Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶Do not enter social security numbers on this form as it may be made public.
 ▶Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0047
2019
Open to Public Inspection

Fo	<u>r calenc</u>	dar year 2019 or tax year beginning , a	and ending				X
N	ame of fou	undation			A Empl	oyer identification number	
.1	MAIN	E BEE WELLNESS			1 /03	-2948448	
		d street (or P O box number if mail is not delivered to street address)	Ro	oom/suite	B Telep	hone number (see instructions	3)
_		OX 58			20	7-483-5010	·
		s state or province, country, and ZIP or foreign postal code SBORO ME 04648			C If exe	mption application is pending,	check here
_	_		rn of a former public cl	harity	D 1 F	oreign organizations, check he	re 🕨 🗀
_		Final return Amended	•			preign organizations meeting t	
		Address change Name cha	inge		1	6% test, check here and attach	
н	Check t	type of organization X Section 501(c)(3) exempt private	e foundation	~/ I	E If priv	ate foundation status was tern	ninated under
\Box			le private foundation (\mathcal{M}		n 507(b)(1)(A), check here	▶ □
I		ket value of all assets at J Accounting method	Cash X Acc	rual	F If the	foundation is in a 60-month te	rmination
•	end of y	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check h	ere ►
	ine 16) l	\$ 30,239 (Part I, column (d), must	t be on cash basis)		1		
F	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	inco		income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	36,776				(555550.0 51.1)
	2	Check ▶ ☐ If the foundation is not required to attach Sch B					
1	3	Interest on savings and temporary cash investments					
W	4	Dividends and interest from securities	142		142	142	
<i>)</i> '	5a	Gross rents					
e	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	3	ļ			
Š	b	Gross sales price for all assets on line 6a					
œ	` I	Capital gain net income (from Part IV, line 2)			3	3	
	8 9	Net short-term capital gain Income modifications				3	
	©10a	Gross sales less returns and allowances			······································		
	85	Less Cost of goods sold					
	AN C	Gross profit or (loss) (attach schedule)		<u></u>	***************************************		
	e (11	Other income (attach schedule)					
	<u> </u>	Total. Add lines 1 through 11	36,921		145	145	
S	্র 13	Compensation of officers, directors, trustees, etc	0				
Sesue) ¹⁴	Other employee salaries and wages					
ē O		Pension plans, employee benefits					
益	16a	Legal fees (attach schedule)				N/ED	
(S)	b	Accounting fees (attach schedule) Other professional fees (attach schedule)			RECE		
Ö	17	Interest		ର୍		SS	_
str	18	Taxes (attach schedule) (see instructions)		2-623	MAR 0	2 2028 SO	
Ę	19	Depreciation (attach schedule) and depletion		W		<u> </u>	······································
Ę	20	Occupancy			IGDE	N. UT	
Ø	21	Travel, conferences, and meetings		112 then are	A STATE OF THE STA	The second secon	
Operating and Administraිti©ළ\ස	22	Printing and publications					
ב	23	Other expenses (att sch) STMT 1	6,694				6,694
ati	24	Total operating and administrative expenses.			_	_	
Š		Add lines 13 through 23	6,694		0	0	6,694
ŏ	25	Contributions, gifts, grants paid	6 694		0	0	6 604
	26 27	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12	6,694	l <u>-</u>	U		6,694
	a	Excess of revenue over expenses and disbursements	30,227				
	b	Net investment income (if negative, enter -0-)	30,227		145		
	c	Adjusted net income (if negative, enter -0-)				145	

	Part II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
_	rait ii	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing		806	806
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			······································
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
		Less allowance for doubtful accounts ▶ 0			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ĕ	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) SEE STMT 2		29,433	29,433
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis]	1	
		Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans		_	
	13	Investments – other (attach schedule)			· · · · · · · · · · · · · · · · · · ·
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶ ·)			
	16	Total assets (to be completed by all filers – see the			
_		instructions Also, see page 1, item I)	0	30,239	30,239
	17	Accounts payable and accrued expenses			
s	18	Grants payable			
Ę.	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		-	***************************************
ᆵ	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe >)			
_	23	Total liabilities (add lines 17 through 22)	0	0	
s		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.]		
9	24			30,239	
<u>a</u>	24 25	Net assets without donor restrictions		30,239	
8	23	Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here		<u>-</u>	
Б		and complete lines 26 through 30.			
Net Assets or Fund Balances	26	Capital stock, trust principal, or current funds			
ò	27	Paid-in or capital surplus, or land, bldg, and equipment fund			
ets	28	Retained earnings, accumulated income, endowment, or other funds			
SS	29	Total net assets or fund balances (see instructions)	o	30,239	
۲	30	Total liabilities and net assets/fund balances (see		<u> </u>	
ž		instructions)	o	30,239	
	Part II			· · · · · · · · · · · · · · · · · · ·	
		net assets or fund balances at beginning of year – Part II, column (a), line 29 (mu	st agree with		
•		f-year figure reported on prior year's return)	-	1	0
2		amount from Part I, line 27a		2	30,227
3		increases not included in line 2 (itemize) ▶ SEE STATEMENT 3		3	- 12
4		nes 1, 2, and 3		4	30,239
5	Decre	eases not included in line 2 (itemize)		5	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (l	b), line 29	6	30,239

Form 990-PF (2019) MAINE BEE WELLNESS

Part IV Capital Gains a	nd Losses for Tax on Investr	nent Income			
	the kind(s) of property sold (for example, real estatarehouse, or common stock, 200 shs MLC Co)	e,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a FIDELITY		-	D	10/08/19	12/31/19
b					
<u>c</u>					
_ d					
<u>e</u>		1			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		n or (loss) f) minus (g))
_a3	<u>-</u>				3
<u>b</u>					
С					
d					
Complete only for accets chaven	g gain in column (h) and owned by the	foundation on 12/21/	60		
Complete only for assets showin	,	1			(h) gain minus t less than -0-) or
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i)	1 ''	rom col (h))
a					3
b					. .
С					
е				<u> </u>	
2 Capital gain net income or (net c	apital loss) If gain, also enter If (loss), enter -0- i			2	3
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) and	(6)			
If gain, also enter in Part I, line 8	, column (c) See instructions If (loss).	enter -0- ın			
Part I, line 8				3	3
	<u>nder Section 4940(e) for Redu</u>			ome	
(For optional use by domestic private	e foundations subject to the section 49	40(a) tax on net inves	tment income)		
If section 4940(d)(2) applies, leave th	nis part blank				N/A
Was the foundation liable for the sec	tion 4942 tax on the distributable amou	int of any year in the	hase neriod?		Yes No
	y under section 4940(e) Do not compl	• •	bacc poned		
	each column for each year, see the ins		ng any entries		·
(a)	1	Traditional Belefe make	<u> </u>	<u> </u>	(d)
Base period years Calendar year (or tax year beginning in	(b) Adjusted qualifying distributio	ns Net valu	(c) e of noncharitable-use asse		tribution ratio divided by col. (c))
2018	<i>′</i>			(65. (6)	u
2017					
2016					
2015	_				
2014					
2 Total of line 1, column (d)				2	
3 Average distribution ratio for the	5-year base period – divide the total or	line 2 by 5 0, or by			
the number of years the foundate	on has been in existence if less than 5	years		3	
4 Enter the net value of noncharita	ble-use assets for 2019 from Part X, lii	ne 5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions from	- B. A.VIII. 1 4				
	η Part XII. line 4			8	
If line 8 is equal to or greater that	n Part XII, line 4 n line 7, check the box in Part VI, line 1	b, and complete that	part using a 1% tax	8 rate See the	

Part Vi Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruct 1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ □ 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 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments a 2019 estimated tax payments and 2018 overpayment credited to 2019 6 In the control of the section 4940(a)(b), 4940(a), 4940(b), 4940(a), 4940(b), 4940(a), 4940(b), 4940(a), 4940(a)	ions)	3
Date of ruling or determination letter (attach copy of letter if necessary—see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ □ 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 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments		3
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ 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 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments		3
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ 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 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments		3
here ■ 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 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments		
c 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-) Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments		
Part I, line 12, col (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments		
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- Credits/Payments		
3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments		Λ
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments		$-\frac{3}{2}$
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- 6 Credits/Payments		0 3 0
6 Credits/Payments		- 3
		<u> </u>
a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a Immini		
		1
b Exempt foreign organizations – tax withheld at source 6b		
c Tax paid with application for extension of time to file (Form 8868)		
d Backup withholding erroneously withheld 6d 6d		
7 Total credits and payments Add lines 6a through 6d 7		
8 Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached.		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		3
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		
11 Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11		
Part VII-A Statements Regarding Activities		
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes	No
· · · · · · · · · · · · · · · · · · ·	162	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		v
instructions for the definition 1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		Į
published or distributed by the foundation in connection with the activities		
c 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 ▶ \$ (2) On foundation managers ▶ \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		
on foundation managers 🕨 💲		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities		
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	İ	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? N/A 4b		-22
•		X
If "Yes," attach the statement required by General Instruction T		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		i
By language in the governing instrument, or		ı
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.		
NONE h. If the appear is "Yes" to line 7, has the foundation furnished a convert Form 000 PE to the Atternor Constal		
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	Х	
ζ		
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 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"	ı İ	X
	├	
4942(J)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"		
4942(J)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes," complete Part XIV		x

Pa	art VII-A Statements Regarding Activities (continued)		<u>_</u>			
	•				Yes	No
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		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach statement See instructions			12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	ation?		13	X	
	Website address ► MEBW . ORG					
14	The books are in care of ▶ ANDREW DEWEY Tele	phone no 🕨	207-4	83-	501	0
	PO BOX 58					
	Located at ▶ JONESBORO ME	ZIP+4 ▶	04648	}		
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			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					
	the foreign country ▶					
Pa	art 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?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X 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)?	Yes	X 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)	Yes	X 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 instructions		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		▶ ∐			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		4-			
	were not corrected before the first day of the tax year beginning in 2019?		N/A	1c		
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))					
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines		•			
	6d and 6e) for tax year(s) beginning before 2019?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
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		NT / 78			
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	2 0 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	□ v	▼			
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2019 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 40 of 5 and 45 are 100 or 1	Ī				
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		N 7 / N	ا ا		
4.	foundation had excess business holdings in 2019)	0	N/A	3b		<u>v</u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose			4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize it			A L.		v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2	20197		4b orm 9 9	n_PF	<u>X</u>
			F	urm J J	-U-F	(2019)

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

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Part VIII Information A and Contracto	bout Officers, Directors, Trustees, Foundars (continued)	dation Managers, Highly Paid E	mployees,
	nt contractors for professional services. See instr	ructions. If none, enter "NONE."	
(a) Name a	nd address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	·		
••			
		·	
Total number of others receiving over	er \$50,000 for professional services		>
Part IX-A Summary of	Direct Charitable Activities		
	ble activities during the tax year Include relevant statistical information conferences convened, research papers produced, etc	such as the number of	Expenses
1 SEE STATEMENT 4			
2			
3			
7			
Part IX-B Summary of	Program-Related Investments (see instru	uctions)	
	stments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other program-related investments. See ins	structions		
3			

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Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years

~	art X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	undations,
	see instructions.)	•	·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		_
	purposes		
а	Average monthly fair market value of securities	1a	29,433
b	Average of monthly cash balances	1b	806
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	30,239
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	30,239
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	454 29,785
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	29,785
6	Minimum investment return. Enter 5% of line 5	6	1,489
Pi	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	j foui	ndations
	and certain foreign organizations, check here ▶ ☐ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1_	1,489
2a	Tax on investment income for 2019 from Part VI, line 5]	
b	Income tax for 2019 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	3
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,486
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,486
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	1,486
Pa	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	6,694
b	Program-related investments – total from Part IX-B	1b	
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	
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	6,694
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 See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,694
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	lation	

Form **990-PF** (2019)

Form 990-PF (2019) MAINE BEE WELLNESS

Pa	Int XIII Undistributed Income (see instructions)	<u> </u>			
	,	(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				1,486
2	Undistributed income, if any, as of the end of 2019				
а	Enter amount for 2018 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
4	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$6,694				
а	Applied to 2018, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required – see instructions)				
С	Treated as distributions out of corpus (Election	,			
	required – see instructions)				
d	Applied to 2019 distributable amount				1,486
	Remaining amount distributed out of corpus	5,208			
5	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,208			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
ı	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount – see instructions				
е	Undistributed income for 2018 Subtract line				
	4a from line 2a Taxable amount – see				
	instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2020				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2014 not	•			
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	5,208			
0	Analysis of line 9				
а	Excess from 2015				
b	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018				
е	Excess from 2019 5,208				

Form	990-PF (2019) MAINE BEE WE	LLNESS		03-29484	48_	Page 10
Pa	ert XIV Private Operating Fou	undations (see in	structions and Pa	rt VII-A, question 9	9)	
1a	If the foundation has received a ruling or	determination letter th	nat it is a private opera	iting		
	foundation, and the ruling is effective for	2019, enter the date of	of the ruling	•		
b	Check box to indicate whether the found		_	ibed in section 49	942(j)(3) or 4942	(ı)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for	· ,	` '	<u> </u>	` '	
	each year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII,					
٠	line 4, for each year listed					
d	Amounts included in line 2c not used directly					-
-	for active conduct of exempt activities					
е	Qualifying distributions made directly		<u> </u>			
•	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
•	alternative test relied upon					
а	"Assets" alternative test – enter					
a	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
ь	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6, for each year listed				\	
С	"Support" alternative test – enter					
Ü	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)				\\	
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)				·	
	(3) Largest amount of support from					$\overline{}$
	an exempt organization					\i
	(4) Gross investment income	.				
Pa	ert XV Supplementary Inform	nation (Complete	this part only if	the foundation h	ad \$5,000 or more	in assets at
	any time during the ye	•	•		, 0,000 01 111010	doodto di
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who	•	e than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only				=	
	ANDREW DEWEY		, , , , , , , , , , , , , , , , , , , ,	((χ	, ,	\$36,776
b	List any managers of the foundation who	own 10% or more of	the stock of a corporat	tion (or an equally large	portion of the	· /
	ownership of a partnership or other entity		•		•	
	N/A		·			
2	Information Regarding Contribution, G	Frant, Gift, Loan, Sch	nolarship, etc., Progr	ams:	-	
	<u> </u>		• • • •	ble organizations and o	loes not accept	
	unsolicited requests for funds If the foun		•	-	•	
	complete items 2a, b, c, and d See instru			ŭ	•	
a	The name, address, and telephone numb		of the person to whom	applications should be	addressed	
	SEE STATEMENT 5		•	••		
b	The form in which applications should be	submitted and inform	ation and materials th	ey should include		
	SEE STATEMENT 6			.,		
	Any submission deadlines					
-	SEE STATEMENT 7					
d	Any restrictions or limitations on awards,	such as by geographi	ical areas, charitable f	ields, kinds of institution	ns, or other	·
-	factors				, 5. 5(6)	
	SEE STATEMENT 8					
						

Part AV Supplementary Information (Co	ontinueu)		. <u> </u>	
3 Grants and Contributions Paid During	he Year or Approved fo	r Future Payment		
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	
a Paid during the year				
N/A			1	
M/ A			1	
			}	
			1	
			1	
			1	
			1	
			1	
			1 '	
			1	
			1	
			1	
•				
			1	
			1	
			j l	
			[
]	
]	
Total		1	▶ 3a	
	·		<u> </u>	
b Approved for future paymentN/A				
M/ B			1	
]	
]	
			L	
Total			▶ 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelated business income		Exclude	d by section 512, 513, or 514	(a)		
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)		
1 Program se	rvice revenue			1		(See instructions)		
_				-				
				 				
				-				
								
_		· ·			-			
f								
	nd contracts from government agencies	_						
•	o dues and assessments			-				
	savings and temporary cash investments ind interest from securities			<u> </u>		142		
	ncome or (loss) from real estate							
	nanced property							
	ot-financed property			+				
	ncome or (loss) from personal property							
7 Other inves								
	s) from sales of assets other than inventory				-	3		
*	or (loss) from special events							
	or (loss) from sales of inventory							
	ue a							
					•			
е								
	dd columns (b), (d), and (e)			0	0	145		
13 Total. Add I	line 12, columns (b), (d), and (e)				13	145		
	in line 13 instructions to verify calculations)							
Part XVI-B	1 ··· · · · · · · · · · · · · · · · · ·							
Line No. ▼	Explain below how each activity for which income							
N/A	accomplishment of the foundation's exempt purp	oses (other than	t by providing tunds i	or such pi	urposes) (See instruction	oris)		
11/21								
						··-		
					·			

		Organizations	aranig ira	ansiers io an	d ITalisacti	ons and Relationships W	itii Nonchantable L.	temp	
1	Did the orga		lirectly engag	e in any of the fol	llowing with any	other organization described		Yes	No
		01(c) (other than section		·		*			
	organızatıor	ns?							
a ·	Transfers fr	om the reporting found	lation to a no	ncharitable exem	pt organization	of			
	(1) Cash						1a(1	Щ_	X
	(2) Other a						1a(2	4	X
	Other trans								
	• •	of assets to a noncharit	•	•			1b(1	1	X
		ses of assets from a no of facilities, equipment		. •	ion		1b(2	1	X
	• •	or racilities, equipment irsement arrangements	•	eis			1b(3 1b(4	1	X
		or loan guarantees	•				1b(5		X
		nance of services or m	embership or	fundraising solici	tations		1b(6	1	X
		acılıtıes, equipment, m	•	•			1c	1	X
d I	If the answe	er to any of the above i	s "Yes," com	plete the following	schedule Coli	umn (b) should always show the f	air market		
,	value of the	goods, other assets, o	or services gi	ven by the reporti	ng foundation I	f the foundation received less tha	n fair market		
1	value in any	transaction or sharing	arrangemen	nt, show in column	(d) the value o	f the goods, other assets, or serv	ices received		
) Line no	(b) Amount involved	(c) Name	of noncharitable exem	pt organization	(d) Description of transfers, to	ransactions, and sharing arrangem	ents	
A\V									
	.								
									
	_								
						-			
					-				
	_								
						x-exempt organizations		. 👽	า
		n section 501(c) (other mplete the following sc		501(c)(3)) or in se	ection 5277		['	es X	No
<u> </u>		a) Name of organization	nedule	(b) Type of c	organization	(c) Descrip	ption of relationship		
N	/A	ay Name or organization		(b) Type of C	organization	(c) Descri	ption of relationship		
	,				-				
-								_,	
						nedules and statements, and to the best of f which preparer has any knowledge	my knowledge and belief, it is tru	е,	
_						, milen property income any milenesses	May the IRS discuss this		
ign							with the preparer shown See instructions	Yes	No
lere	. ــمر 🖈 📗	- Gindul h	1 0-		Z1"	7/26/20 RO EXEC			لتك
	Sugar	oture of effect or trustee		<u> </u>			CUTIVE DIRECT	<u>or</u>	
_	signa	atore or onicer or trustee			Dat				
	Print/Ty	rpe preparer's name			Preparer's signat	uda Worffma	Date	Check	
aid	MET.TI	NDA WORKMAN		_	Mele	uda Worffma	02/21/20	self-em	ployed
гера		COOM	N & MC	ISAAC CP	AS	0	PTIN P0038		
se O	nly		DICK S				Firm's EIN ▶ 01-042		
			LARBOR,		09-1806		Phone no 207-28		
	<u> </u>					·	* 	90-PF	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047_

2019

MAINE BEE WELLNESS

Employer identification number

03-2948448

Organization type (check of	Organization type (check one)							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See							
General Rule								
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.							
Special Rules								
regulations under so 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) f the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II							
contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III							
contributor, during t contributions totaled during the year for a General Rule appli	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, contributions exclusively for religious, charitable, etc., purposes, but no such dimore than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the est to this organization because it received nonexclusively religious, charitable, etc., contributions here during the year.							
990-EZ, or 990-PF), but it n	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, nust answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)							

PAGE 1 OF 1

Name of organization MAINE BEE WELLNESS

Employer identification number 03-2948448

Part I	Contributors (see instructi	ons). Use duplicate copies o	of Part I if additional space is ne	eeded.	
(a) No.	(b Name, address		(c) Total contributions	(d) Type of contribution	
1	ANDREW DEWEY PO BOX 58 JONESBORO	ME 04648	\$ 36,776	Person X Payroll	
(a) No.	(b Name, address		(c) Total contributions	(d) Type of contribution	
NO.	Name, audress	, and zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b Name, address		(c) Total contributions	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b Name, address		(c) Total contributions	(d) Type of contribution	
	nume, uuuree	, 	\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b Name, address		(c) Total contributions	(d) Type of contribution	
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) No.	(b Name, address		(c) Total contributions	(d) Type of contribution	
	,		\$	Person Payroll Noncash (Complete Part II for noncash contributions)	

Name of organization .

Employer identification number 03-2948448

MAINE BEE WELLNESS

Part II	Noncash Property (see instructions) Use dupl		03-2948448 Dace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	FIDELITY INVESTMENTS		
		\$ 30,276	10/08/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	•	\$	

·		•	•				 $\overline{}$
2/21/2020 12:41 PM Page 1	•	Charitable Purpose	446 685 417 80 925 35 1,314 2,792 \$ 6,694		Fair Market Value	29,	1-2
	xpenses	Adjusted Net		ock Investments	Basis of Valuation		
Federal Statements	990-PF, Part I, Line 23 - Other Expenses	Net Investment		, Part II, Line 10b - Corporate Stock Investments	End of Year	29,	<u>.</u>
	1 - Form 990-PF, Par	Total	446 685 417 80 925 1,314 2,792 6,694	990-PF, Part II, Line	Beginning of Year	0	
WELLNESS	Statement 1 - Form	uc s	S	Statement 2 - Form 990-PF	otion		
MAI8448 MAINE BEE WELLNESS 03-2948448 FYE: 12/31/2019		Description	EXPENSES ADVERTISING CORP FILING EDUCATION MEMBERSHIPS PROFSSIONAL DESIGN FEE WEBSITE EXHIBITS WEBSITE & SOCIAL MEDIA TOTAL		Description FIDELITY ACCOUNT	TOTAL	

03-2948448

Federal Statements

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FYE: 12/31/2019

Statement 3 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Am	Amount		
UNREALIZED GAIN	\$	12		
TOTAL	\$	12		

Statement 4 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

THE PURPOSE OF MAINE BEE WELLNESS IS TO: A. PROVIDE AND PROMOTE BEEKEEPER EDUCATION, PRIMARILY FOR BACKYARD AND SIDELINE BEEKEEPERS BUT ALSO THE PUBLIC INCLUDING: I. USE OF SO CALLED "TECH TRANSFER" TEAMS (PROVIDING HANDS ON LESSONS OF PROVEN TECHNIQUES FOR HELPING BEEKEEPERS MAKE DATA DRIVEN DECISIONS) AND THE GATHERING OF SAMPLES FOR LAB ANALYSIS. II. SPONSORED & CO-SPONSORED CLASSES ON VARIOUS BEEKEEPING RELATED TOPICS. III. HAVING A WEB SITE AND SOCIAL MEDIA PRESENCE, PROVIDING BEE RELATED INFORMATION AND DATA. IV. THE DEVELOPMENT AND DISTRIBUTION OF BEEKEEPER TRAINING DOCUMENTS, TO INCLUDE THE SPONSORSHIP OR CO-SPONSORSHIP OF TRAIN-THE-TRAINER TYPE SESSIONS. B. SPONSOR AND CO-SPONSOR SPEAKERS AT BEEKEEPING CLUBS AND SCHOOLS. C. PROVIDE SUPPORT TO COALITIONS OF NORTHERN QUEEN BREEDERS, WITH THE ONE REQUIREMENT BEING THAT THOSE COALITIONS HAVE AN ACTIVE OR DESIRED PRESENCE IN MAINE. D. OTHER ACTIVITIES THAT SUPPORT THE KEEPING OF HONEY BEES (APIS MELLIFERA) IN THE STATE OF MAINE, TO INCLUDE ACTIVITIES IN SUPPORT OF MAINE'S NATIVE BEE AND POLLINATOR POPULATIONS, INCLUDING PROVIDING EDUCATION TO THE GENERAL PUBLIC IN THE AREAS OF BEE BEHAVIOR, HABITAT AND PESTICIDE USE.

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount	Amount		
ANDREW DEWEY	\$\$	6		
TOTAL	\$ 36,77	_		

Statement 5 - Form 990-PF, Part XV, Line 2a - Name, Address and Email for Applications

Description

ANDREW DEWEY 207-483-5010 PO BOX 58 JONESBORO ME 04648 INFO@MEBW. ORG

MAI8448 MAINE BEE WELLNESS

03-2948448

Federal Statements

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FYE: 12/31/2019

Statement 6 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

THERE IS NO FORMAL APPLICATION. A LETTER TO THE ORGANIZATION DETAILING THE REQUEST IS REQUIRED.

Statement 7 - Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

THERE ARE NO FORMAL DEADLINES. GRANT REQUEST ARE LIMITED TO THE ANNUAL BUDGET AMOUNT.

Statement 8 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

THERE ARE NO RESTRICTIONS OTHER THAN IT QUALIFIES UNDER THE ORGANIZATION'S MISSION. QUALIFIED GRANTS ARE LIMITED TO THE ANNUAL BUDGET FOR DISTRIBUTIONS.