

**Return of Organization Exempt From Income Tax**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2002 calendar year, or tax year period beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MAINE COMMUNITY FOUNDATION</b>	<b>D</b> Employer identification number <b>01-0391479</b>
	Please use IRS label or print or type. See Specific instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>245 MAIN STREET</b>	<b>E</b> Telephone number <b>(207) 667-9735</b>

City or town, state or country, and ZIP + 4  
**ELLSWORTH, ME 04605**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Web site: **WWW.MAINECF.ORG**

**J** Organization type (check only one)  501(c)(3) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates \_\_\_\_\_  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN \_\_\_\_\_

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **11,616,191.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	1a	10,015,802.		
	<b>b</b> Indirect public support	1b			
	<b>c</b> Government contributions (grants)	1c			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 10,015,802. noncash \$ _____) ...	1d	10,015,802.		
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2	38,741.		
	<b>3</b> Membership dues and assessments	3			
	<b>4</b> Interest on savings and temporary cash investments	4			
	<b>5</b> Dividends and interest from securities	5	1,561,648.		
	<b>6 a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c			
<b>7</b> Other investment income (describe _____)	7				
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
	Less: cost or other basis and sales expenses	8c			
	Gain or (loss) (attach schedule)	8d			
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	<b>b</b> Less: direct expenses other than fundraising expenses	9b			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
<b>10 a</b> Gross sales of inventory, less returns and allowances		10a			
	<b>b</b> Less: cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
<b>11</b> Other revenue (from Part VII, line 103)	11				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	11,616,191.			
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	13	8,776,887.		
	<b>14</b> Management and general (from line 44, column (C))	14	380,061.		
	<b>15</b> Fundraising (from line 44, column (D))	15	481,834.		
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	17	9,638,782.		
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,977,409.		
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19	89,960,277.		
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 1</b>	20	<8,438,879.>		
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	83,498,807.		

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) ..... cash \$7799766. noncash \$	7,799,766.	7,799,766.	STATEMENT 3	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc. ....	102,000.	34,000.	34,000.	34,000.
26	Other salaries and wages .....	693,330.	290,813.	185,352.	217,165.
27	Pension plan contributions .....	34,346.	14,027.	9,473.	10,846.
28	Other employee benefits .....	55,552.	22,687.	15,321.	17,544.
29	Payroll taxes .....	61,186.	24,988.	16,875.	19,323.
30	Professional fundraising fees .....				
31	Accounting fees .....	16,565.		16,565.	
32	Legal fees .....	11,384.		11,384.	
33	Supplies .....	22,257.	15,778.	2,586.	3,893.
34	Telephone .....	12,863.	6,751.	1,942.	4,170.
35	Postage and shipping .....	25,017.	10,983.	1,518.	12,516.
36	Occupancy .....	43,311.	17,688.	11,945.	13,678.
37	Equipment rental and maintenance .....	30,049.	12,272.	8,288.	9,489.
38	Printing and publications .....	42,248.	418.	24,680.	17,150.
39	Travel .....	22,677.	10,927.	2,603.	9,147.
40	Conferences, conventions, and meetings .....	13,044.	5,084.	4,289.	3,671.
41	Interest .....				
42	Depreciation, depletion, etc. (attach schedule) ...	32,186.	11,158.	11,086.	9,942.
43	Other expenses not covered above (itemize):				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 2	621,001.	499,547.	22,154.	99,300.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	9,638,782.	8,776,887.	380,061.	481,834.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose?

**OPERATION OF STATEWIDE COMMUNITY FOUNDATION**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	<b>OPERATION OF A STATEWIDE COMMUNITY FOUNDATION TO INCREASE PRIVATE CONTRIBUTIONS IN MAINE AND TO SEARCH FOR OPPORTUNITIES TO APPLY THEM MORE EFFECTIVELY.</b> (Grants and allocations \$ 7,799,766.)	8,776,887.
b	_____ (Grants and allocations \$ _____)	
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	8,776,887.

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....		45	
	46 Savings and temporary cash investments .....	3,142,071.	46	3,525,866.
	47 a Accounts receivable .....	47a 2,000.		
	b Less: allowance for doubtful accounts .....	47b	47c	2,000.
	48 a Pledges receivable .....	48a		
	b Less: allowance for doubtful accounts .....	48b	48c	12,000.
	49 Grants receivable .....		49	
	50 Receivables from officers, directors, trustees, and key employees .....		50	
	51 a Other notes and loans receivable .....	51a 10,000.		
	b Less: allowance for doubtful accounts .....	51b	51c	10,000.
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....		53	36,620.
	54 Investments - securities <b>STMT 4</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54	78,591,577.
	55 a Investments - land, buildings, and equipment: basis .....	55a		
b Less: accumulated depreciation .....	55b	55c		
56 Investments - other .....		56		
57 a Land, buildings, and equipment: basis .....	57a 731,373.			
b Less: accumulated depreciation .....	57b 238,845.	57c	492,528.	
58 Other assets (describe <b>▶ SEE STATEMENT 5</b> )		58	1,968,628.	
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b> .....		59	<b>84,627,219.</b>	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....		60	44,420.
	61 Grants payable .....		61	18,368.
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
65 Other liabilities (describe <b>▶ ANNUITIES PAYABLE</b> )		65	1,083,992.	
<b>66 Total liabilities (add lines 60 through 65)</b> .....		66	<b>1,128,412.</b>	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	84,132,647.	67	77,788,317.
	68 Temporarily restricted .....	5,827,630.	68	5,710,490.
	69 Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
<b>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)</b> .....		73	<b>83,498,807.</b>	
<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b> .....		74	<b>91,031,629.</b>	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization SEE STATEMENT 11 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed MAINE		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 21		
91	The books are in care of JAMES GEARY Telephone no. (207) 667-9735		

Located at 245 EAST MAIN STREET, ELLSWORTH, ME

ZIP + 4 04605

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A



**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**MAINE COMMUNITY FOUNDATION**

Employer identification number

**01 0391479**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CARL LITTLE ----- ELLSWORTH, ME 04605	DIR OF MRKING 45	52,864.	6,451.	
ELLEN POPE ----- PO BOX 517, SOUTHWEST HARBOR, ME	VP DONOR REL 45	65,488.	7,832.	
MEREDITH JONES ----- 7 CEDAR ST., BELFAST, ME	VP PROG DEV 45	67,818.	4,268.	
ELIZABETH J. HEWLETT ----- BAR HARBOR, ME 04609	CONTROLLER 45	50,616.	6,797.	
----- ----- -----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CAMBRIDGE ASSOCIATES, LLC ----- 100 SUMMER STREET, BOSTON, MA 02110-2112	INVESTMENT MANAGEMENT	79,039.
----- ----- -----		
----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? .....		X
b Lending of money or other extension of credit? .....		X
c Furnishing of goods, services, or facilities? .....		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b> .....	X	
e Transfer of any part of its income or assets? .....		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) .....	X	
4 Do you have a section 403(b) annuity plan for your employees? .....		X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	12,579,759.	17,297,872.	14,948,670.	13,409,129.	58,235,430.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	23,105.	8,684.	40,728.	15,925.	88,442.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,194,610.	2,460,527.	2,156,416.	1,523,753.	9,335,306.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	15,797,474.	19,767,083.	17,145,814.	14,948,807.	67,659,178.
24 Line 23 minus line 17	15,774,369.	19,758,399.	17,105,086.	14,932,882.	67,570,736.
25 Enter 1% of line 23	157,975.	197,671.	171,458.	149,488.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,351,415.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b 7,749,703.
c Total support for section 509(a)(1) test; Enter line 24, column (e)					26c 67,570,736.
d Add: Amounts from column (e) for lines: 18 9,335,306. 19 _____ 22 _____ 26b 7,749,703.					26d 17,085,009.
e Public support (line 26c minus line 26d total)					26e 50,485,727.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 74.7154%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2001) _____ (2000) _____ (1999) _____ (1998) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test; Enter amount on line 23, column (e)	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
		29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
		30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
	_____		
	_____		
	_____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group. Check  b  if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38	Total lobbying expenditures (add lines 36 and 37) .....	38	
39	Other exempt purpose expenditures .....	39	
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 .....		20% of the amount on line 40 .....
	Over \$500,000 but not over \$1,000,000 .....		\$100,000 plus 15% of the excess over \$500,000 .....
	Over \$1,000,000 but not over \$1,500,000 .....		\$175,000 plus 10% of the excess over \$1,000,000 .....
	Over \$1,500,000 but not over \$17,000,000 .....		\$225,000 plus 5% of the excess over \$1,500,000 .....
	Over \$17,000,000 .....		\$1,000,000 .....
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount .....				0.
46	Lobbying ceiling amount (150% of line 45(e)) .....				0.
47	Total lobbying expenditures .....				0.
48	Grassroots nontaxable amount .....				0.
49	Grassroots ceiling amount (150% of line 48(e)) .....				0.
50	Grassroots lobbying expenditures .....				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
NET UNREALIZED GAINS(LOSSES) ON INVESTMENTS		<8,169,500.>	
TRANSFERS FROM SUPPORTING ORGANIZATIONS		20,137.	
RECOVERIES OF PRIOR YEAR GRANTS		38,290.	
AGENCY FUNDS RETURNED		<327,806.>	
TOTAL TO FORM 990, PART I, LINE 20		<8,438,879.>	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INVESTMENT MANAGE					
FEEs	336,872.	336,579.	293.		
CONSULTING	3,911.	3,011.	900.		
DUES & SUBSCRIPTIONS	9,885.	2,384.	4,094.	3,407.	
INSURANCE	12,838.	5,243.	3,541.	4,054.	
PROFESSIONAL					
TRAINING	28,317.	6,211.	2,587.	19,519.	
PROFESSIONAL					
SERVICES	37,093.	24,854.		12,239.	
ADVERTISING &					
MARKETING	60,470.	389.		60,081.	
DIRECT PROGRAM					
EXPENSES	118,574.	118,574.			
MISCELLANEOUS	13,041.	2,302.	10,739.		
TOTAL TO FM 990, LN 43	621,001.	499,547.	22,154.	99,300.	

FORM 990	CASH GRANTS AND ALLOCATIONS			STATEMENT	3
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
SEE ATTACHED			NONE	7799766.	
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				7799766.	

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
POOLED FUNDS				78591577.	78,591,577.
TO 990, LN 54 COL B				78591577.	78,591,577.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
CASH VALUE LIFE INSURANCE	151,808.
RECEIVABLE FROM TRUSTS	1,811,820.
OTHER ASSETS	5,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,968,628.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 6

DESCRIPTION	AMOUNT
INCOME OF SUPPORTING ORGANIZATIONS	1,581,827.
TOTAL TO FORM 990, PART IV-A	1,581,827.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
EXPENSES OF SUPPORTING ORGANIZATIONS	2,137,265.
TOTAL TO FORM 990, PART IV-B	2,137,265.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 8

DESCRIPTION	AMOUNT
INCOME FROM AGENCY ENDOWMENT ACCOUNTS(FAS # 136)	971,305.
TOTAL TO FORM 990, PART IV-A	971,305.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
EXPENSES OF AGENCY ENDOWMENT ACCOUNTS(FAS # 136)	140,163.
TOTAL TO FORM 990, PART IV-B	140,163.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HENRY L.P. SCHMELZER 4 OAK HILL ROAD MOUNT DESERT, MAINE	PRESIDENT 45	102,000.	6,223.	0.
RACHAEL F. ARMSTRONG 40 THORNHURST RD FALMOUTH FORESIDE, MAINE 04105	DIRECTOR .5	0.	0.	0.
DAVID BECKER 94 NEAL STREET PORTLAND, MAINE 04102	DIRECTOR .5	0.	0.	0.
DAVID W. KING 66 TRAFTON AVE LIMESTONE, ME 04750	DIRECTOR .5	0.	0.	0.
DOUG BROWN 36 CORTLAND CIR BANGOR, MAINE 04401	DIRECTOR .5	0.	0.	0.

FORREST BERKLEY 34 LINCOLN RD WAYLAND, MA 01778	DIRECTOR .5	0.	0.	0.
JAMES E. RIER, JR 21 NORTH ST. MACHIAS, ME 04654	DIRECTOR .5	0.	0.	0.
KATE CHAPPELL PO BOX 710 KENNEBUNK, MAINE 04043	DIRECTOR .5	0.	0.	0.
CAROL RICHARDS 109 ESPARTA WAY SANTA MONICA, CA 90402	DIRECTOR .5	0.	0.	0.
CAROLINE DONNELLY 20 CLARK LN YORK HARBOR, MAINE 04043	DIRECTOR .5	0.	0.	0.
CHRISTOPHER M. HARTE 217 COMMERCIAL ST PORTLAND, MAINE 04101	DIRECTOR .5	0.	0.	0.
DERMOT HEALEY 1120 CENTER ST AUBURN, MAINE 04212	DIRECTOR .5	0.	0.	0.
MERTON G. HENRY 10 FREE ST PORTLAND, MAINE 04112	DIRECTOR .5	0.	0.	0.
SCOTT PLANTING RFD 3 BOX 3897 FARMINGTON, MAINE 04938	DIRECTOR .5	0.	0.	0.
MARILYN MOSS ROCKEFELLER 80 HOWE HILL ROD CAMDEN, ME 04843	DIRECTOR .5	0.	0.	0.
CURTIS SCRIBNER MORTON RD YARMOUTH, MAINE 04096	DIRECTOR .5	0.	0.	0.
WENDY PENLEY PO BOX 936 BETHEL, MAINE 04217	SECRETARY/DIRECTOR .5	0.	0.	0.
CHARLES ROSCOE 100 MIDDLE STREET PORTLAND, MAINE 04104	BOARD CHAIR/DIRECTOR 1	0.	0.	0.

J.B. SULLIVAN 27 COMMERCIAL ST PORTLAND, MAINE 04101	DIRECTOR .5	0.	0.	0.
ART THOMPSON 612 MAIN ST PRESQUE ISLE, MAINE 04769	TREASURER/DIRECTOR 1	0.	0.	0.
ANNA MARIE THRON 3 ANCHORAGE PL SOUTH PORTLAND, MAINE 04106	DIRECTOR .5	0.	0.	0.
SALLY VAMVAKIAS 18 BAYSITE LN FALMOUTH, MAINE 04105	DIRECTOR .5	0.	0.	0.
CAROLYN WOLLEN 551 FIFTH AVE NEW YORK, NY 10176	DIRECTOR .5	0.	0.	0.
TAE CHONG 251A DANFORTH ST PORTLAND, ME 04102	DIRECTOR .5	0.	0.	0.
HORACE HILDRETH, JR PO BOX 7437 PORTLAND, ME 04412	DIRECTOR .5	0.	0.	0.
KENNETH SPIRER 18 NEAL ST PORTLAND, ME 04102	DIRECTOR .5	0.	0.	0.
ROBERT L. WOODBURY 167 REACH RD HARPSWELL, ME 04079	DIRECTOR .5	0.	0.	0.
LEONARD MINSKY BANGOR, ME 04401	DIRECTOR .5	0.	0.	0.
BRUCE SCHATZ AUGSUTA, ME 04330	DIRECTOR .5	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

102,000.	6,223.	0.
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FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS  
PART VI, LINE 80B

STATEMENT 11

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
SENATOR GEORGE J. MITCHELL SCHOLARSHIP RESEARCH INSTITUTE	X	
MAINE COMMUNITY SUPPORTING FOUNDATION	X	
HILDRETH CHARITABLE TRUST	X	
COMMON GOOD	X	

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Name of Exempt Organization: MAINE COMMUNITY FOUNDATION
Employer identification number: 01-0391479
Number, street, and room or suite no.: 245 MAIN STREET
City, town or post office, state, and ZIP code: ELLSWORTH, ME 04605

Check type of return to be filed (File a separate application for each return):

- Form 990 (checked), Form 990-EZ, Form 990-T (sec. 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

4 I request an additional 3-month extension of time until NOVEMBER 17, 2003.
5 For calendar year 2002, or other tax year beginning and ending
6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
7 State in detail why you need the extension: FINAL FINANCIAL AUDIT NOT YET COMPLETE

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature] Title: CPA Date: 8/08/03

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
Other

EXTENSION APPROVED
AUG 19 2003
LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

Director: By: Date:

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: HORTON, MCFARLAND & VEYSEY
Number and street (include suite, room, or apt. no.) Or a P.O. box number: PO BOX 543
City or town, province or state, and country (including postal or ZIP code): ELLSWORTH, ME 04605