## LG&H 12 Stillwater Ave Ste 5 Bangor, ME 04401 207-990-4585

September 28, 2022

#### CONFIDENTIAL

DEMOLAY & PINE TREE YOUTH FOUNDATIO 17 LEGROS LANE ARUNDEL, ME 04046-8972

Dear Client:

We have prepared the following returns from information provided by you without verification or audit.

Return of Private Foundation (Form 990-PF)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

Your private foundation return (990-PF) has \$43,139 of undistributed income in the current year. This amount must be distributed in full next year.

Please email a pdf file of the 990-PF to the Maine Attorney General to the following web address: https://appengine.egov.com/apps/me/PrivateFoundationFiling.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

LG&H

### **Filing Instructions**

#### **DEMOLAY & PINE TREE YOUTH FOUNDATIO**

#### **Private Foundation Tax Return**

# Taxable Year Ended August 31, 2022

Date Due:

January 17, 2023

Remittance:

None is required. Your Form 990-PF for the tax year ended 8/31/22 shows a total overpayment of \$2,864, all of which is to be credited to your estimated tax liability for the coming year. Do not mail a copy of this return.

Signature:

You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

LG&H

12 Stillwater Ave Ste 5 Bangor, ME 04401

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other:

Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

# 10m 8879-TE

# IRS e-file Signature Authorization for a Tax Exempt Entity

The calendar wear 2021, or fiscal year beginning.

9/01 2021 and ending

8/31 , 22

OVER A PERSONAL

Inperment of the Treason, Iromal Reserve Service Name of the

▶ Do not send to the IRS, Keep for your records.
 ▶ Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

DEMOLAY & PINE TREE YOUTH	FOUNDATIO 23-700	07195
TREASURER		
Part I Type of Return and Return Information		
Check the box for the return for which you are using this Form 8879-TE and onler the applicable	a name and of now from the column	Form 90 78
	•	
I'P and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars of		
5a, 6a, 7a, 8a, 9a, or 10a below and the amount on that line for the return being filed with this		
55, 55, 75, 85, 95, or 105, whichever is applicable, blank (do not enter -0-). But, if you entered applicable line below. Do not complete more than one line in Part I.	-U- on the return then enter -U i	on ine
	diamental transfer	
The state of the s		
Total total any (total 330 EE allo 3)		
Ja Form 1120-POL check here ► b Total tax (Form 1120-POL, line 22)  4a Form 990-PF check here ► X b Tax based on Investment income (Form 990-PF)	3b 40-PF Part VI. line 5) 4b	226
The waste of the same of the s	90-PF Part Villing 5) 40	
	50 6b	
	7b	
	9b	
Part II Declaration and Signature Authorization of Officer or Pers		<u></u>
		cond to iname
/ <del></del>	im a person subject to lax with re	
of entity) (EIN) 2021 electronic return and accompanying schedules and statements, and, to the best of my kn	and that I have examin	
complete. Further declare that the amount in Part Labove is the amount shown on the copy of		
intermediate service provider, transmitter, or electronic return originator (ERO) to send the return		
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any		
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial		
idirect debit) entry to the financial institution account indicated in the tax preparation software to		
return, and the financial institution to debit the entry to this account. To revoke a payment, I mu		
1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also au		
processing of the electronic payment of taxes to receive confidential information necessary to	inswer inquiries and resolve issui	as related to
the payment. I have selected a personal identification number (PIN) as my signature for the ele	ctronic return and, if applicable it	he consent to
electronic lungs withdrawal	•	
PIN: check one box only		
•	to color my PIN 22820	an mar complete
X   authorize LG&H	to enter my PIN Enter five numb	as my signature
ERO firm name	do not enter all :	
the second secon	n nearly of the return is being filed	uelh a clata
on the tax year 2021 electronically filed return. If I have indicated within this return that agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize to	topy or inertectors is being linear	my Piblian tha
	no diorementation and to to enter	THE PARTY INC.
return's disclosure consent screen		
As an officer or person subject to tax with respect to the entity, I will enter my PIN as in	ty signature on the lax year 2021	electronically
liled return If I have indicated within this return that a copy of the return is being filed v	reen	contines as part
of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent so	Date > 09/28/2	22
	03.5 7 03. 007.	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	01195200153	
number (EFIN) followed by your five-digit self-selected PIN	Do not enter all zeros	X .
Ditt. which is not consisting on the 2021 electronics		motion that I
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronical and submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File	(MeE) Information for Authorize	other train
	Pare I mornidado do Mandore	A HIM BUNE
Providers for Businers Refums	20/20/	2.2
Tible apparature. Shawa grand CPA	Date > 09/28/	4.4
ERO Must Retain This Form — See I		
Do Not Submit This Form to the IRS Unless F	Requested To Do So	

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

OMB No. 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service For calendar year 2021 or tax year beginnin 9/01/21, and ending 08/31/22

▶ 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.

Nar	ne of fo	oundation			A Emplo	yer identification nu	mber
DI	EMOI	LAY & PINE TREE YOUTH FOUNDA	TIO	,		7007195	
		nd street (or P.O. box number if mail is not delivered to street add	iress)	Room/suite		one number (see instr -251-9626	ructions)
City	or tow	EGROS LANE m, state or province, country, and ZIP or foreign postal code		2011 - A.O.K.		nption application is pe	anding shack barak
_	RUNI		972		_ C il exem	nption application is pe	siding, check here.
G C	heck a	all that apply: Initial return Initial return	of a former public	charity	D 1. For	eign organizations, che	eck here
		Final return Amended re	eturn			eign organizations me	
		Address change Name chan	nge		85%	6 test, check here and	attach computatios
		ype of organization: X Section 501(c)(3) exempt private				ite foundation status w	
		4947(a)(1) nonexempt charitable trust Other taxable				n 507(b)(1)(A), check h	
		ket value of all assets at J Accounting method:	X Cash A	ccrual		oundation is in a 60-m section 507(b)(1)(B), c	
		ear (from Part II, col. (c), Uher (specify)			dilaci	3500011 307 (0)(1)(0), 0	allock there
	_	\$ 1,683,163 (Part I, column (d), must		1			(d) Disbursements
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equathe amounts in column (a) (see instructions))	(a) Revenue and expenses per books		nvestment ome	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	11,65	1	is a gré		
	2	Check ▶ ☐ if the foundation is not required to attach Sch.	CONTRACTOR AND			NEW YORK	
	3	Interest on savings and temporary cash investments	96	_	963		
	4	Dividends and interest from securities	20,64	18	20,648		
	5a	Gross rents					
ē	b	Net rental income or (loss)	Design and the		110,000,000		
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10	7,9	9			
Revenue	b	Gross sales price for all assets on line 6a 427,230		20 (1) 100 (2)	7,979		
	7	Capital gain net income (from Part IV, line 2)			1,313		
	8	Net short-term capital gain					
	9	Income modifications				NAME OF STREET	Recommendation
	10a	Gross sales less returns and allowances Less: Cost of goods sold					terrisconstanting a min
	ь	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) STMT 1	1,3	26	1,326		
	12	Total, Add lines 1 through 11	42,5		30,916	(	
S	13	Compensation of officers, directors, trustees, etc.		0			
Expenses	14	Other employee salaries and wages					
Ser	15	Pension plans, employee benefits					
X	16a	Legal fees (attach schedule)			1 222		1 005
Ve	b	Accounting fees (attach schedule) STMT 2	3,8		1,905		1,905
ŧ	¢	Other professional fees (attach schedule) STMT 3	4,8	72	4,872		
itr	17	Interest	1 5	72			-
Ę.	18	Taxes (attach schedule) (see instructions) STMT 4	1,5	12			Service State Control of the
Ē	19	Depreciation (attach schedule) and depletion			-7/2 -		10000
Ad	20	Occupancy					
bu	21	Travel, conferences, and meetings					
Operating and Administrati	22	Printing and publications Other expenses (att. sch.) STMT 5	2	65			265
in	24	Total operating and administrative expenses.			- %-	1 1 1 1 1 1 1	
ra	-7	Add lines 13 through 23	10,5	19	6,777		0 2,170
be	25	Contributions, gifts, grants paid	90,7				90,780
0	26	Total expenses and disbursements. Add lines 24 and 25	101,2	99	6,777		0 92,950
	27	Subtract line 26 from line 12:	St				
	a	Excess of revenue over expenses and disbursements	-58,7	32		Market Market State of the	
	b	Net investment income (if negative, enter -0-)			24,139		
	1 6	Adjusted net income (if negative enter -0-)	PROPERTY AND PROPERTY OF	COURT PROPERTY AND ADDRESS.	STATE OF LINE		0

ME	art I	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
-		should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Т	1	Cash – non-interest-bearing	18,725	950	950
	2	Savings and temporary cash investments	162,030	211,400	211,400
	3		Control of the State of	Salestara de la	
-1	3		NAME OF TAXABLE PARTY.		
		Less: allowance for doubtful accounts ▶	CHILDREN COLUMN	(2) 10 PR 1	Total Control
	4	Pledges receivable	DESCRIPTION OF THE PARTY OF THE		The state of the s
		Less: allowance for doubtful accounts ▶			
-1	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)	AND SHEET SAME		
-1		Less: allowance for doubtful accounts ▶ 0			
y)	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
BB	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) SEE STMT 6	1,627,937	1,281,913	1,281,913
- 1	C	Investments - corporate bonds (attach schedule) SEE STMT 7	193,072	188,900	188,900
- 1	11	Investments – land, buildings, and equipment; basis			EAST OF EAST OF
- 1	••	Less: accumulated depreciation (attach sch.)			100000
- 1	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
- 1			PARTICIPATION OF THE PARTY OF T		CONTRACTOR OF THE PARTY OF THE
- 1	14				
- 1		Less: accumulated depreciation (attach sch.)			
	15	Other assets (describe ▶ )			
-1	16	Total assets (to be completed by all filers – see the	2,001,764	1,683,163	1,683,163
$\perp$		instructions. Also, see page 1, item l)	2,001,704	1,000,100	Challes of the Control of the Contro
	17	Accounts payable and accrued expenses			COMMON CHARGO COMMON COMMON
	18	Grants payable			
Liabilities	19	Deferred revenue			
틝	20	Loans from officers, directors, trustees, and other disqualified persons		10-10-10-10-10-10-10-10-10-10-10-10-10-1	
ᆵ	21	Mortgages and other notes payable (attach schedule)			
-1	22	Other liabilities (describe ▶ )			
	23	Total liabilities (add lines 17 through 22)	0	0	
٦		Foundations that follow FASB ASC 958, check here		120	
တ္တ		and complete lines 24, 25, 29, and 30.			
ances	24	Net assets without donor restrictions	2	0A	
		Net assets with donor restrictions			THE WHITE PROPERTY AND ADDRESS OF
Ä		Foundations that do not follow FASB ASC 958, check here	-117		
Net Assets or Fund Ba		and complete lines 26 through 30.			Take Burner H
E	26	Capital stock, trust principal, or current funds			
ö	27	Paid-in or capital surplus, or land, bldg., and equipment fund			Total State of the last
뙰	28	Retained earnings, accumulated income, endowment, or other funds	2,001,764	1,683,163	MANUAL PROPERTY.
556	29	Total net assets or fund balances (see instructions)	2,001,764	1,683,163	
A	30	Total liabilities and net assets/fund balances (see		Y2	
2	30	instructions)	2,001,764	1,683,163	
_	_		2000		
	Part	al net assets or fund balances at beginning of year – Part II, column (a), line 29 (i	must agree with		
1				1	2,001,764
		of-year figure reported on prior year's return)		CONTRACTOR OF THE STREET	-58,732
		er amount from Part I, line 27a		2	
3	Oth	er increases not included in line 2 (itemize)			1,943,032
4	Add	lines 1, 2, and 3		5	259,869
5	Dec	l lines 1, 2, and 3  creases not included in line 2 (itemize) ► SEE STATEMENT 8  all net assets or fund balances at end of year (line 4 minus line 5) – Part II. colum		6	1,683,163
_6	Tota	al net assets or fund balances at end of year (line 4 minus line 5) – Part II, colum	n (b), line 29	6	Form 990-PF (2021)
					1 OHH 000-1 1 (4041)

6d

2,864

7

8

9

10

11

Refunded >

3,200

2,864

10

Backup withholding erroneously withheld

Total credits and payments. Add lines 6a through 6d

Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

Enter the amount of line 10 to be: Credited to 2022 estimated tax ▶

Pa	rt VI-A Statements Regarding Activities	_		_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	12534	Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	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			
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	GIR		111
_	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	243		33
Ŭ	on foundation managers. ► \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	. E	X
-	If "Yes," attach a detailed description of the activities.	100	100	(SIN)
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		1.51.	
•	of incorporation, or bytaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
Ь	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
5		E130	14519	P45.72
	If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
6		ME		1126
	By language in the governing instrument, or  By language in the governing instrument, or  By language in the governing instrument as that no mandatory directions that	4800		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	х	-
	conflict with the state law remain in the governing instrument?	7	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 XIV	0.000	25500	ET OX
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.   ME			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		ARREST .	1000
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	19876	E I	
	4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See instructions for Part XIII. If "Yes," complete Part XIII	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
10	names and addresses	10		X
44	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
11	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X.
40	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
12	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
40	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
13	Website address ► WWW.PINETREEYOUTH.ORG	251.	06	26
14	THE BOOKS BLC WINDS OF THE PROPERTY OF THE PRO		30,	
	17 LEGROS LANE	6_0	272	
	LOCATED AT ARONDED	5-03	114	N.F
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		\\	, Ni
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority	46	Yes	_
	over a bank, securities, or other financial account in a foreign country?	16		X
	Office a particular at a street through			
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			

P	art VI-B Statements Regarding Activities for Which Form 4720 May Be Required				
11777	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):				1000
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1a(1)		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified				
	person?		1a(2)	_	X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)		X
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or	10177-01			
	use of a disqualified person)?		1a(5)		X
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation	025.8	7		
	agreed to make a grant to or to employ the official for a period after termination of government service, if				Mys
	terminating within 90 days.)		1a(6)		X
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	27.5250		16.75	8
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here			THE S	
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	0.275-284		Part of	
-	were not corrected before the first day of the tax year beginning in 2021?	N/A	1d		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	22222	No.	100	
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		1	High	
а	and the state of t				lik)
_	6d and 6e) for tax year(s) beginning before 2021?		2a		X
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		1700		DE S
ь	the state of the s		100	THE STATE OF	11508
-	(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		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	3 6 1 2 5	1577	認動	CBC
-	▶ 20 , 20 , 20 , 20 , 20		1823		10 A
3a	and the state of t			TE S	
Ja	at any time during the year?		3a		X
b	to the foundation or			100	1933
U	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				260
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the		MI S		1334
	foundation had excess business holdings in 2021.)	N/A	3b		
4=	individual in the cases at a second s	colf.	4a		X
4a	and the state of the state of the Secondary 24, 4000 that applied inconcretion its		AR	10000	1
b	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?		4b		X
	Chantable purpose that had not been removed from Jeopardy before the first day of the day year obtaining in 2021	For	_	0-PF	

benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  if "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction?  7b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  N/A is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachule payment(s) during the year?  Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.  (a) Name and address  (b) Title, and swrate devoted to position (if not paid, enter 4-)  (c) Compensation (if not paid, enter 4-)  (d) Contributions to entry the plant enter 4-)  2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours pre week devoted to position (e) Compensation (e) Com	Pa	Int VI-B Statements Regarding Activities for Which Form	4720 May Be	Required (co	ontinued)				
(2) Influencs the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  (3) Provide a grant to an individual for tave! study, or other similar purposes?  (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)  (4)(A)/S be instructions  (5) Provide for any purpose other than resignous, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals?  If any answer is "Yes" to Sa(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 34,945 or in a current notice regarding disaster assistance, See instructions  N/A  55 C Organizations relying on a current notice regarding disaster assistance, see instructions  N/A  10 If Yes," attach the statement required by Regulations section 34,945—(6).  11 If Yes," attach the statement required by Regulations section 34,945—(6).  12 Bid the foundation, during the year, receive any frued, directly or indirectly, on a personal benefit contract?  13 Bid the foundation audition frue year, receive any funds, directly or indirectly, on a personal benefit contract?  14 Bid Yes, "did the foundation receive any proceeds or have any net income attributable to the transaction?  15 Bid He foundation subject to the section 4960 (ax on paymently) of more than 51,000,000 in remuneration or excess personal paymently during the year.  16 If Yes, "did the foundation approach of the fransaction?  17 Jal any time during the tax year, was the foundation aparty to a prohibited tax sheller transaction?  18 If Yes, "did the foundation receive any proceeds or have any net income attributable to the transaction?  19 Jalie and exercise section.  10 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  10 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors  10	5a	During the year did the foundation pay or incur any amount to:					Yes		
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and Contractors  1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.  (a) Name and address (a) Name and address (a) Name and address (b) Tile, and average hours per week devoted to position of five highest and efferted compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."  (a) Name and address of each employee paid more than \$50,000 (b) Tile, and average hours per week devoted to position of the paid and deferred compensation of the paid and the paid and deferred compensation of the paid and the paid	ii n	excess paracrute payment(s) during the year?	oundation M:	manere High	nly Paid Em	-	200		
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(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 compensation (e) Expense account, other allowances  (e) Compensation (in or paid, enter -0-)  (in or paid, en	4 1	and Contractors	mponentian Sec	instructions					
(a) Name and address  (b) Tile, and average hours per week devoted to position  (a) Name and address of each employee paid more than \$50,000  NONE  (c) Compensation (fine highest-paid employees (other than those included on line 1 – see instructions). If none, enter  (e) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (e) Compensation  (e) Expense account, other allowances  (e) Compensation  (e) Compensation  (e) Compensation  (e) Expense account, other allowances  (e) Compensation  (fine paid, etc.) (fine pa	1 !	ust all officers, directors, a disters, and foundation managers and their co	["		Ad Contributions to	Τ			
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"NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit other allowances  (e) Expense account other allowances  (e) Compensation	SI	E STATEMENT 9					_		
"NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit other allowances  (e) Expense account other allowances  (e) Compensation									
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"NONE."  (a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  NONE  (c) Compensation  (d) Contributions to employee benefit other allowances  (e) Expense account other allowances	22.								
(a) Name and address of each employee paid more than \$50,000  (b) Title, and average hours per week devoted to position  (c) Compensation  (d) Contributions to employee benefit plans and deferred compensation  (e) Expense account other allowances	2		d on line 1 – see	instructions). If	none, enter				
			hours per week	(c) Compensation	employee benefit plans and deferred	(e) E.			
Total number of other employees paid over \$50,000	N	ONE							
Total number of other employees paid over \$50,000									
Total number of other employees paid over \$50,000							_		
Total number of other employees paid over \$50,000									
Total number of other employees paid over \$50,000									

Form 990-PF (2021)

All other program-related investments. See instructions.

Total, Add lines 1 through 3

Cash distribution test (attach the required schedule)

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4

92,950

Form 990-PF (2021)

4

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, Part IX see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1,735,650 1a Average monthly fair market value of securities 1b 158.261 Average of monthly cash balances 1c Fair market value of all other assets (see instructions) 1,893,911 1d d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0 l 1e l 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 2 1,893 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1.5% (0,015) of line 3 (for greater amount, see 28,409 1,865,502 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 93,275 Minimum investment return. Enter 5% (0.05) of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part X and certain foreign organizations, check here and do not complete this part.) 93,275 1 Minimum investment return from Part IX, line 6 336 Tax on investment income for 2021 from Part V, line 5 2a Income tax for 2021. (This does not include the tax from Part V.) 2b 2c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 4 92,939 5 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, 92,939 7 Qualifying Distributions (see instructions) Part XI Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 92,950 1a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1b Program-related investments - total from Part VIII-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 3 Amounts set aside for specific charitable projects that satisfy the 3a Suitability test (prior IRS approval required) 3b

Га	Undistributed income (see instructions)	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1	Distributable amount for 2021 from Part X, line 7	di gili di dinaka		20174-001/05/2019175	92,939
2	Undistributed income, if any, as of the end of 2021:				
	Enter amount for 2020 only			43,150	
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2021:				
а	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
_	From 2020	AND HIS BUILD	N 08 00 00 00 00 00 00 00 00 00 00 00 00		
f	Total of lines 3a through e		CREATE DATE	AND REPORT OF SECURIOR SECURIOR PROPERTY AND ADDRESS OF SECURIOR S	
4	Qualifying distributions for 2021 from Part XI,			8	
	line 4: ▶ \$ 92,950			42 150	
	Applied to 2020, but not more than line 2a		G DELEGRATION OF	43,150	
b	Applied to undistributed income of prior years				
	(Election required – see instructions)	REAL PROPERTY CAN BE	AND CONTRACTOR OF THE PARTY OF		
C	Treated as distributions out of corpus (Election				
	required – see instructions)	and a control of the control			49,800
	Applied to 2021 distributable amount	Control of the Contro			43,000
	Remaining amount distributed out of corpus				THE RESERVE OF THE PARTY OF THE
5	Excess distributions carryover applied to 2021			THE RESIDENCE	
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)		Control of the second of		
6	Enter the net total of each column as				
	indicated below:				NEW YORK
	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NAME OF TAXABLE PARTY.	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH		
þ	Prior years' undistributed income. Subtract				
	line 4b from line 2b		Will	model of the second second	New York Control of the Control
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
al.	tax has been previously assessed	and the second second			
a	Subtract line 6c from line 6b. Taxable amount – see instructions				
_	Undistributed income for 2020. Subtract line		OF CHARLESTEE STORE		AND RESIDENCE
e	4a from line 2a. Taxable amount – see				
	instructions				
	Undistributed income for 2021. Subtract lines			ACCESSED TO SERVICE	
٠,	4d and 5 from line 1. This amount must be				
	distributed in 2022				43,139
7	Amounts treated as distributions out of corpus		CATEGOR DE LA CA		
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be			PART NEEDER	
	required—see instructions)				
8	Excess distributions carryover from 2016 not			Service and the service of	
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2022.				
-	Subtract lines 7 and 8 from line 6a	<u> </u>			PROGRAMME TO A STATE OF
10	Analysis of line 9:			724	
а	Excess from 2017				CONTRACTOR STATE
b	Excess from 2018	A BOLD TO			
C	Excess from 2019				
d	Excess from 2020		The Court of the C		
e	Excess from 2021				State of the late
					orm 990-PF (2021)

	990-PF (2021) DEMOLAY & PI	NE TREE YO	OUTH FOUNDA	TIQ3-70071	<b>95</b>	Page 10
та	If the foundation has received a ruling or			rating	ı	
	foundation, and the ruling is effective for			**************************************	942(j)(3) or 494	2(j)(5)
b	Check box to indicate whether the found		rating toungation des		142(J)(3) UI   454.	
2a	Enter the lesser of the adjusted net	Tax year	(h) 2020	Prior 3 years	(d) 2018	(e) Total
	income from Part I or the minimum	(a) 2021	(b) 2020	(c) 2019	(0) 2010	
	investment return from Part IX for		l			
	each year listed					
b	85% (0.85) of line 2a					
С	Qualifying distributions from Part XI,					
	line 4, for each year listed		<u></u>		<u> </u>	
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
•	for active conduct of exempt activities					
	Subtract line 2d from line 2c		Į			
3	0001000					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test – enter:				ļ	ļ
	(1) Value of all assets				<u> </u>	
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)			<del> </del>		
b	"Endowment" alternative test – enter 2/	3			ļ	
	of minimum investment return shown in					1
	Part IX, line 6, for each year listed					
С	"Support" alternative test – enter:					
	(1) Total support other than gross				ł	
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)			<del>                                       </del>	<del></del>	
	(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					
	an exempt organization (4) Gross investment income					
n n		mation (Comple	ete this part only	if the foundation	n had \$5,000 or i	more in assets at
	art XIV Supplementary Infor	manon (compr	uctione \	, ii tiic iodiidatto	ii iida yojooo o	
_			uctions./			
1	Information Regarding Foundation I	nanagers:	0 50/ // // - 1-	t _ t t _ t _ t	and but the foundation	
a	List any managers of the foundation wh					
	before the close of any tax year (but on	ly if they have contrib	outed more than \$5,00	JU). (See section 507(	1)(2).)	
	N/A			f	· · · · · · · · · · · · · · · · · · ·	
b	List any managers of the foundation	on who own 10% o	r more of the stock	of a corporation (or	an equally large p	ortion of the
	ownership of a partnership or other enti	ity) of which the found	dation has a 10% or g	reater interest.		
	N/A				· · · · · · · · · · · · · · · · · · ·	
2	Information Regarding Contribution	, Grant, Gift, Loan,	Scholarship, etc., Pr	rograms:		
	Check here ▶ ☐ if the foundation on	ly makes contribution	is to preselected char	itable organizations ar	d does not accept	
	unsolicited requests for funds. If the for	ındation makes gifts,	grants, etc., to individ	luals or organizations	under other conditions	
	complete items 2a, b, c, and d. See ins					
a	The name, address, and telephone nur	nber or email addres	s of the person to who	om applications should	be addressed:	
_	DEMOLAY & PINE TREE	YOUTH FD!	rn 207-251-	-9626		
	C/O BENJAMIN WEISNI	ER.83 HIGH	ST #4 AUBU	JRN ME 0421	0	
	The form in which applications should l	ne submitted and info	rmation and materials	s they should include:		
U	SEE STATEMENT 10	JO DODITINICO DITO MILE		,,		
_	Any submission deadlines:			<del></del>		
С	MARCH 24, 2023					
		e such as hy sacces	inhical areas charitah	le fields kinds of instit	utions, or other	
d	-	s, such as by geogra	ipincai aicas, ciiaillau	no nelua, nitiua di malli	econo, or other	
	factors: SEE STATEMENT 11					
-	SEE STATEMENT II					Form 990-PF (2021)

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Foundation Purpose of grant or Recipient show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year MAINE DEMOLAY ASSOCIATION NONE PC 112 MECHANIC ST DONATION TO OPERATING FUNDS 20,500 WESTBROOK ME 04092 MAINE GRAND ASSEMBLY RAINBOW PC 16 BLACKTHORNE LN NONE 56,780 **GRAY ME 04039** DONATION TO OPERATING FUNDS ABIGAIL DUNDORE I NONE 44 O'CONNELL ST SCHOLARSHIP 1,000 LEWISTON ME 04240 LINDA JOHNSON PO BOX 97 NONE I SCHOLARSHIP 1,500 SPRINGVALE ME 04083 LAYLA OPENHYM NONE I 178 W FRYEBURG RD FRYEBURG ME 04037 SCHOLARSHIP 1,000 JUDE MOSHER I NONE 79 MARSTON RD 1,750 SCHOLARSHIP PRESOUE ISLE ME 04769 CHLOE ALLEY 10 SAND BEACH RD NONE SCHOLARSHIP 1,750 WHITING ME 04691 MACKENZIE PATTERSON I NONE 111 COLES CORNER RD SCHOLARSHIP 1,000 WINTERPORT ME 04496 ANDREW DAY NONE I 46 DUGWAY RD 1,500 SCHOLARSHIP BROWNFIELD ME 04010 ISABELLE BELLEFLEUR I NONE 58 MILLBROOK LANE 1,000 **SCHOLARSHIP** AUBURN ME 04210 90,780 ▶ 3a Total b Approved for future payment RILEY DETOUR PO BOX 56 NONE I SCHOLARSHIP 1,000 SHERMAN ME 04776 LILAH FELIX I NONE 475 DUGWAY RD 1,000 SCHOLARSHIP BROWNFIELD ME 04010 ARMEL MALOJI 80 BRICKHILL AVE APT #20 NONE I 1,500 SCHOLARSHIP SOUTH PORTLAND ME 04106 27,000 ▶ 3b Total Form 990-PF (2021)

DAA

	unts unless otherwise indicated.	1	usiness income	Excluded by s	ection 512, 513, or 514	(=)
5		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
_	vice revenue:	-		+		
		<del>                                     </del>				X4
				<del>                                     </del>		
			<u>-</u>	<del>                                     </del>		
		<del>                                     </del>	·			
ř ——						
g Fees and	d contracts from government agencies					
Membership	dues and assessments					NI 1905 G-12
Interest on s	avings and temporary cash investments		_	14	963	- 35
Dividends ar	nd interest from securities			14	20,648	
	come or (loss) from real estate:		<b>4</b> 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TOTAL SET	San Stations
a Debt-fina	anced property					
b Not debt	t-financed property					
Net rental in	come or (loss) from personal property					
	ment income			14	1,326	
	s) from sales of assets other than inventory			18	7,979	
	or (loss) from special events					
	or (loss) from sales of inventory					
Other reven	ue: a					
b						
		4		<del></del>		
d		1				
e				0	30,916	
	id columns (b), (d), and (e) ine 12, columns (b), (d), and (e)	Spring and a property of	-	The state of the s		30,9
Part XV-B Line No. ▼ N/A	Relationship of Activities to the Activities to the Activity for which income of the foundation's exempt purposes (other than	ne is reported in co	olumn (e) of Par	t XV-A contribu	ited importantly to t	ne accomplishme
					<u> </u>	
					H1	- 14
		<u>-</u>	 			
						orm <b>990-PF</b> (2

200000	2.500.000.00	Organizations								
1 Di	d the orga	nization directly or inc	lirectly enga	ge in any of the fol	lowing with any	other organization described			Yes	No
in	section 50	01(c) (other than secti	on 501(c)(3)	organizations) or i	in section 527, r	relating to political		E C		
on	ganization	s?								
a Tr	ansfers fro	om the reporting found	dation to a ne	oncharitable exemp	pt organization	of:				1
	) Cash							1a(1)		X
(2	) Other as							1a(2)		X
	ther transa									
			able exemp	t organization				1b(1)		X
12	) Purchas	es of assets from a n	oncharitable	exempt organizati	on			1b(2)		X
						***************************************		1b(3)		X
IA	) Reimbu	rsement arrangement	s					1b(4)		X
15	loanso	r loan quarantees						1b(5)		X
16	) Perform	ance of services or m	embership c	or fundraising solici	tations			1b(6)		X
•		acilities, equipment, π						1c		X
						umn (b) should always show the		-02		7 - 7-
						If the foundation received less th				
						of the goods, other assets, or se				
	ine no	(b) Amount involved	1 —	of noncharitable exemp		(d) Description of transfers, tra		arrange	ments	
	NIC IN	(b) Alliborit sivolved	(6) 146.110	O TIONES ISSUED CACING	or guracumon.	(-)				_
I/A										
									-	
			<del> </del>							
										—
			<del>                                     </del>				<del></del>			
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			<del>                                     </del>							
			<u> </u>							—
			<del></del>							<del></del>
			<del></del>							
			<u> </u>							
							<u> </u>			
							<u> </u>			
				<u></u>						
2a Is	the found	lation directly or indire	ctly affiliated	d with, or related to	, one or more ta	ax-exempt organizations				=
de	escribed i	n section 501(c) (othe	r than sectio	n 501(c)(3)) or in s	section 527?			_ Y	es 🛚	No
b If	"Yes," co	mplete the following s	chedule.							
	(4	) Name of organization		(b) Type of or	rganization	(c) Descrip	tion of relationship			
N/	/A									
	Under pe	nalties of perjury, I declare	that I have exam	mined this return, includ	ing accompanying s	schedules and statements, and to the be	st of my knowledge an	d belief, i	t is true	Š.
	correct, a	ind complete. Declaration of	f preparer (othe	er than taxpayer) is base	ed on all information	of which preparer has any knowledge.	May the IRS	iscuss thi	s return	$\neg$
Sign							with the prepa			
Here							See instruction	ns X	Yes	No
icic	k				1	TREA	ASURER			
	Sloo	nature of officer or trustee			Date			_		
	<del>                                     </del>						Date			
	Print/T	ype preparer's name			Preparer's signal		Jake Jake	,	Chec sett-e	k if mployed
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repar	er	N L CHAREST,			pp sell	-, ( - 0 - ) / ()	DTIN DA	0175	<u>851</u>	3
Jse O	nlv Firm's	name ► LG&H		ताहर दाहात			0.0	-07		
	Firm's				STE 5			7-99		
		BANG	OR, ME	04401				orm 99		
							F	orm ag	U-LL	(2021)

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year MADISON BRADBURY I NONE 852 INTERVALE RD SCHOLARSHIP 1,000 NEW GLOUCESTER ME 04260 ELLA BAPTISTA I NONE 40 OXFORD ST 1,000 SCHOLARSHIP FRYEBURG ME 04037 SIMON ST PIERRE 39 FAIRWAY DR NONE I SCHOLARSHIP 1,000 FRYEBURG ME 04010 **▶** 3a Total Approved for future payment GAVIN SYCHTERZ I 78 GRANT ST NONE 1,000 SCHOLARSHIP BANGOR ME 04401 MADISON PAIGE HIGGINS I 7 VALLEY LANE NONE 1,000 SCHOLARSHIP SEBAGO ME 04029 PAIGE ELIZABETH BOIS I 295 MANCHESTER ROAD NONE SCHOLARSHIP 1,000 STEEP FALLS ME 04085 ▶ 3b Total

Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year N/A ▶ 3a Total b Approved for future payment ABIGAIL MARIE O'BRIEN NONE I 29 LILAC LANE 1,000 GORHAM ME 04038 SCHOLARSHIP JACKSON LESTER THERIAULT NONE I 107 MADISON AVE SCHOLARSHIP 2,000 MADISON ME 04950 JESSE LEE DIXON I NONE 84 CROSBY RD SCHOLARSHIP 2,000 ALBION ME 04910 ▶ 3b **Total** Form 990-PF (2021)

DAA

Form 990-PF (2021) DEMOLAY & PINE TREE YOUTH FOUNDATIO23-7007195 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 any foundation manager or substantial contributor Purpose of grant or status of Amount contribution recipient Name and address (home or business) a Paid during the year N/A ▶ 3a Total b Approved for future payment REILLY ALDEN BROWN NONE I 81 WILEY RD 2,500 SCHOLARSHIP **STOW ME 04037** RYAN JAMES BALL NONE I 153 PURITAN DRIVE SCHOLARSHIP 1,500 WESTBROOK ME 04092 LYDIA PEASE

NONE

I

1,000

SCHOLARSHIP

▶ 3b

**Total** 

177 BLANCHARD RD

SPRINGVALE ME 04083

Form 990-PF (2021) DEMOLAY & PINE TREE YOUTH FOUNDATIO23-7007195 Page 11 Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or status of Amount contribution recipient Name and address (home or business) a Paid during the year N/A

Total				
b Approved for future payment LOGAN CHARLOTTE BROWN 498 DURHAM RD BRUNSWICK ME 04011	NONE	I	SCHOLARSHIP	750
MATTHEW RYAN ROBICHAUD 74 HICKORY LANE YARMOUTH ME 04096	NONE	I	SCHOLARSHIP	750
ROSE MARIE SCHENSTROM PO BOX 101 BROWNFIELD ME 04010	NONE	I	SCHOLARSHIP	500
Total			▶ 3b	

Page 11 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year N/A ▶ 3a Total b Approved for future payment CHLOE KEYO SHEAHAN I 1 PORCUPINE LANE NONE 500 SEDGWICK ME 04676 SCHOLARSHIP DANA T HAMLIN 305 ADAMS RD NONE I 1,500 SCHOLARSHIP STONEHAM ME 04231 ANDREW C GUIOU NONE I 133 BLAINE RD

1,500

SCHOLARSHIP

**▶** 3b

**Total** 

FARMINGDALE ME 04344

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year N/A 3a Total **b** Approved for future payment SHELBY PURSLOW PO BOX 165 NONE I LOVELL ME 04051 SCHOLARSHIP 1,000 JULIA R BENSON 140 PARK ST #B NONE I ROCKPORT ME 04856 SCHOLARSHIP 1,500 SARAH HELENA ROSEN 17 LEGROS LANE TRES. DAUGHTER SCHOLARSHIP 750 ARUNDEL ME 04046

▶ 3b

Total

3 Grants and Contributions Paid Durin	the Year or Approved	for Future Paymer	nt	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year N/A				
		<u> </u>	1	
Total			▶ 3a	
b Approved for future payment ALEXANDRA ROSE LIGHT 5 DUNDEE RD GORHAM ME 04038	NONE	I	SCHOLARSHI	P 1,000
JADE BLOOD 390 MAIN ST LOVELL ME 04051	NONE	I	SCHOLARSHI	P 750
Total		LINES OF SCHOOLS - STREET LINES - ALL		
Total		CONTRACTOR AND CONTRA		I

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

**Employer identification number** Name of the organization DEMOLAY & PINE TREE YOUTH FOUNDATIO 23-7007195 Organization type (check one): Section: Filers of: 501(c)( ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule 8 (Form 990), but it

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

must 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 Form 990-PF, Part I, line

Name of organization

DEMOLAY & PINE TREE YOUTH FOUNDATIO

Employer identification number 23-7007195

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MAINE GRAND ASSEMBLY RAINBOW 16 BLACKTHORNE LN GRAY ME 04039	s 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ST-SEASE		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
No.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
#31311		<b>S</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 . 64.63		s	Person Payroll Noncash (Complete Part II for noncash contributions.)

23-7007195		Federal S	Federal Statements		
		Statement 1 - Form 990-PF,	- Form 990-PF, Part I, Line 11 - Other Income	Income	
	Description		Revenue per Books	Net investment Income	Adjusted Net Income
CLASS ACTION LITIGATION TOTAL	LITIGATION		\$ 1,326 \$ 1,326	\$ 1,326 \$ 1,326	w w
	St.	Statement 2 - Form 990-PF, Pa	rm 990-PF, Part I, Line 16b - Accounting Fees	nting Fees	
ACCOUNTING 1	<b>Description</b> FEES	Total \$ 3,810 \$ 3,810	Net Investment \$ 1,905 \$ 1,905	Adjusted Net	Charitable Purpose \$ 1,905
·	Stater	Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees	I, Line 16c - Other Profi	essional Fees	
MANAGEMENT FI	Description	<b>Total</b>	Net   Investment   \$   4,872   \$   4,872	Adjusted Net	Charitable Purpose
		Statement 4 - Form 990	- Form 990-PF, Part I, Line 18 - Taxes	Xes	
	Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FEDERAL TAXES PAID TOTAL	S PAID	\$ 1,572 \$ 1,572	w w	\$ \$	0 v v
					4
1				:	

23-7007195

# **Federal Statements**

# Statement 8 - Form 990-PF, Part III, Line 5 - Other Decreases

		Descrip	otion	_	An	nount
NET UNREALIZED	LOSSES	FROM	INVESTMENTS	\$		259,869
TOTAL				ş		259,869

23-7007195	Federal Statements	tatement	S		
Statement 9 - Form 990-PF,	-PF, Part VII, Line 1	- List of Of	, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.	ustees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
FRANK PALMER, SR. 271 N. RAYMOND ROAD RAYMOND ME 04071	TRUSTEE	0.10	0	0	0
JONATHAN ROSEN 17 LEGROS LANE ARUNDEL ME 04046	TREASURER	0.50	0	0	0
MICHAEL H. ACKER 19 RIDGE ROAD BATH ME 04530	TRUSTEE	0.10	0	0	0
A. JAMES ROSS 137 ALBION ROAD WINDHAM ME 04062	TRUSTEE	0.10	0	0	0
BENJAMIN J. WEISNER 83 HIGH ST APT 4 AUBURN ME 04210	VICE PRESIDE	0.50	0	0	0
PAUL H. DESCHAMBAULT 118 SACO RD. HOLLIS CENTER ME 04042	TRUSTEE	0.10	0	0	0
JAMES HAVU 8 BRENTWOOD ROAD AUGUSTA ME 04330	SECRETARY/CL	0.75	0	0	0
THOMAS PULKKINEN PO BOX 413 EAST BOOTHBAY ME 04544	TRUSTEE	0.10	0	0	0
ROK MORIN 15 WOODLAND LN PHIPPSBURG ME 04562	TRUSTEE	0.10	0	0	0
DANIEL E. BARTLETT 502 MILLVALE RD BUCKSPORT ME 04416	TRUSTEE	0.10	0	0	0
		!			o o

23-7007195	Federal Statements	tements	:		
Statement 9 - Form 990-PF	Part VIII,	List of Office	Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	stees, Etc.	
Name and Address	A	Average Hours C	Compensation	Benefits	Expenses
JEFFRY A. SIMONTON 116 MAPLE AVE UNIT 1 SCARBOROUGH ME 04074	TRUSTEE	0.10	0	0	0
MICHAEL I THERIAULT 107 MADISON AVE MADISON ME 04950	TRUSTEE	0.10	0	0	0
DEBORA REDMOND 16 BLACKTHORNE LN GRAY ME 04039	TRUSTEE	0.10	0	0	0
JOHN KNOX 46 BRIARWOOD LN WINDHAM ME 04062	PRESIDENT	0.25	0	0	0
DONALD W. PRATT 17 MAPLE GROVE RD SOUTH CHINA ME 04358	TRUSTEE	0.10	0	0	0
STEVEN E. GIBBONS 100 MOLYNEAUX ROAD CAMDEN ME 04843	TRUSTEE	0.10	0	0	0
TIMOTHY E. LIBBY 158 WINN ROAD FALMOUTH ME 04105	TRUSTEE	0.10	0	0	0
DANIEL G. HANSON 312 LINE ROAD CORINNA ME 04928	TRUSTEE	0.10	0	0	0
GALEN WHITE PO BOX 1425 HOULTON ME 04730	TRUSTEE	0.10	0	0	0
ROBERT MCKINLEY	TRUSTEE	0.10	0	0	0
	,				6

### **Federal Statements**

#### Statement 10 - Form 990-PF, Part XIV, Line 2b - Application Format and Required Contents

#### Description

FORMS ARE AVAILABLE ONLINE. APPLICANTS ARE REQUIRED TO RETURN THREE COMPLETED, SIGNED COPIES OF THE APPLICATION, THREE COPIES OF THEIR HIGH SCHOOL TRANSCRIPT, THREE COPIES OF A PERSONAL SUMMARY (SELF DESCRIPTION LISTING PARTICIPATION IN ACTIVITES, OFFICES HELD IN SCHOOL AND CLUBS, HONORS RECEIVED), AND THREE COPIES OF A PERSONAL NARRATIVE (SELF DESCRIPTION OF BACKGROUND, INTERESTS, AND FUTURE PLANS).

#### Form 990-PF, Part XIV, Line 2c - Submission Deadlines

Description

MARCH 24, 2023

#### Statement 11 - Form 990-PF, Part XIV, Line 2d - Award Restrictions or Limitations

#### Description

AWARDED TO YOUNG MEN AND WOMEN GRADUATING FROM HIGH SCHOOL IN MAINE AND WHO ARE CONTINUING THEIR FORMAL EDUCATION