 c Excess from 2009 d Excess from 2010		•	***************************************	······································	
b Excess from 2008 47,354. c Excess from 2009 59,383. d Excess from 2010	1				
© Excess from 2009 59,383. d Excess from 2010					
d Excess from 2010	c Excess from 2009 59,383.				

01-0473137

Page 10

Form 990-PF (2011) Edward H. Daveis Benevolent Fund 01-0473137 Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year Big Brothers Big Sisters of Southern Public Recruit/retain adult None Maine volunteers in 195 Lancaster St. Community & Portland, ME 04101 School-site Mentoring 2,000. Center for Grieving Children Public None Support crisis PO Box 1438 outreach to schools Portland, ME 04104 2,000. Children's Museum and Theatre of None Public Support Tot Theatre, Maine performances for PO Box 4041 low-income Portland, ME 04101 preschoolers 3,450. Community Financial Literacy Public Train the Trainer Моде PO Box 8013 Program Portland, ME 04104 2,000. Ecology Education Inc Public Environmental None 8 Morris Ave. Building One education program

8 Morris Ave., Building One		1		education program:	
Saco, ME 04072				Science & Ecology:	
				Live & Unplugged	2,500.
Total	See o	continuatio	n sheet(s)	▶ 3a	74,464.
b Approved for future payment					-
None					
]	
				1	
Total			<u>_</u>	▶ 3b	0. 000-PE (2011)

Part XVI-A	Analysis o	f Income-Producing	Activities
FOI CATEM	Alialysis U	i income-rioducing	ACHAINES

Enter gross amounts unless otherwise indicated	Unrelated	business income	Exclu	ded by section 512, 513, or 514	(e)
	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue	Business	Amount	sion	Amount	function income
	0000				
	_				
	-				
d					
Q					
t					
g Fees and contracts from government agencies	- 		1		······································
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
Investments				•	
4 Dividends and interest from securities			14	21,129.	
5 Net rental income or (loss) from real estate		(1777) - 1771 -	- 		, , , , , , , , , , , , , , , , , , ,
a Debt-financed property			1		
b Not debt-financed property					·
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	33,481.	
9 Net income or (loss) from special events		• •			
Gross profit or (loss) from sales of inventory		-			· · · · · · · · · · · · · · · · · · ·
1 Other revenue					·
a					
b	1 1				
C	; I				
d	1 1				
P	_				
2 Subtotal Add columns (b), (d), and (e)		0).	54,610.	0
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	E 4 610
See worksheet in line 13 instructions to verify calculations)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

• NO. ▼	the foundation's exempt purposes (other than by providing funds for such purposes)
-	
-	
İ	
	
1	- 000 PF

12-02-11

Form 9	90-PF (2	<u>011) Edwar</u>	d H. Dave	<u>ıs Ber</u>	<u>nevolent Func</u>	<u>1</u>	01 <u>-0</u>	4/313/	Pa	ige 13
Part	XVII	Information Re Exempt Organ		sfers To	and Transactions	and Relations	ships With Non	charitable		
1 Dr	d the or	ganization directly or indi	rectly engage in any	of the follows	ng with any other organizati	on described in sec	tion 501(c) of		Yes	No
th	e Code (other than section 501(c)(3) organizations) o	r in section 5	27, relating to political orga	nizations?				
a Tr	ansfers	from the reporting found	ation to a noncharital	ble exempt or	rganization of					
(1) Cash				•			1a(1)		X
(2) Other	assets						1a(2)		Х
b Ot	her tran	sactions								
(1) Sales	of assets to a noncharita	ible exempt organizat	tion				16(1)		X
(2) Purct	ases of assets from a no	ncharitable exempt o	rganization				1b(2)		X
(3) Renta	I of facilities, equipment,	or other assets	•				1b(3)		X
(4) Reiml	oursement arrangements	i			_		1b(4)		X
(5) Loans	or loan guarantees						1b(5)	1	X
(6) Perfo	rmance of services or me	embership or fundrais	sing solicitation	ons		•	1b(6)		Х
•		facilities, equipment, ma		=				10		Х
			-		edule Column (b) should al	ways show the fair	market value of the go		ets,	
					ved less than fair market val					
) the value of the goods,					•			
(a) Line	no	(b) Amount involved	(c) Name of	noncharitabl	e exempt organization	(d) Description	on of transfers, transactions	s, and sharing ar	rangeme	ents
				N/A				_		
		 								
_										
					· · · · · · · · · · · · · · · · · · ·					
		 .								
										
					e or more tax-exempt organ	izations described				_
		501(c) of the Code (othe		(3)) or in sec	tion 527?			Yes	X	No
b If	Yes, co	mplete the following sch			T					
		(a) Name of org	janization		(b) Type of organization	ļ	(c) Description of rela	tionship		
		N/A				-				
			 -							
					ļ					
									_	
	Lindar	penalties of penuna I declare	that I have examined this	n mitum undudu	ng accompanying schedules and	statements and to the	bost of my knowledge			_
C:	and be				in taxpayer) is based on all inform			May the IRS of return with the	iscuss e prepar	this er
Sign Here		tour/L	· Ilman	SON)	11/15/10		`	shown below	•	٦'
11010	F	ature of officer or trustee			Date Date	Title	<u> </u>	X Yes		.∃ No
	1 2.91	Print/Type preparer's na		Preparer's s		Date	Check If P	TIN		
		, po proparor o ne			_		self- employed			
Paid		E. Drew Ch	enev	2. Dr	Ew Cheny	11/13/12		P00182	972	
Prep		Firm's name ► Bak		& Nov	es	J	Firm's EIN ► 01			
-	Only			1						

(207) 879-2100

Firm's address ► Box 507

Portland, ME 04112

Phone no

Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

-	re filing for an Automatic 3-Month Extension, comple					> X
	re filing for an Additional (Not Automatic) 3-Month Ex					
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed Fo	orm 8868.	
	c filing (e-file). You can electronically file Form 8868 if y					
-	o file Form 990-T), or an additional (not automatic) 3-mo					
	file any of the forms listed in Part I or Part II with the ex-					
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details o	on the elec	ctronic filing of	this form,
	irs.gov/efile and click on e-file for Charities & Nonprofits			!!\		
Part I	Automatic 3-Month Extension of Time					
A corpora Part I only	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and c	complete 		▶ □
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification	number (EIN) or
print File by the	EDWARD H. DAVEIS BENEVOLENT	r funi	D	X	01-047	3137
due date for filing your	Number, street, and room or suite no. If a P.O. box, s 245 MAIN STREET	ee instruc	tions.	Social se	curity number	(SSN)
return See Instructions	City, town or post office, state, and ZIP code. For a for ELLSWORTH, ME 04605	oreign add	ress, see instructions.			
Estar tha	Return code for the return that this application is for (file		to application for each return			0 4
	Neturn code for the return that this application is for the	a separa	· · · · · · · · · · · · · · · · · · ·		· ·	
Applicati	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990	·BL	02	Form 1041-A			08
Form 990	·EZ	01	Form 4720			09
Form 990	-PF	04	Form 5227			10
Form 990	·T (sec. 401(a) or 408(a) trust)	05	Form 6069			
Form 990	-T (trust other than above)	06	Form 8870			12
	JAMES E. GEARY	n 131	T CHODMI ME 0460E			
	poks are in the care of ► 245 MAIN STREE!	<u> </u>	LLSWORTH, ME 04605	0447		
	one No. ► (207) 667–9735		FAX No. ► (207) 667-	0447		
	organization does not have an office or place of business			* Al * -		
	s for a Group Return, enter the organization's four digit					
box ▶ l	. If it is for part of the group, check this box		ch a list with the names and EINs of		ers the extens	ion is for.
1 I re	quest an automatic 3-month (6 months for a corporation AUGUST 15, 2012, to file the exemp		tion return for the organization name		The extension	
	or the organization's return for:	t Organiza	non return for the organization name	o above.	THE EXICHSION	
	X calendar year 2011 or					
أَحَ	tax year beginning	. an	d ending			
,	tax year ocganismy	,			- '	
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return III	Final retur	n	
	Change in accounting period					
	7 c.i.m.80 appearant.8 beaute					
3a If th	us application is for Form 990-BL, 990-PF, 990-T, 4720, 6	or 6069. e	nter the tentative tax, less any			<u> </u>
	refundable credits. See instructions.	, -		3a	\$	0.
	as application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and			
	mated tax payments made. Include any prior year overp			3ь	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa			1		
	using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
	If you are going to make an electronic fund withdrawal v			rm 8879	EO for paymen	it instructions.
	or Privacy Act and Paperwork Reduction Act Notice,					68 (Rev. 1-2012)

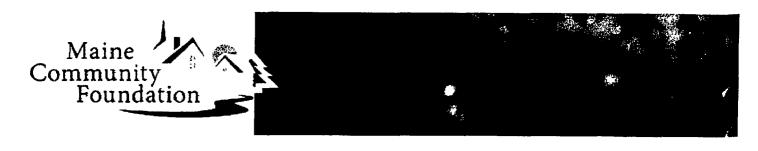
Form 8868 (Rev. 1-2012)					Page 2
If you are filing for an Additional (Not Automatic) 3-Mo	onth Extension,	complete only Part II and check the	s box		. > X
Note. Only complete Part II if you have already been grant				8868.	_
 If you are filing for an Automatic 3-Month Extension, c 	complete only P	art I (on page 1).			
Part II Additional (Not Automatic) 3-Mo	nth Extension	n of Time. Only file the origin	nal (no	copies nee	ded).
		Enter filer's	identify	ing number, :	see instructions
Type or Name of exempt organization or other filer, see	e instructions		Employ	er identificatio	on number (EIN) or
print			l		
File by the Edward H. Daveis Benevol	<u>ent Fund</u>		X	01-04	73137
due date for filing your return. See 245 Main St	. box, see instruc	tions.	Social s	ecunty numb	er (SSN)
City, town or post office, state, and ZIP code. Ellsworth, ME 04605	For a foreign add	dress, see instructions.			
Enter the Return code for the return that this application is	for (file a separa	te application for each return)			0 4
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01	,			
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	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
STOP! Do not complete Part II if you were not already g		<u>natic 3-month extension on a prev</u>	iously fil	ed Form 886	<u>8.</u>
James E. Ge	-				
• The books are in the care of ► 245 Main St	- EIISW		0447		
Telephone No. ► (207) 667–9735		FAX No. ► (207) 667-			. —
If the organization does not have an office or place of b					. • 🗀
If this is for a Group Return, enter the organization's four the property of the property				_	
box . If it is for part of the group, check this box		ch a list with the names and EINs of Der 15, 2012.	all memi	pers the exten	ision is for.
 I request an additional 3-month extension of time unit For calendar year 2011, or other tax year beginning 			_		
		on: Initial return		return	 •
6 If the tax year entered in line 5 is for less than 12 mo Change in accounting period	nuns, check reas	on: initial return	rinai	return	
7 State in detail why you need the extension					
Additional time is needed	to gather	r the information	neces	sarv to	
prepare a complete and acc				bully bu	
8a If this application is for Form 990-BL, 990-PF, 990-T,	4720, or 6069, e	nter the tentative tax, less any		T	
nonrefundable credits. See instructions.		,	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or	6069, enter any	refundable credits and estimated	7		
tax payments made. Include any prior year overpaym	· ·				
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include y	our payment wit	h this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). Ser	e instructions.		8c	\$	0.
		t be completed for Part II o	-		
Under penaities of perjury, I declare that I have examined this form t is true, correct, and complete, and that I am authorized to prepare	, including accomp	anying schedules and statements, and to	the best o	f my knowledge	e and belief,
	e this form		Date	▶ 8/6	112
16			Duto		368 (Rev. 1-2012)
					(1 20 12)

Part XV Supplementary Informat	d H. Daveis Bene			
'3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual,	_	_	
	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
Friends of Casco Bay	None	Public	Protect against	
43 Slocum Drive	None	T ubile	coastal ocean	
South Portland, ME 04106			acidification	1,500
Friends of the Portland Public Library	None	Public	Volunteer coordinator	
PO Box 15120			Library	
Portland, ME 04102				3,000
Hospice of Southern Maine	None	Public	Support volunteer &	
180 US Route One, #1			bereavement programs	
Scarborough, ME 04074				2,000
Learning Works	None	Public	After school arts for	
181 Brackett St			high poverty, low	
Portland, ME 04102			performing elementry schools	2,000
Learning Works	None	Public	Learner-centered	<u>, </u>
181 Brackett St			educational	
Portland, ME 04102			opportunities &	
			one-on-one tutoring to	
			adults	2,000
Lucid	None	Public	Creative Trails	-
29 Baxter Blvd.			Theater Program	
Portland, ME 04101				2,500
Maine Association of Nonprofits	None	Public	Wigioning & agtion	
565 Congress Street Suite 301	None	Public	Visioning & action planning process for	
Portland, ME 04101			refugee serving	
			organizations	2,500
, , , , , , , , , , , , , , , , , , , ,				
Maine Historical Society	None	Public	Local History, Local	
489 Congress St.			Schools Project	
Portland, ME 04101				3,000
Waine Tuick Wanibary Control		3.1 7		
Maine Irish Heritage Center	None	Public	Steel shelving &	
PO Box 7588			acid-free boxes for	
Portland, ME 04112	· · · · · · · · · · · · · · · · · · ·		archival storage	2,014
Mercy Hospital	None	Public	Communal space at	
144 State St.			McAuley Residence for	
Portland, ME 04101			the women & children	2,000
Total from continuation sheets				62,514

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Peaks Environmental Action Team Public Replace existing taxi None 25 Crescent Ave. with more efficient, Peaks Island, ME 04108 less polluting vehicle 2,000. Portland Arts & Cultural Alliance None Public Performing arts 549 Congress St. festival Portland, ME 04101-3307 2,000. Portland Museum of Art Public None ART works program 7 Congress Sq. Portland, ME 04101 2,500. Portland Ovations None Public Teaching Diversity 50 Monument Square, 2nd Floor Through the Arts Portland, ME 04101 2,000. Rippleffect, Inc. None Public Outdoor Leadership PO Box 441 Expeditions Program Portland, ME 04112 (ROLE) 2,000. Sexual Assault Response Services of None Public Direct services to Southern Maine those affected by PO Box 1371 sexual violence & Portland, ME 04104 prevention programs 2,500. South Portland Historical Society None Public Repair cupola & window PO Box 2623 installation at 1,000. South Portland, ME 04116-2623 Cushing's Point Museum Telling Room None Public Slant storytelling 225 Commercial St, Suite 201 Portland, ME 04101 2,000. Public Terra Moto, Inc. None Build sustainable 389 Congress St., Rm. 208 relationships between Portland, ME 04101 municipal & community leaders 2,500. United Way Inc None Public Distribution thru UWGP PO Box 15200 community investment Portland, ME 04112-5200 process 17,000. Total from continuation sheets

'3 Grants and Contributions Paid During the	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	A
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Jayside Soup Kitchen	None	Public	Wayside Community	
PO Box 1278			Communications Project	
Portland, ME 04101				2,00
estbrook Youth Center	None	Public	Part-time STEM youth	
55 Main St			worker	2 50
estbrook, ME 04092				2,50
W 79 (C. 1 20 4)				
Total from continuation sheets		1		

Form 990-PF C	ther Profes	sional Fees		Statement	1
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom		
Allocable share of investment fees Administrative fee	5,722. 26,676.	-		13,3	0. 38.
To Form 990-PF, Pg 1, ln 16c	32,398.	19,060		13,3	38.
Description				Statement	
				<u> </u>	80.
Description	ized loss o			Amount	80.
Description Allocable share of net unreal	ized loss o	n investment:		Amount 57,2	80.
Description Allocable share of net unreal Total to Form 990-PF, Part II Form 990-PF	ized loss of I, line 5 Other Inve	n investments estments		Amount 57,2	80.
Description Allocable share of net unreal Total to Form 990-PF, Part II	Other Invented	n investments estments	3	Amount 57,2 57,2 Statement Fair Marke	80. 80.



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

Search

About MaineCF

For Maine

For Donors

For Professional Advisors

Nonprofit Endowments

Grants

MaineCF's Grant Programs

Available Grants & Deadlines

Online Grant Application

Grantseeker FAQ

Tips for Creating a Strong Grant

Application

Grant-Related Documents

Grants for Individuals

Recent Grants

Grant Recipient FAQ

Capacity Building Resources

Edward H. Daveis Benevolent Fund

The guidelines for this grant program have changed. Please read this information carefully before submitting an application

Total grant dollars requested last cycle: \$308,719

Total grant dollars awarded last cycle: \$74,464

Percentage of proposals that received full funding: 6%

Percentage of proposals that received partial funding: 35%

Maximum grant size: \$7,500

Average grant size last cycle: \$2,758

Application deadline: November 15

Go directly to the **Online Grant**

Grant Application

Application

Download and print the Online Grant **Application**

Instruction Guide

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

Statement 4 1 of 8

Competitive Grantmaking Policies

Scholarships

Contact Information

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 (Revised by the advisors, spring 2012)

For the next three years, 2012 through 2015, the directors of the fund will focus their grantmaking on greater Portland organizations that work with:

young children aged birth to eight, their families and teachers

youth leadership programs for students through high school

The directors recognize the important roles played by parents and early childhood education providers in ensuring a child's readiness to enter school on a path to success and that youth leadership programs play in helping to develop the aspirations and abilities of our youth. For these reasons, grantmaking for the next three years from the Edward H. Daveis Benevolent Fund, 2012 through 2015, will support projects directed toward children, their families and teachers, and youth leadership Programs that demonstrate their success may be eligible for funding for each of the three years.

For appropriate projects and programs, collaboration between and among organizations is encouraged. A letter from the executive director of each collaborating organization is required and should clearly explain the level of involvement and responsibility.

Eligibility Requirements

All applicants must meet the Maine Community Foundation's general grant eligibility requirements. In addition, please note that:

Grants cannot pay for program expenses that have already been incurred.

Grants will not be made to annual funds or endowments.

Statement 4 2 of 8

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.

How to Apply

Apply online using the link above. If you cannot fill out the application online, please contact the community foundation for assistance or an alternate method of applying. Online applications must be completed by November 15 at 11:59 p.m.

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. Organizations that fail to file a progress report will not be eligible for future funding from Maine Community Foundation competitive grant programs for one year or until the missing report is filed

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

Cop

State

245 M

(87

Statement 4 3 of 8

Application #6717

Logout Return to Orga	nızatıon Profile	Go Back		
Download All Attachment	s			
			,	
Grant Details				
Choose the Grant you a Daveis	re applying to:			
Organization				•
Organization Year Foun	ded			
# of Staff	# of Volunteers	s		
One Sentence Project De	escription:			*.*
Counties Served by t	his Project			
Project Details				
Type of Request:				
Issue Area:				
Category No issue areas found				
Begin Date:	End Date:			
Total Project Budget:	Amount Requested	from MaineCF:		

Organization and Project Descriptions
Organizational History

Organization's Mission:

Population Served:

Please Describe the two most important programs or services your organization currently provides.

Project Description

Briefly describe what you hope to achieve with this project and how this will strengthen or improve your community or organization.

Describe up to three measurable results or outcomes of this project that will help achieve this goal.
(Please list no more than 3 results)

What specific activities will you do as part of this project to produce those results? (Please list no more than 5)

Describe how you will measure the project s progress or success. (Your evaluation method)

Who will be served by or participate in this project? Describe the number you expect will participate and any characteristics that may be significant to the project. (ex. age, gender, and/or region)

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

Organization Financial Information

Please provide information from the most recently completed fiscal or financial year. If your organization is new this year, please estimate the current fiscal years information.

Schools and Municipalities do not need to fill out this section.

If you would like to download a copy of this form for your reference, click here: Organization Budget Form.

Start of Fiscal year:

End of Fiscal Year:

Total Operating Budget for fiscal year:

Revenue	Expenses
Individual and Business Contributions:	For Programming:
Foundation Contributions:	For Administration:
Government Contributions:	For Fundraising:
United Way Contributions:	Other Expenses:
Maineshare Contribution:	Specify Other:
Interest and Dividends:	Total Expenses: \$0.00
Endowment Income (If any):	Revenue Minus Expenses: \$0.00
Other Revenue:	
Please specify other:	
Total Revenue: \$0.00	
	ast fiscal year, please explain how this
\$0.00 If your expenses exceeded revenues for the la	ast fiscal year, please explain how this Liabilities
\$0.00 If your expenses exceeded revenues for the is shortfall was financed:	
\$0.00 If your expenses exceeded revenues for the is shortfall was financed: Assets	Liabilities
\$0.00 If your expenses exceeded revenues for the is shortfall was financed: Assets Cash:	Liabilities Current Liabilities:
\$0.00 If your expenses exceeded revenues for the is shortfall was financed: Assets Cash: Securities and Investments:	Liabilities Current Liabilities: Long Term Liabilities: Total Liabilities:
\$0.00 If your expenses exceeded revenues for the is shortfall was financed: Assets Cash: Securities and Investments: Property and Equipment:	Liabilities Current Liabilities: Long Term Liabilities: Total Liabilities: \$0.00 Total Net Assets:
\$0.00 If your expenses exceeded revenues for the is shortfall was financed: Assets Cash: Securities and Investments: Property and Equipment: Accounts Receivable:	Liabilities Current Liabilities: Long Term Liabilities: Total Liabilities: \$0.00 Total Net Assets: \$0.00 Liabilities and Net Assets:
\$0.00 If your expenses exceeded revenues for the is shortfall was financed: Assets Cash: Securities and Investments: Property and Equipment: Accounts Receivable: Other Assets:	Liabilities Current Liabilities: Long Term Liabilities: Total Liabilities: \$0.00 Total Net Assets: \$0.00 Liabilities and Net Assets:

Project Expenses

Project Expenses (list): Amount from MaineCF:

Amount from

Other Funding Sources:

Total Amount

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	Other Funding:	Project Expense:
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
F otal Project Budget: \$0.00		
otal Project Expenses: \$0.00	•	
Additional Budget Information		
oard Members and Key Pe	ersonnel	
oard Members or Advisory Co	mmittee	
ommittee),	overning body of your organiz cupation and city/town of residual	•
ey Personnel		
nclude a description of their sp	and qualifications of the key proceeding role with this project. It ist key organization personnel, ons	f you are applying