## Form **990-PF**

## **Return of Private Foundation**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to <a href="https://www.irs.gov/Form990PF">www.irs.gov/Form990PF</a> for instructions and the latest information.

Open to Public Inspection

For	cale	ndar year 2023 or tax year beginning	, 20	023, and	ending	·	, 20
Nam	ne of fou	undation	·		A Employe	r identification number	7
RO	BERT	W BELKNAP MD FREE BED FUND			01-6011	1506	
		d street (or P.O. box number if mail is not delivered to street address)	Ro	om/suite	+	e number (see instruction	ins)
7	BET.K	NAP POINT ROAD			(207) 38	30-4977	
City	or town	, state or province, country, and ZIP or foreign postal code					
		SCOTTA, ME 04543			C ii exempt	ion application is pendin	g, check here
			of a former public cl	narity	D 1 Foreig	n organizations, check h	nere
•	JIIOOK (	Final return Amended ret		ianty	_	-	
		Address change Name chang				n organizations meeting here and attach comput	, L
H (	Chack t	type of organization: X Section 501(c)(3) exempt private for			1	·	
			le private foundatio	n		foundation status was te 07(b)(1)(A), check here	
		arket value of all assets at J Accounting method:		Accrual	1		
		year (from Part II, col. (c),	I Casii I P	Cordai		ndation is in a 60-month ction 507(b)(1)(B), check	
	ine 16)		oo on cach hacie \		under set	Stion 307 (b)(1)(b), cnecr	there
_	art I	Analysis of Revenue and Expenses (The total of	De on cash basis.)				(d) Distance and a
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and	( <b>b</b> ) Ne	t investment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions).)	expenses per books		ncome	income	purposes (cash basis only)
_	1	Contributions gifts grants at a received (attach school de)	1 00				(odorr badis offiy)
	2	Contributions, gifts, grants, etc., received (attach schedule)  Check I if the foundation is not required to attach Sch. B	1,865	9			
	3						
		Interest on savings and temporary cash investments	6 670		6 670	6 670	
	4	Dividends and interest from securities	6,670	<del>'</del>	6,670	6,670	
	5a	Gross rents					
	b	Net rental income or (loss)					
e	6a	Net gain or (loss) from sale of assets not on line 10	5,749	,			
e	b	Gross sales price for all assets on line 6a 23,146					
Revenue	7	Capital gain net income (from Part IV, line 2)			5,749		
Œ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances •					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	14,284	l l	12,419	6,670	
Ś	13	Compensation of officers, directors, trustees, etc					
se	14	Other employee salaries and wages					
ē	15	Pension plans, employee benefits					
X	16a	Legal fees (attach schedule)					
ē	b	Accounting fees (attach schedule) STM108	450		450	450	
Operating and Administrative Expenses	C .	Other professional fees (attach schedule) STM109 · · · ·	2,817	<u>'                                       </u>	2,817	2,817	
štr	17	Interest					
nis	18	Taxes (attach schedule) (see instructions) STM110 · · · ·	51	-	51	51	
<u>=</u>	19	Depreciation (attach schedule) and depletion		+			
Ad	20	Occupancy		+			
pq	21	Travel, conferences, and meetings		+			
ā	22	Printing and publications					
ing	23	Other expenses (attach schedule) STM103	352	2	352	352	
rat	24	Total operating and administrative expenses.					
þe		Add lines 13 through 23	3,670		3,670	3,670	0
0		Contributions, gifts, grants paid	18,000				18,000
_	26	Total expenses and disbursements. Add lines 24 and 25 .	21,670	)	3,670	3,670	18,000
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements .	(7,386	5)			
	b	Net investment income (if negative, enter -0-)			8,749		
	С	Adjusted net income (if negative, enter -0-)				3,000	

Pa	ırt II	Balance Sheets Attached schedules and amounts in the description column	End of year			
		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	697	1,511	1,511	
	2	Savings and temporary cash investments	19,865	29,276	29,276	
	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 (attach schedule)				
		Less: allowance for doubtful accounts				
Assets	8	Inventories for sale or use				
SS	9	Prepaid expenses and deferred charges STM136				
٩		Investments - U.S. and state government obligations (attach schedule)	16,732			
		Investments - corporate stock (attach schedule) · · · · STM137 · · ·	168,434	167,555	354,136	
	С	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment: basis				
		Less: accumulated depreciation (attach schedule)				
		Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and equipment: basis				
		Less: accumulated depreciation (attach schedule)				
	15	Other assets (describe)				
	16	Total assets (to be completed by all filers - see the				
		instructions. Also, see page 1, item I)	205,728	198,342	384,923	
	17	Accounts payable and accrued expenses				
S	18	Grants payable				
Ë	19	Deferred revenue				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons • •				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)	0	0		
es		Foundations that follow FASB ASC 958, check here and				
alances	24	complete lines 24, 25, 29, and 30				
aga	24 25	ALC: CONTRACTOR OF THE CONTRAC				
8	25	Foundations that do not follow FASB ASC 958, check				
or Fund B		here and complete lines 26 through 30				
Ĺ	26	Capital stock, trust principal, or current funds	205 720	100 242		
	27	Paid-in or capital surplus, or land, bldg., and equipment fund	205,728	198,342		
Net Assets	28	Retained earnings, accumulated income, endowment, or other funds				
SSI	29	Total net assets or fund balances (see instructions)	205,728	198,342		
ž.	30	Total liabilities and net assets/fund balances (see	203, 728	190,342		
ž		instructions)	205,728	198,342		
Pa	rt III		203, 726	190,342		
		al net assets or fund balances at beginning of year - Part II, column (a), line 29 (	must agree with			
•		-of-year figure reported on prior year's return)		1	205,728	
2		er amount from Part I, line 27a			(7,386)	
3		er increases not included in line 2 (itemize)			(1,300)	
4		I lines 1, 2, and 3			198,342	
5		preases not included in line 2 (itemize)		5	200,042	
6		al net assets or fund balances at end of year (line 4 minus line 5) - Part II, colum	ın (b), line 29	6	198,342	
		, , , , , , , , , , , , , , , , , , , ,				

Form 9		r w belknap md free bed d Losses for Tax on Invest			01-6011	506 Page 3
Tart	(a) List and describe th	e kind(s) of property sold (for example, re house; or common stock, 200 shs. MLC	eal estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	50 NOVO NORDISK			P	11-26-2010	12-04-2023
	17000 US TREAS SER A	F 2023		P	11-28-2022	11-30-2023
	15 VERALTO CORP			P	11-26-2010	12-01-2023
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		ain or (loss) s (f) minus (g))
а	4,998			514		4,484
b	17,000			16,705		295
c	1,148			178		970
d						
e						
	Complete only for assets show	ving gain in column (h) and owned b	y the foundation on 1	2/31/69.	(I) Gains (C	ol. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col. (j		col. (k), but no	ot less than -0-) <b>or</b> from col. (h))
а						4,484
b						295
С						970
d						
е						
2	Capital gain net income or (ne	t capital loss) <b>[</b>	gain, also enter in Pa (loss), enter -0- in Pa	· }	2	5,749
3	, ,	(loss) as defined in sections 1222(5)	` '			
	•	e 8, column (c). See instructions. If (le	,-	}	3	
Part	V Excise Tax Based of	on Investment Income (Section	on 4940(a), 4940(l	o), or 4948 - see	instructions)	
1a	Exempt operating foundations	described in section 4940(d)(2), che	eck here and en	nter "N/A" on line 1.		
	Date of ruling or determination	letter: (attach o	copy of letter if necess	sary-see instructions	s)	122
b	All other domestic foundations	enter 1.39% (0.0139) of line 27b. E	xempt foreign organi	zations, enter		
	4% (0.04) of Part I, line 12, co	l. (b)			J	
2	Tax under section 511 (domes	tic section 4947(a)(1) trusts and taxa	able foundations only	r; others, enter -0-)		2 0
3	Add lines 1 and 2					122
4	Subtitle A (income) tax (domes	stic section 4947(a)(1) trusts and tax	able foundations only	y; others, enter -0-)		0
5	Tax based on investment inc	come. Subtract line 4 from line 3. If ze	ero or less, enter -0-			122
6	Credits/Payments:					
а	2023 estimated tax payments	and 2022 overpayment credited to 2	023	6a		
b	Exempt foreign organizations	tax withheld at source		6b		
С	Tax paid with application for ex	xtension of time to file (Form 8868)		6c		
d	Backup withholding erroneous	sly withheld		6d		
7	Total credits and payments. Ac	dd lines 6a through 6d		<del></del>		7
8	Enter any <b>penalty</b> for underpa	yment of estimated tax. Check here	if For	m 2220 is attached	1	3
9	Tax due. If the total of lines 5 a	and 8 is more than line 7, enter <b>amou</b>	nt owed			122
10	Overpayment. If line 7 is more	than the total of lines 5 and 8, enter	the <b>amount overpai</b>	d • • • • • •	1	0
11	Enter the amount of line 10 to b	oe: Credited to 2024 estimated tax			Refunded . 1	1
EEA			<u> </u>			Form <b>990-PF</b> (2023)

	990-PF (2023) ROBERT W BELKNAP MD FREE BED FUND 01-60115	)6		Page 4
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
ıa	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	"	1	<u> </u>
b	instructions for the definition	. 1b		
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials	- 12	,	X
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	. 10		v
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	- 10	·	X
ű	(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	-		
·	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		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	. 3		х
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 <b>Form 990-T</b> for this year?	4b		+^
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	_	х
Ū	If "Yes," attach the statement required by <i>General Instruction T</i> .	J		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
·	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	. 6	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		X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	-	A	
	ME			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	-		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	. 8t	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes,"			
	complete Part XIII	. 9	х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		+	
	names and addresses	. 10	,	x
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			1
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	.   11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	. 12	<u>.</u>	x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	. 13	х	
	Website address N/A	<u> </u>		
14	The books are in care of SAMUEL L BELKNAP JR. Telephone no. 207–38	0-49	17	
	Located at 7 BELKNAP POINT ROAD, DAMARISCOTTA, ME ZIP+4 04543	<u> </u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here			
	and enter the amount of tax-exempt interest received or accrued during the year			_
16	At any time during calendar year 2023, 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	-	х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			

## Statements Regarding Activities for Which Form 4720 May Be Required Part VI-B No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes During the year, did the foundation (either directly or indirectly): 1a(1) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Х (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified 1a(2) x (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? 1a(3) Х (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? 1a(4) (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)? 1a(5) Х (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.) 1a(6) Х If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions 1b 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 1d Х 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)): At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years 2a Х 20 \_\_\_\_\_, 20 \_\_\_\_\_, 20 \_\_\_\_\_, 20 \_\_\_\_ Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) 2b Х If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 \_\_\_\_\_, 20 \_\_\_\_\_\_, 20 \_\_\_\_\_\_, 20 \_\_\_\_\_ Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time 3a За during the year? Х If "Yes," did it have excess business holdings in 2023 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.) 3b Did the foundation invest during the year any amount in a manner that would jeopardize its charitable X Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning 4b X

EEA Form **990-PF** (2023)

Part	VI-B Statements Regarding Activities	for Wh	ich Form 4	720 M	ay Be Red	uired	(continued)	•		9
5a	During the year, did the foundation pay or incur any amou						,		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influer	nce legisl	ation (section 4	945(e))?				5a(1)		х
	(2) Influence the outcome of any specific public election	(see sec	ction 4955); or to	o carry o	n, directly or					
	indirectly, any voter registration drive?							5a(2)		х
	(3) Provide a grant to an individual for travel, study, or ot	her simil	ar purposes?					5a(3)		х
	(4) Provide a grant to an organization other than a charit	table, etc	., organization	describe	d in section 4	945(d)				
	(4)(A)? See instructions							5a(4)		х
	(5) Provide for any purpose other than religious, charitat	ole, scier	ntific, literary, or	educatio	nal purposes	, or for				
	the prevention of cruelty to children or animals?							5a(5)		Х
b	If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transact	ions fail t	o qualify under t	the excep	otions describ	ed				
	in Regulations section 53.4945 or in a current notice rega	arding dis	saster assistand	e? See i	instructions		<u>.</u>	5b		
С	Organizations relying on a current notice regarding disas-	ter assis	tance, check he	ere •			🗌			
d	If the answer is "Yes" to question 5a(4), does the foundat	ion claim	n exemption from	n the tax	because it					
	maintained expenditure responsibility for the grant?							5d		
	If "Yes," attach the statement required by Regulations sec	ction 53.4	4945-5(d).							
6a	Did the foundation, during the year, receive any funds, dir	rectly or i	indirectly, to pay	premiur	ms on a pers	onal				
	benefit contract?							6a		Х
b	Did the foundation, during the year, pay premiums, direct	ly or indi	rectly, on a pers	onal ber	nefit contract	? .		6b		Х
	If "Yes" to 6b, file Form 8870.									
7a	At any time during the tax year, was the foundation a part	ty to a pr	ohibited tax she	lter trans	saction?			7a		Х
b	If "Yes," did the foundation receive any proceeds or have	•						7b		
8	Is the foundation subject to the section 4960 tax on paym	nent(s) of	more than \$1,0	000,000	in remunerat	on or				
David	excess parachute payment(s) during the year?	· · · ·					· · · · · · · · · · · ·	8		Х
Part		ors, iru	ustees, Fou	indatio	on wanag	ers, H	igniy Paid Em	pioyee	es, ar	na
	Contractors			ما خام ما		O				
_1_	List all officers, directors, trustees, and found		nanagers and e, and average		compensation		Contributions to			
	(a) Name and address	` hou	rs per week ed to position	`´(If n	ot paid, ter -0-)	emple	oyee benefit plans erred compensation	(e) Expe	nse aco allowan	
DANIE	EL F BELKNAP	PRESI	DENT							
56 WZ	ATER STREET DAMARISCOTTA ME 04543		1.30		0		0			0
JACQU	JELIN A BELKNAP	VICE	PRESIDENT							
10 BE	ELKNAP POINT ROAD DAMARI ME 04543		0.60		0		0			0
SAMUE	EL L BELKNAP JR.	TREAS	URER							
7 BEI	LKNAP POINT ROAD DAMARIS ME 04543		1.30		0		0			0
MARTI	HA B REED	SECRE	TARY							
53 W	ATER STREET DAMARISCOTTA ME 04543		1.90		0		0			0
2	Compensation of five highest-paid employees	s (other	than those	include	ed on line	l - see	instructions). If	none,	enter	
	"NONE."				ı		I			
(8	a) Name and address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	eek	(c) Comper	sation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expe	nse aco allowan	
NONE										
Total	number of other employees paid over \$50,000 .									0

EEA Form **990-PF** (2023)

Page Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Part VII

	Contractors (continued)		
3	Five highest-paid independent contractors for professional services. S	See instructions. If none, enter "	NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total	number of others receiving over \$50,000 for professional services		
	VIII-A Summary of Direct Charitable Activities		
Lis	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistica	al information such as the number of	
	anizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 C	HECK PAID TO LINCOLN HEALTH; 35 MILES STREET;		
	AMARISCOTTA, ME 04543 (LOCAL HOSPITAL) TO PAY ON		
	JTSTANDING PATIENT BILLS; ONLY ACTIVITY; DESCRIPTION A		18,000
2	SIDILIDING IIIIIMI BIBBO, ONDI IIGIIVIII, BEDONIIIION II		20,000
3			
_			
4			
•			
Part	VIII-B Summary of Program-Related Investments (see instruct	ions)	
	scribe the two largest program-related investments made by the foundation during the tax year on lin	•	Amount
1	some the two talgest program rotates invocations made by the foundation during the tax year or in	oo rana E.	7 tillount
•			
2			
_			
	other program-related investments. See instructions.		
3	outet program-related investments. See instructions.		
3			
Total	Add lines 1 through 2		
ı otal.	Add lines 1 through 3		F

EEA Form **990-PF** (2023) Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: Average monthly fair market value of securities ................. 1a а 348,195 b 1b 9,060 Fair market value of all other assets (see instructions) C 1c 0 1d 357,255 d **Total** (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets 2 2 0 3 357,255 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see 4 5,359 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 5 351,896 Minimum investment return. Enter 5% (0.05) of line 5 6 17,595 Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here | | and do not complete this part.) 1 1 17,595 Tax on investment income for 2022 from Part V, line 5 2a 2a 122 Income tax for 2022. (This does not include the tax from Part V.) Add lines 2a and 2b 2c С 122 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 17,473 4 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 5 17,473 6 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 7 17,473 Part XI Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 18,000 1b 2 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: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 4 18,000

EEA

Form **990-PF** (2023)

Undistributed Income (see instructions) Part XII (d) Corpus Years prior to 2022 2023 1 Distributable amount for 2023 from Part X, line 7 17,473 2 Undistributed income, if any, as of the end of 2023: Enter amount for 2022 only Total for prior years: 20 , 20 , 20 Excess distributions carryover, if any, to 2023: From 2018 . . . . . . . . . . . . From 2019 . . . . . . . . . . . . From 2020 . . . . . . . . . . . **d** From 2021 . . . . . . . . . . From 2022 . . . . . . . . . . . . Total of lines 3a through e . . . . . . . . . . . . . Qualifying distributions for 2023 from Part XI, line 4: \$ 18,000 Applied to 2022, but not more than line 2a Applied to undistributed income of prior years (Election required - see instructions) c Treated as distributions out of corpus (Election required - see instructions) **d** Applied to 2023 distributable amount 17,473 Remaining amount distributed out of corpus 527 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 527 Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed Subtract line 6c from line 6b. Taxable amount - see instructions . . . . . . e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instructions Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be 0 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) . . . . . . . . . . . . Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a 527 10 Analysis of line 9: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023 527

Part	Aiii Private Operating Founda	ations (see instru	ictions and Part	vi-A, question 9	)	
1a	If the foundation has received a ruling or deter	mination letter that it i	s a private operating			
	foundation, and the ruling is effective for 2023	, enter the date of the	ruling			
b	Check box to indicate whether the foundation	is a private operating	foundation described	in section	• • • 4942(j)(3	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		, , <b>-</b>
	income from Part I or the minimum investment return from Part IX for	(a) 2023	<b>(b)</b> 2022	(c) 2021	(d) 2020	(e) Total
	each year listed	3,000	3,036	5,899		11,935
b	85% (0.85) of line 2a	2,550	2,581	5,014		10,145
С	Qualifying distributions from Part XI, line 4, for each year listed	18,000				18,000
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	18,000				18,000
3	Complete 3a, b, or c for the					
а	alternative test relied upon: "Assets" alternative test - enter: (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3					
	of minimum investment return shown in					
	Part IX, line 6, for each year listed • • • • •	11,730				11,730
С	"Support" alternative test - enter:  (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	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					
Part				e foundation ha	ad \$5,000 or mo	ore in assets at
	any time during the year -		S.)			
1	Information Regarding Foundation Manag	•				
а	List any managers of the foundation who have before the close of any tax year (but only if the					
b	List any managers of the foundation who own ownership of a partnership or other entity) of				portion of the	
2	Information Regarding Contribution, Gran	nt, Gift, Loan, Schola	rship, etc., Program	ıs:		
	Check here 🗵 if the foundation only makes unsolicited requests for funds. If the foundation complete items 2a, b, c, and d. See instruction	on makes gifts, grants				
а	The name, address, and telephone number of		e person to whom app	olications should be a	ddressed:	
b	The form in which applications should be sub	omitted and information	n and materials they	should include:		
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, suc factors:	h as by geographical a	areas, charitable field	ls, kinds of institutions	s, or other	

Form **990-PF** (2023) EEA

Page 11

Part XIV **Supplementary Information** (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation status of recipient Purpose of grant or contribution Amount any foundation manager or substantial contributor Name and address (home or business) Paid during the year LINCOLN HEALTH 35 MILES STREET NON-PROFIT FINANCIAL AID FOR HOSPITAL DAMARISCOTTA ME 04543 NC PATIENTS WITH OVERDUE 18,000 18,000 Approved for future payment Total 

Form **990-PF** (2023) EEA

Form 990-PF (2023) Page **12** ROBERT W BELKNAP MD FREE BED FUND 01-6011506 Analysis of Income-Producing Activities Part XV-A Enter gross amounts unless otherwise indicated. Excluded by section 512, 513, or 514 (e) Unrelated business income Related or exempt function income (a) (b) (c) (d) (See instructions.) Business code Exclusion code Amount Amount Program service revenue: d f **g** Fees and contracts from government agencies . . . 3 Interest on savings and temporary cash investments . . 14 4 5 Net rental income or (loss) from real estate: **b** Not debt-financed property Net rental income or (loss) from personal property . . . 7 Gain or (loss) from sales of assets other than inventory . 9 Net income or (loss) from special events . . . . . . 10 Gross profit or (loss) from sales of inventory . . . . . . 11 Other revenue: a b Subtotal. Add columns (b), (d), and (e) **Total.** Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes Line No. Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

Form 990-PF (2023) EEA

Form 990-PF (2023)
Part XVI Infe 23) ROBERT W BELKNAP MD FREE BED FUND 01-6011506
Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the	e organization direc	tly or indirectly enga	ge in any o	f the followin	g with any ot	her orga	anizati	on described					Yes	No
	in sect	ion 501(c) (other th	an section 501(c)(3)	) organizatio	ons) or in se	ction 527, re	ating to	politic	al						
	organi	zations?													
а	Transf	ers from the reporti	ng foundation to a n	oncharitable	e exempt org	ganization of									
	(1) Ca	ısh • • • • • •											1a(1)		Х
	(2) Ot	her assets											1a(2)		Х
b	Other	transactions:													
	(1) Sa	les of assets to a no	oncharitable exempt	organizatio	n								1b(1)		Х
	<b>(2)</b> Pu	rchases of assets fr	rom a noncharitable	exempt org	anization								1b(2)		<u> </u>
	( <b>3</b> ) Re	ental of facilities, equ	uipment, or other ass	sets									1b(3)		Х
	(4) Re	eimbursement arran	gements										1b(4)		Х
	` '	ans or loan guarant											1b(5)		X
			es or membership o		_		• • • •						1b(6)		<u> </u>
		•	ment, mailing lists, o										1c		Х
		-	above is "Yes," com	-	_				-						
		-	assets, or services (		-										
			r sharing arrangeme												
(a) Line	no. (	b) Amount involved	(c) Name of no	oncharitable	exempt organ	ization	(d) [	Descrip	tion of transfe	rs, trans	sactions	s, and sha	ring arrar	ngemen	ts
	descril	•	or indirectly affiliated c) (other than section owing schedule.					•	zations				☐ Ye	s X	No
		(a) Name of organiz	zation	(	<b>b)</b> Type of org	anization			(c)	Descri	ption of	f relations	hip		
	I lo do:	popultion of particulations	Naro that I have suggested	this roturn !	Judina asser: -	unvina achadul	and state	monte	and to the best -	f my len -	ulodes	and ballet	it in true		
C: ~ ~	correct	penaities of perjury, i dec , and complete. Declarati	clare that I have examined ion of preparer (other thar	i this return, inc n taxpayer) is b	ased on all infor	mation of which	and state preparer h	ments, a nas any	and to the best o knowledge.	t my kno	wieage a	and belief, i	it is true,		
Sign					1								RS discuss		
Here		AMUEL L BELKI	NAP JR		Doto		EASUR	ER					reparer sho ictions.		w? No
	Signa	ture of officer or trustee Print/Type preparer's na	amo	Drone	Date rer's signature	Title	'		Date				PTIN		
Paid		** * *			•						Check	_			
Prepa	rer	Dorothe Bail		· ·	rothe Ba				05-08-2		self-em	nployed	P0125	4877	
Use C			he Bailey Ac					0.4.5 -		Firm's I					
<u> </u>	JIIIY	Firm's address 18 B	elvedere Road	d <u> </u>	Dama	riscott	ME (	U454	3	Phone	no. 2(	<u> </u>	<u>-5405</u>		

## Federal Supporting Statements Name(s) as shown on return ROBERT W BELKNAP MD FREE BED FUND Tax ID Number 01-6011506

FORM 990PF - PART II - LINE 10(A)

STATEMENT #136

INVESTMENTS: STATE AND LOCAL GOVERNMENT OBLIGATION SCHEDULE

CATEGORY	BOOK VALUE (BOY)	BOOK VALUE (EOY)	FMV (EOY)
US TREASURY NOTES	16,732		
TOTALS	16,732		

PG01

FORM 990PF - PART II - LINE 10(B)

STATEMENT #137

INVESTMENTS: CORPORATE STOCK SCHEDULE

CATEGORY	BOY	BOOK VALUE	EOY FMV
CORPORATE STOCKS	168,434	167,555	354,136
TOTALS	168,434	167,555	354,136

ame(s) as shown on return		Federal Su	pporting Stater	nents	<b>2023</b> PG01 Tax ID Number
BERT W BELKNAP MD FREE	BED FUND				01-6011506
	FORM 9901	PF - PART I - LINE	25 - SUBSIDIARY SCH	EDULE	SUBSIDIARY STATEM
ESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
NCOLN HEALTH	18,000	18,000	18,000	18,000	
DTALS	18,000	18,000	18,000	18,000	
	FORM 990PF	- PART I - LINE 23	3 - OTHER EXPENSES S	CHEDULE	PG01 STATEMENT #103~
					"
SCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
ER EXPENSES	352	352	352	0	
TALS	352	352	352	0_	
IAID				<u>~</u>	

Name(s) as shown on return  BERT W BELKNAP MD FREE E	SED FUND	Federal Su	pporting Stater	nents	<b>2023</b> PG01 Tax ID Number 01-6011506
	FORM 990PF -	PART I - LINE 16 (E	B) - ACCOUNTING FEES	SCHEDULE	STATEMENT #108~
	REVENUE	NET	ADJUSTED	CHARITABLE	
COUNTING FEES	AND EXPENSES450	450	<b>NET INCOME</b> 450	PURPOSE	
COUNTING FEES	430	4.50	450		
OTALS	450	450	450	0	
					PG01
	FORM 990PF - PAR	T I - LINE 16(C) -	OTHER PROFESSIONAL	FEES SCHEDULE	STATEMENT #109~
	REVENUE	NET	ADJUSTED	CHARITABLE	
ESCRIPTION	AND EXPENSES	INVESTMENT	NET INCOME	PURPOSE	
NAGEMENT FEES	2,817	2,817	2,817	0	
OTALS	2,817	2,817	2,817	<u>0</u>	

	Federal Supporting Statements				2023 PG01
Name(s) as shown on return  ROBERT W BELKNAP MD FREE BED FUND					Tax ID Number 01-6011506
FORM 990PF - PART I - LINE 18 - TAXES SCHEDULE				STATEMENT #110~	
	REVENUE	NET	ADJUSTED	CHARITABLE	
ES ES	AND EXPENSES	51	NET INCOME 51	PURPOSE	
PALS	51	51	51	0	