

Return of Organization Exempt From Income Tax

2004

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)

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

Open to Public Inspection

A For the **2004** calendar year, or tax year beginning and ending

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	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MAINE COMMUNITY FOUNDATION		CLIENTS COPY	D Employer identification number 01-0391479
		Number and street (or P.O. box if mail is not delivered to street address) 245 MAIN STREET		Room/suite	E Telephone number (207) 667-9735
		City or town, state or country, and ZIP + 4 ELLSWORTH, ME 04605		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

G Website: ▶ **www.mainecef.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.

I Group Exemption Number ▶

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **32,149,664.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	30,780,337.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 26,496,059. noncash \$ 4,284,278.)	1d			30,780,337.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			58,945.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			57,973.
	5 Dividends and interest from securities	5			1,467,641.
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	-216,394.	8a			
	b Less: cost or other basis and sales expenses	8b			
	-216,394.	8b			
c Gain or (loss) (attach schedule)	8c				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			-216,394.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			1,162.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			32,149,664.	
Expenses	13 Program services (from line 44, column (B))	13			10,142,544.
	14 Management and general (from line 44, column (C))	14			597,758.
	15 Fundraising (from line 44, column (D))	15			499,895.
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			11,240,197.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			20,909,467.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			99,872,126.
	20 Other changes in net assets or fund balances (attach explanation) See Statement 2	20			12,758,824.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			133,540,417.

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. Page 2

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 \$ 8,807,161, noncash \$ STMT 13)	8,807,161.	8,807,161.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	190,475.	125,713.	13,524.	51,238.
26	Other salaries and wages	666,431.	439,845.	47,316.	179,270.
27	Pension plan contributions	22,203.	14,654.	1,576.	5,973.
28	Other employee benefits	156,278.	103,143.	11,096.	42,039.
29	Payroll taxes	66,981.	44,207.	4,756.	18,018.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	22,467.	10,467.	8,420.	3,580.
34	Telephone	15,763.	7,158.	3,558.	5,047.
35	Postage and shipping	26,617.	6,911.	5,312.	14,394.
36	Occupancy	56,928.	37,572.	4,042.	15,314.
37	Equipment rental and maintenance	2,339.	1,544.	166.	629.
38	Printing and publications	50,654.	11,223.	24,200.	15,231.
39	Travel	36,426.	16,996.	6,288.	13,142.
40	Conferences, conventions, and meetings	16,621.	9,108.	4,169.	3,344.
41	Interest				
42	Depreciation, depletion, etc. STMT 8	28,088.	18,538.	1,994.	7,556.
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	See Statement 3	1,074,765.	488,304.	461,341.	125,120.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	11,240,197.	10,142,544.	597,758.	499,895.

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? **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	OPERATION OF A STATEWIDE COMMUNITY FOUNDATION TO INCREASE PRIVATE CONTRIBUTIONS IN MAINE AND TO SEARCH FOR OPPORTUNITIES TO APPLY THEM MORE EFFECTIVELY.	(Grants and allocations \$ 8,807,161.)	10,142,544.
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)		10,142,544.

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	
Assets	45	Cash - non-interest-bearing	117.	45	117.
	46	Savings and temporary cash investments	3,469,859.	46	5,236,904.
	47 a	Accounts receivable		47a	
	b	Less: allowance for doubtful accounts		47b	47c
	48 a	Pledges receivable	1,166,214.	48a	
	b	Less: allowance for doubtful accounts		48b	48c
	49	Grants receivable	6,000.	49	1,166,214.
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable <i>SMT 9</i>	10,000.	51a	
	b	Less: allowance for doubtful accounts		51b	51c
	52	Inventories for sale or use	10,000.	52	10,000.
	53	Prepaid expenses and deferred charges	24,114.	53	34,577.
	54	Investments - securities <i>Stmt 6</i> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	99,814,133.	54	133,438,280.
	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 <i>SMT 10</i>	630,204.	57a		
b	Less: accumulated depreciation <i>L</i>	180,851.	57b	57c	
58	Other assets (describe <i>See Statement 4</i>)	462,327.	58	449,353.	
59 Total assets (add lines 45 through 58) (must equal line 74)		2,350,518.	59	1,979,226.	
Liabilities	60	Accounts payable and accrued expenses	106,137,068.	60	142,314,671.
	61	Grants payable	52,158.	61	79,051.
	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 <i>See Statement 5</i>)	6,212,784.	65	8,695,203.
66 Total liabilities (add lines 60 through 65)		6,264,942.	66	8,774,254.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	97,991,302.	67	131,994,595.
	68	Temporarily restricted	1,880,824.	68	1,545,822.
	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	
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)	99,872,126.	73	133,540,417.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	106,137,068.	74	142,314,671.	

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

Form with 92 numbered questions and columns for Yes/No. Includes questions about IRS reporting, organizational changes, income, lobbying, and tax-exempt status.

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (FEES FOR SERVICES), Interest on savings, Dividends, Net rental income, Gain or loss from sales of assets, and Subtotal.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Signature and information block containing: Signature of officer, Date, Type or print name and title, Preparer's signature, Firm's name, address, and ZIP + 4, Preparer's SSN or PTIN, EIN, and Phone no.

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2004

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
MEREDITH JONES ----- ELLSWORTH, ME 04605	VP PROG DEV 45 HRS	77,743.	2,890.	0.
ELLEN POPE ----- ELLSWORTH, ME 04605	VP PHILANTHRO 45 HRS	74,346.	7,074.	0.
CARL LITTLE ----- ELLSWORTH, ME 04605	DIR MARKETING 45 HRS	57,455.	6,563.	0.
----- ----- -----				
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 ----- BOSTON, MA 02110-2112	INVESTMENT CONSULTING	147,121.
----- ----- -----		
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 \blacktriangleright \$ _____ \$ _____ (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)? <u>See Part V, Form 990</u>	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) <u>STMTS 11 & 12</u>	X	
b	Do you have a section 403(b) annuity plan for your employees?	X	
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	X	
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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 \blacktriangleright _____
- 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	12151629.	10027802.	12579759.	17297872.	52,057,062.
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	52,511.	38,741.	23,105.	8,684.	123,041.
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	1,317,473.	1,561,648.	3,194,610.	2,460,527.	8,534,258.
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	13521613.	11628191.	15797474.	19767083.	60,714,361.
24 Line 23 minus line 17	13469102.	11589450.	15774369.	19758399.	60,591,320.
25 Enter 1% of line 23	135,216.	116,282.	157,975.	197,671.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶ 26a 1,211,826.				
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶ 26b 8,503,248.				
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶ 26c 60,591,320.				
d Add: Amounts from column (e) for lines: 18 <u>8,534,258.</u> 19 _____ 22 _____ 26b <u>8,503,248.</u>	▶ 26d 17,037,506.				
e Public support (line 26c minus line 26d total)	▶ 26e 43,553,814.				
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶ 26f 71.8813%				
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 (2003) (2002) (2001) (2000)					
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 (2003) (2002) (2001) (2000)					
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 2000 through 2003, 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.

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?		
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?		
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.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
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?		
b	Has the organization's right to such aid ever been revoked or suspended?		
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		

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 -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
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 (e) Total
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	
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.)

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		X	
b Paid staff or management (include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
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.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

MAINE COMMUNITY FOUNDATION

Employer identification number

01-0391479

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

Employer identification number

MAINE COMMUNITY FOUNDATION

01-0391479

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	[REDACTED]	\$ 18,666,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	[REDACTED]	\$ 1,165,864.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Form 990	Gain (Loss) From Publicly Traded Securities			Statement	1
Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)	
POOLED FUNDS SECURITIES (NET)	-216,394.	0.	0.	-216,394.	
To Form 990, Part I, line 8	-216,394.	0.	0.	-216,394.	

FURTHER INFORMATION AVAILABLE UPON REQUEST

Form 990	Other Changes in Net Assets or Fund Balances		Statement	2
Description				Amount
NET UNREALIZED GAIN ON INVESTMENTS				12,313,497.
TRANSFER FROM AFFILIATE				407,730.
REFUNDED PRIOR YEAR GRANTS				37,597.
Total to Form 990, Part I, line 20				12,758,824.

Form 990	Other Expenses				Statement	3
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising		
INVESTMENT MANAGEMENT FEES	421,434.		421,434.			
PROGRAM EXPENSES	371,897.	371,897.				
DUES & SUBSCRIPTIONS	22,112.	10,772.	4,739.	6,601.		
PROFESSIONAL SERVICES	97,889.	45,282.	1,684.	50,923.		
INSURANCE	24,188.	15,964.	1,717.	6,507.		
MARKETING & ADVERTISING	31,792.	5,388.		26,404.		
TRAINING & EDUCATION	25,353.	3,158.	13,676.	8,519.		
COMPUTER & TECHNOLOGY	53,885.	35,564.	3,826.	14,495.		
OTHER	26,215.	279.	14,265.	11,671.		
Total to Form 990, ln 43	1,074,765.	488,304.	461,341.	125,120.		

Form 990	Other Assets	Statement	4
<u>Description</u>		<u>Amount</u>	
CASH VALUE LIFE INSURANCE			161,692.
RECEIVABLE FROM TRUSTS			1,817,534.
Total to Form 990, Part IV, line 58, Column B			1,979,226.

Form 990	Other Liabilities	Statement	5
<u>Description</u>		<u>Amount</u>	
FUNDS HELD AS AGENCY ENDOWMENT			7,619,630.
INCOME BENEFICIARIES PAYABLE			1,075,573.
Total to Form 990, Part IV, line 65, Column B			8,695,203.

Form 990	Other Securities	Statement	6
<u>Security Description</u>	<u>Cost/FMV</u>	<u>Other Securities</u>	
POOLED FUNDS	FMV	133,438,280.	
To Form 990, line 54, Col B		133,438,280.	

Form 990	Identification of Related Organizations Part VI, Line 80b	Statement	7
<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	

MAINE COMMUNITY FOUNDATION
FORM 990

01-0391479
12/31/2004

PART II, LINE 42 AND PART IV, LINE 57

	<u>COST</u>	<u>DEPREC.</u>	<u>A/D</u>
LAND & BUILDINGS	500,552	12,359	79,893
EQUIPMENT	112,402	15,729	83,708
VEHICLES	17,250		17,250
	<u>630,204</u>	<u>28,088</u>	<u>180,851</u>

MAINE COMMUNITY FOUNDATION
FORM 990

01-0391479
12/31/2004

PART IV, LINE 51 - NOTES RECEIVABLE

GENESIS COMMUNITY FUND
DAMARISCOTTA, ME
INTEREST @ 2%

10,000

Maine Community Foundation
EIN: 01-0391479
 Part V - List of Officers, Directors, Trustees & Key Employees
 2004

<u>Name and Address</u>	<u>Title & Average Hours/Week</u>	<u>Compensation</u>	<u>Employee Benefit Plan Contributions</u>	<u>Expense Account</u>
Forrest Berkley 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
Stephanie A. Bunker 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
Tae Chong 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
Anne Adams Collins 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
David E. Dixon 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
Caroline Donnelly 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
James E. Geary 245 Main Street Ellsworth, ME 04605	ASST TREAS/ VP FINANCE 45 HRS	72,699	7,014	0
Horace Hildreth, Jr. 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
Anne O. Jackson 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
William H. Kieffer, III 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0

Maine Community Foundation

EIN: 01-0391479

Part V - List of Officers, Directors, Trustees & Key Employees
2004

<u>Name and Address</u>	<u>Title & Average Hours/Week</u>	<u>Compensation</u>	<u>Employee Benefit Plan Contributions</u>	<u>Expense Account</u>
David W. King 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
Donna M. Loring 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
Wendy Penley 245 Main Street Ellsworth, ME 04605	CHAIR .5 HRS	0	0	0
Betty D. Robinson 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
Peter Rothschild 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
Bruce N. Schatz 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
Henry L.P. Schmelzer 245 Main Street Ellsworth, ME 04605	PRESIDENT .5 HRS	117,776	4,160	0
Curtis Scribner 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
Kenneth Spierer 245 Main Street Ellsworth, ME 04605	SECRETARY .5 HRS	0	0	0
J.B. Sullivan 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0

Maine Community Foundation

EIN: 01-0391479

**Part V - List of Officers, Directors, Trustees & Key Employees
2004**

<u>Name and Address</u>	<u>Title & Average Hours/Week</u>	<u>Compensation</u>	<u>Employee Benefit Plan Contributions</u>	<u>Expense Account</u>
Sidney St. F. Thaxter 245 Main Street Ellsworth, ME 04605	CLERK .5 HRS	0	0	0
Art Thompson 245 Main Street Ellsworth, ME 04605	TREASURER .5 HRS	0	0	0
Calvin E. True 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
Anne Vartabedian 245 Main Street Ellsworth, ME 04605	DIRECTOR .5 HRS	0	0	0
Robert L. Woodbury 245 Main Street Ellsworth, ME 04605	VICE CHAIR .5 HRS	0	0	0
Totals Included on Form 990, Part V		190,475	11,174	0