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Form	331	J

Department of the Treasury Internal Revenue Service

Extended to November 15, 2021

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2 2 Π Open to Public Inspection

	990 for instructions and the latest informati
/ear. or tax year beginning	and ending

Α	For the	2020 calendar year, or tax year beginning and en	nding	-	
в	Check if applicable	C Name of organization		D Employer identifi	cation number
Address Maine Community Supporting Foundation					
	Name change			01-05172	28
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) Ro 245 Main Street	oom/suite	E Telephone numbe (207) 66	
L	termin- ated			G Gross receipts \$	0.
	Ameno	ed Ellsworth, ME 04605		H(a) Is this a group re	eturn
	Applic:	IF Name and address of principal officer: DCELILING DDELLI		for subordinates	
	pendin	^g same as C above		H(b) Are all subordinates ir	ncluded? Yes No
		empt status: 🛣 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or [527	lf "No," attach a	list. See instructions
		e:▶ www.mainecf.org		H(c) Group exemptio	
ĸ		organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year o	of formation: 1998 N	A State of legal domicile: ME
P	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities.	rt th	e Maine Com	munity
Governance		Foundation (MCF) and its charitable and ed			
ern	2	Check this box $ig > igsquart$ if the organization discontinued its operations or disposed	d of more		
20 V	3			3	5
ۍ ه	4	Number of independent voting members of the governing body (Part VI, line 1b) $_{\dots }$			3
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
Activities &	6	Total number of volunteers (estimate if necessary)		6	3
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue		Program service revenue (Part VIII, line 2g)		0.	
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		U •	U•
Ц Ц Ц	b		<u>. </u>	200.	0.
	11/ 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		200.	0.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-200.	0.
or	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets o	00 -	Fatal accests (Daut V, line 10)	Dei	0.	
Asse	20	Fotal assets (Part X, line 16)	·····	0.	0.
Net Assets	21	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	·····	0.	0.
	art II	Signature Block			
100 A 100		ties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	ents, and to the best of m	v knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all information of which			,
		ALIPHIU & Campped		112	2
Sig	n	Signature of officer		Date	
He		Michele Camarco, Treasurer/CFO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai	d	Nicholas E. Porto	<u> </u> 1	1/02/21 if	P01310283
Pre	parer	Firm's name Baker Newman & Noyes, LLC		een enipiej.	01-0494526
	Only	Firm's address Box 507			
	-	Portland, ME 04112		Phone no. (2	07) 879-2100
Ma	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2020) Maine Community Supporting Foundation 01-0517228 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Support the Maine Community Foundation (MCF) and its charitable and educational purposes.
	educational purposes.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 0 • including grants of \$ 0 •) (Revenue \$ 0 •
	Support the Maine Community Foundation (MCF) by receiving gifts of real
	estate and other illiquid assets.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses
	Form 990 (2020
03200	2 12-23-20
በደ1	3 102 793251 47589-205 2020.05000 Maine Community Supporting 47589-11
U O T	TOT 199291 41909-200 ZOZO 0000 Maine community Supporting 4/309-11

Form	aan	(2020)
FOUL	990	(2020)

In the organization described in section 501(c)(6) or 4447(4)(1) (other than a private foundation? I X If the organization recipies is checkule A. Scheduke P. Scheduke C. Part I 2 X 3 Scheduke D. Scheduke D. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in bibbying activities, or have a section 501(b) election in effect d. 4 X 5 Is the organization a section 501(b) (501(c)(501(c)) (501(c)) (5				Yes	No
2 Is the organization required to complete Schedule 0, Schedule of Contribution? 2 X 3 DDX the organization regime in direct or indirect political campaign activities on have a section 501(h) election in offect during the superil 11 % schedule 0, Part II 3 X 4 Section 501(c)(A) organizations. Did the organization magage in biblying activities, or have a section 501(h) election in offect during the superil 11 % schedule 0, Part II 4 X 5 Is the organization a section 501(c)(A) organization schedule 0, Part II 5 X 6 Did the organization in activas as dimelian fear any similar funds or accounts 17 % schedule 0, Part II 6 X 7 Did the organization markain any done advises funds or any similar funds or accounts 17 % schedule 0, Part II 6 X 7 Did the organization measure, in thick charking a section of the similar assets? If **schedule 0, Part II 7 X 8 Did the organization areount in Part X, Iine 21, for secrore or custodia account lability, serve as a custodia for annount in solutions and subterness of the distributions areounds in solution areound in solution areound in solution area to provide advid companization areound in solutions accounds in the solution area to provide advid companization areound in an tota the advises and universe and customents or investments - for secrer or custodia account lability, serve as a custodian for annound in solution area to universe in solutio	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, 'complete Schedule C, Part II 3 X 4 Section SOL(c)3 organizations. Did the organization engage in lobbying activities, or have a saction SOL(h) election in officet during the tax year II Yes, 'complete Schedule C, Part II 4 X 5 Is the organization a social sol (c)(d), SOL(c)(d), SO			1	Х	
public official (************************************	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) election in effect during the taxy war? II "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(4), 501(c)(6) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedue 98-191 / Yes," complete Schedule C, Part II 5 X 6 Did the organization newtime in any doore advices measuremit, including assements to provide advice 0. Part II 6 X 7 X 8 Did the organization newtime in collectors of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II 7 X 8 Did the organization market on allocitors of works of art, historical treasures, or other similar asset? II "Yes," complete Schedule D, Part II 7 X 10 Did the organization and the art X, line 21, for secret or custodial account liability, serve as a custodian services? 8 X 10 IX 10 X 10 X 10 IX 10 IX 10 X 10 IX 10 IX 10 X 10 IX 10 IX 10 <td>3</td> <td colspan="2"></td> <td></td> <td></td>	3				
during the tax year? If Yes," complete Schedule C, Part II 4 X 5 is the organization a section 501(cl(5), or 501(cl(5)) or 501(cl(5)) or 501(cl(5)) or 301(cl(5)) or 301(cl(public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization ascient 001(cH), 001(cH) or 01(cH) or	4				
similar amounts as defined in Revenue Procedure 98-19/1 // Yes," complete Schedule D, Part III 5 X 6 Did the organization maintain any donor advised funds or any socurats for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts 7 // Yes," complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical reseaves, or other similar assets 7 // Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical reseaves, or other similar assets 7 // Yes," complete Schedule D, Part II 7 X 9 Did the organization, directly or through a relieted organization, clorectly or provide orderide conselling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization directly or through a relieted organization, hold assets in donor-restricted endowments 10 X 11 If the organization insport an amount for investments - other securities in Part X, line 17, line 107 II' Yes," complete Schedule D, Part VI 11 X 10 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? II 'Yes," complete Schedule D, Part VII 11 X 11 Did the organization report an amount for investments - program reliated in Part X, line 12,			4		<u> </u>
6 Ddt the organization maintain any donor advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II 6 X 7 Ddt the organization relation or investments of anounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II 7 X 8 Ddt the organization relation collections of works of art, historical treasures, or other aimlar assets? If 'Yes,' complete Schedule D, Part II 7 X 9 Ddt the organization maintain collections of works of art, historical treasures, or other aimlar assets? If 'Yes,' complete Schedule D, Part IV 8 X 9 Ddt the organization relation of works of art, historical treasures, or other assets? If 'Yes,' complete Schedule D, Part IV 9 X 10 Did the organization of any of the following questions is 'Yes,' then complete Schedule D, Part V, VII, VIII, VI, X, or X as applicable. 10 X 11 If the organization report an amount for live stimest - scuritties in Part X, line 12, thus tis 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - orbar sacurities in Part X, line 13, thuit is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11a X 13 Did the organization is separate or consolidated financial statements for the tax yearif 'Yes,' complete Schedule	5				
provide advice on the distribution or investment of announts in such funds or accounts // Yes," complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements for preserve open space, the environment, historic land areas, or historic structures // Yes," complete Schedule D, Part // 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets // Yes," complete Schedule D, Part // 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit conseiling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments 10 X 11 If the organization report an amount for lavestments - organization services? 9 X 11 Did the organization report an amount for lavestments - schedule D, Part V 10 X 12 X 11 X 13 X 10 X 11 X 14 Uth organization report an amount for lavestments - organization report an amount for lavestments- organization report an amount for lavestments- organization report an amount for lavestments- schedule D, Part X			5		<u> </u>
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9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi andowments? If Yes, "complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part V 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part VI 11 X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part VII 11 X 14 X Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part VII 116 X 15 Did the organization report an amount for other labilities in Part X, line 25% If Yes, "complete Schedule D, Part X 116 X 16 Did the organization separate or consolidated financial statements for the tax year? If Yes, "complete Schedule D, Part X 116 X 16	8	-			
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If 'Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If 'Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VI, VX, VX 11a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11d X d Did the organization is separate or consolidated financial statements for the tax year include a foothole that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X 11d X 12a Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X 11t X 12a Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X 11t X 12a X X 11t					
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable. 11 Image: Complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,	10				
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	16				v
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	17		47		v
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization neport more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	40		1/		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate one or more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	10		40		x
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	10	IC and oa (II Tes, Complete Schedule G, Fart II	ы		- 23
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19		10		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	20-	Did the exercitation exercise and or mare beenited facilities? If "Vee " complete Schedule I.			
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					- 23
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			ZUD		<u> </u>
	21	· · · ·	24		x
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Form **990** (2020)

Form 990 (2020)

			Yes	N
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<u>.</u> ,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	N
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	ť		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		x	
	(gambling) winnings to prize winners?	1c		
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020)	Maine	Community	Supporting	Foundation
Statements	Regarding	Other IRS Filin	gs and Tax Com	oliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	nority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	ount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the o				
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	•			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was r		70		х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 70		7c		- 23
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7e 7f		X
' a	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
9 h	If the organization received a contribution of qualified intellectual property, and the organization life organization in the organization of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		7.11		
Ū	· · · · · · · · · · · · · · · · · · ·		8		
9					
а			9a		
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10	b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders11	a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	. 1			
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand		4.4-		X
			14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration average parabelite payment(s) during the year?		15		x
	excess parachute payment(s) during the year?		15		21
16	If "Yes," see instructions and file Form 4720, Schedule N.	come?	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in If "Yes " complete Form 4720. Schedule O		16		43
	If "Yes," complete Form 4720, Schedule O.				

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Form 990 (2020)

Part V

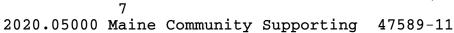
Form 9	90 (2	2020)
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Maine	Community	7 Supi	oorting	Foui	ndation

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b		3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X X				
5	· · · · · · · · · · · · · · · · · · ·							
6	Did the organization have members or stockholders?	6		Х				
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x				
•	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	х					
a L	The governing body? Each committee with authority to act on behalf of the governing body?	8a	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	21					
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9						
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v				
_	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
800	exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17			A					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(ajs only) avail	aule				
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O)							
10	Own website Image: Second	nd fina	acial					
19	statements available to the public during the tax year.	nu iifial	icial					
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	Michele Camarco - (207) 667-9735							
	245 Main Street, Ellsworth, ME 04605							
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Part VII	Co	mpensation of	Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated
	່ Em	ployees, and Ir	ndepende	ent Contrac	ctors		

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per	(do box	not c , unle	(C) Position not check more than one unless person is both an er and a director/trustee)			one h an	compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)			Officer p		Highest compensated sated so that the second		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
<pre>(1) G. Steven Rowe President/Director</pre>	0.10			x				0.	236,505.	29,261.
(2) James E. Geary	0.10									
Treasurer/Director	50.20	x		x				0.	160,699.	33,278.
(3) Jennifer Richard	0.10								-	
Secretary	40.00	1		X				0.	96,380.	27,563.
(4) Eileen Epstein	0.10									
Director	0.00	Х						0.	0.	0.
(5) Susan Hammond	0.10									_
Director	1.00	х						0.	0.	0.
(6) Matthew Polstein	0.10									
Director	1.00	X						0.	0.	0.
(7) Nelson Toner	0.10									<u> </u>
Clerk	0.00			X				0.	0.	0.
		1								
		1								
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Par	t VII Section A. Officers, Directors, Tr	ustees, Key Em	ploy	ees,	, and	d Hig	ghe	st C	ompensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box offic	not cl , unle:	ss per	ition more rson i	than o is both pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatior from related	n	Estin amou	F) nated unt of ner
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	from organ and r	nsation in the ization elated zations
	0.11.1.1								0.	493,58	1	9.0	,102.
с	Subtotal Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A							0.	493,58	0.		,102. ,102.
2	Total number of individuals (including bu compensation from the organization	t not limited to th	iose	liste	ed at	oove	e) wh	no re	eceived more than \$100),000 of reportable	e		0 es No
3	Did the organization list any former offic line 1a? <i>If "Yes," complete Schedule J fo</i>			-		-		-		•		3	X
4	For any individual listed on line 1a, is the and related organizations greater than \$	sum of reportab 150,000? <i>If</i> "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	ation Sche	n and edule	d oth e <i>J f</i>	her compensation from	the organization		4 2	ĸ
5 Sec	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," continue to the organization of the second								ed organization or indiv			5	X
1	Complete this table for your five highest the organization. Report compensation f	-	-								pensat	ion froi	m
	(A) Name and busine	ess address	NC	ONE	2				(B) Description of s	services	Cor	(C) npensa	ation
2	Total number of independent contractor	s (including but n	ot lii	nite	d to	-		sted	l above) who received n	nore than			
	\$100,000 of compensation from the orga	anization 🕨				C	נ				Fo	orm 99	0 (2020)

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					ommuni	ty Suppo	rting F	ound	dation	01-0517	228 Page 9
Pa	rt \	/	Statement of Re	evenue							
			Check if Schedule O	contains a	a response	or note to any lir	e in this Part \	VIII	(5)	(2)	
							(A) Total reven		(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Totarreven		function revenue		from tax under
49.15											sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns								
Gra			Membership dues								
An An			Fundraising events								
Gif İlar		d	Related organizations		1d						
ns,			Government grants (cont		1e						
er S		f	All other contributions, gifts,		ł						
jų t			similar amounts not included	l above 📖	1f						
ti Di		g	Noncash contributions included in	n lines 1a-1f	1g \$						
<u>a õ</u>		h	Total. Add lines 1a-1f								
						Business Code					
ice	2	а									
er v		b									
n S ent		С									
Tan Sev		d									
Program Service Revenue		е									
σ.		f	All other program service								
			Total. Add lines 2a-2f								
	3		Investment income (inclue								
			other similar amounts)								
	4		Income from investment of								
	5		Royalties								
					(i) Real	(ii) Personal					
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
	_		Net rental income or (loss								
	7	а	Gross amount from sales of		Securities	(ii) Other					
			assets other than inventory	7a							
ø		b	Less: cost or other basis								
evenue			and sales expenses	7b							
eve			Gain or (loss)	7c							
Other R			Net gain or (loss)			>					
the	8	а	Gross income from fundraisi								
0			including \$		_						
			contributions reported on	,							
		L	Part IV, line 18								
			Less: direct expenses Net income or (loss) from								
	0		Gross income from gamir		-	····· 🕨					
	9	a	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory,								
			and allowances								
		b	Less: cost of goods sold								
			Net income or (loss) from								
		2				Business Code					
Miscellaneous Revenue	11	а									
ane		b									[
sell: eve		c									
Alisc B			All other revenue								[
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					0.	0.	0.	0.
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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Don	Check if Schedule O contains a respon ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
	Advertising and promotion				
	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance				
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	· · · · · · ·				
b					
С					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0
26	Joint costs. Complete this line only if the organization				-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		1		

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Liabilities

Net Assets or Fund Balances

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4 5 6 7 8 9 10c 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 0. 0. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33.

supporting Foundation Maine Community Part X Balance Sheet

01-0517228 Page 11

1 2 3

(B) End of year

(A)

Form 990 (2020)

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Maina	Community	Supporting	Foundati

					Beginning of year
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments			
	3	Pledges and grants receivable, net			
	4	Accounts receivable, net			
	5	Loans and other receivables from any current of			
		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes			
	6	Loans and other receivables from other disquali			
		under section 4958(f)(1)), and persons described			
ts	7	Notes and loans receivable, net			
ssets	8	Inventories for sale or use			
4	9	Prepaid expenses and deferred charges			
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D	10a		
	b	Less: accumulated depreciation	10b		
	11	Investments - publicly traded securities			
	12	Investments - other securities. See Part IV, line	1		
	12	Investments pregram related See Dart IV line	4 4		

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here 🕨 🗋

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

Check if Schedule O contains a response or note to any line in this Part X

Form 990 (2020)

Form	Maine Community Supporting Foundation	01-	0517228	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10			
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			-	nnn	(0000)

Form **990** (2020)

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Department of the Treasury

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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2020
Open to Public Inspection

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Interna	I Reve	nue Service		► Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection	
Nam	e of t	the organizati								identification number
Do	41	Decen			y Supporting					1-0517228
Pa					(All organizations must c	-			ns.	
	organ				For lines 1 through 12, c					
1					on of churches described			I)(A)(I).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
4		city, and stat	-	allon operated in co	njunction with a nospital	laeschber	J III Sectio		ijiii). Enter	the hospital's hame,
5				or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit descrit	ned in
5							icu by a g	overnmentar		
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7			-	-	intial part of its support f				the general	public described in
•		•		omplete Part II.)		ionia gov	orninorna		ano gonora	
8		-			(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)(ed in coniu	nction with a	land-grant	college
		-	-	-	ulture (see instructions).		-		-	-
		university:			· · · · · ·					
10		An organizat	ion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	ship fees, a	nd gross receipts from
					t to certain exceptions;					
		income and u	unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizat	ion organized	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4) .		
12	Х	An organizat	ion organized	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
			ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, ar	id 12g.	
а	X	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s),	typically by	y giving
		the suppor	ted organizati	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b				-	l or controlled in connec			-		-
			-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
		٦ ⁻		t complete Part IV,						
С			-		g organization operated				ally integrat	ed with,
		- ··	0		b). You must complete I	-		-		
d			-		orting organization oper				-	
			-		zation generally must sat	•		-	id an attent	iveness
		- ·	·	,	nplete Part IV, Sections written determination fro					
e			0		nally integrated support			атурет, туре	еп, туре п	
f	Ento						zation.			1
' a				n about the supporte	organization(s)					
		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount c	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
ME	Co	mmunity								
Foi	ınd	ation [–]		01-0391479	8	х			0.	0.
Tota									0.	0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 Maine Community Supporting Foundation 01-0517228 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stop						▶∟
-	ction C. Computation of Publ					1 1	
	Public support percentage for 2020 (I					14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the c	-					
	stop here. The organization qualifies						
k	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-		VI how the organ	ization
	meets the facts-and-circumstances te	•	•		•		
k	10% -facts-and-circumstances test	-					s 10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		•	•			
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box	and see instructio	

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 Maine Community Supporting Foundation 01-0517228 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
٨	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
~	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's f	irst. second. third	, fourth, or fifth tax	vear as a section	501(c)(3) organi	zation.
	check this box and stop here	-			·····		· · · · · · · · · · · · · · · · · · ·
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (I		-	, column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Invest)			
17	Investment income percentage for 20	20 (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2020. If the	organization did i				33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2019. If the	organization did ı	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/39	%, and
	line 18 is not more than 33 1/3%, che	ck this box and s f	t op here. The orga	anization qualifies	as a publicly supp	orted organizati	on ►
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions	>
03202	23 01-25-21				Sch	nedule A (Form	990 or 990-EZ) 2020
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Schedule A (Form 990 or 990 EZ) 2020 Maine Community Supporting Foundation 01-0517228 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

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4c Х 5a 5b 5c Х 6 х 7 Х 8 Х 9a Х 9b х 9c х 10a 10b

Yes

Х

1

2

3a

3b

3c

4a

4b

No

х

Х

Х

Schedule A (Form 990 or 990 EZ) 2020 Maine Community Supporting Foundation 01-0517228 Page 5 Part IV Supporting Organizations (continued)

			Yes	No					
11	Has the organization accepted a gift or contribution from any of the following persons?								
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and								
	11c below, the governing body of a supported organization?	11a		Х					
b	A family member of a person described in line 11a above?	11b		Х					
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide								
	detail in Part VI.	11c		Х					
Sor	tion B Type I Supporting Organizations								

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		I

_	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated
	supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

		_	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а ____ The organization satisfied the Activities Test. Complete line 2 below.
- ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. b
- I The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 032025 01-25-21

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

За

3b

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Maine Community Supporting	Maine	Community	Supporting
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47589-11

Yes

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No

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No Yes

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
с	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	Section C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						

Schedule A (Form 990 or 990-EZ) 2020 Maine Community Supporting Foundation 01-0517228 Page 6

emergency temporary reduction (see instructions). 7 L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

6

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2020 Maine Community Supporting Foundation 01-0517228 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	<u>ied)</u>				
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
-	able cause required - <i>explain in</i> Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
	From 2015							
-	From 2016							
-	From 2017							
-	From 2018							
	From 2019							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
	Applied to 2020 distributions of phot years							
i	Carryover from 2015 not applied (see instructions)							
<u>-</u>								
4	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D,							
4								
	Applied to underdistributions of prior years Applied to 2020 distributable amount							
-	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
_	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2016							
-	Excess from 2017							
-	Excess from 2018							
	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Part VI	Supplement	al Inforr	nation. Pr	ovide the ex	planations r	required by Pa	ng Foundat art II, line 10; Part II,	line 17a or 17	b; Part III, li	7228 Page ne 12;
	line 1; Part IV, S	ection D, li 5, 6, and 8	nes 2 and 3	; Part IV, Sec	tion E, lines	s 1c, 2a, 2b, 3	11c; Part IV, Sectic a, and 3b; Part V, li nplete this part for	ne 1; Part V, S	ection B, lin	ie 1e; Part V,
032028 01-25-2	1					0.1		Schedule A	(Form 990	or 990-EZ) 2
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SCHEDULE D

(Form 990)

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Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Maine Community Supporting Foundation



Employer identification number

01 - 0517228

Department of the Treasury Internal Revenue Service Name of the organization

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

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ___ Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 📃 🕨 🕈 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990	0.
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Schedule D (Form 990) 2020

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		ommunity S						01-05			age 2
Par	t III Organizations Maintaining C									ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that m	nake sigr	nificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange program						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	asures, or other s	similar as	ssets		_		-
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	on answered "Ye	es" on Fo	orm 990), Part IV,	line 9, or		
	Is the organization an agent, trustee, custodi	an or other intermed	diarv for	- contribution	ns or other asset	ts not in	cluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina	table:							
	, I 3	I	5						Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par											
		(a) Current year	(b) F	Prior year	(c) Two years b	ack (d)	Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	1g, column (a)) held as:	•					
а	Board designated or quasi-endowment	•	%								
	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation th	at are held a	and administered	d for the	organiz	zation			
	by:	0					0		Ī	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?)				3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answered	d "Yes" on Form 990), Part I	V, line 11a. S	See Form 990, P	art X, lin	e 10.				
	Description of property	(a) Cost or o basis (investr			t or other (other)	(c) Accu	umulate	ed	(d) Bool	k value	e
10	Land			54315		acpie	Siacion				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other		X colu	nn (R) line '	10c)						0.
1010		gaar onn 000, r art	<i>,</i> , , , , , , , , , , , , , , , , , ,	(<i>D</i>), III C			<u></u>	Schedule	D (Form	n 990)	

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		11b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
В)			
C)			
D)			
E)			
F)			
G)			
H)			
I. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market valu
1)			
2)			
3)			
4)			
5)			
6)			
(7)			
8)			
(9)			
Art IX Other Assets. Complete if the organization answered "Yes (a	" on Form 990, Part IV, line) Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(2) (3) (4)			
(3) (4)			
3) 4) 5)			
3) 4) 5) 6)			
3) (4) (5) (6) (7)			
3) 4) 5) 6) 7) 8)			
3) 4) 5) 6) 7) 8) 9)	ne 15.)		
3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		
3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) lin rrt X Other Liabilities.		11e or 11f. See Form 990. Part X. li	►
3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) lii		11e or 11f. See Form 990, Part X, li	
3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) lin rt X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability		11e or 11f. See Form 990, Part X, li	
 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line ant X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes 		11e or 11f. See Form 990, Part X, li	▶ ▶ (b) Book value
3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) lin Int X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes 2)		11e or 11f. See Form 990, Part X, li	
3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) lin mrt X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes 2) 3)		11e or 11f. See Form 990, Part X, li	
 3) 4) 5) 6) 7) 8) 9) al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col. (B) line al. (Column (b) must equal Form 990, Part X, col.		11e or 11f. See Form 990, Part X, li	
 (4) (5) (6) (7) (8) (9) (a) (Column (b) must equal Form 990, Part X, col. (B) line (a) Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) 		11e or 11f. See Form 990, Part X, li	
 (4) (5) (6) (7) (8) (9) (a) (Column (b) must equal Form 990, Part X, col. (B) lia (a) Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) 		11e or 11f. See Form 990, Part X, li	
(3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, li	
 (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line ant X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) 		11e or 11f. See Form 990, Part X, li	
(3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	" on Form 990, Part IV, line		

Maine Community Supporting Foundation

01-0517228 Page 3

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 Maine	Community S	Supporting	Foundation	01-05172	228 Page 4
Pa	t XI Reconciliation of Revenu	e per Audited Fina	ancial Stateme	nts With Revenue p		
	Complete if the organization ans	wered "Yes" on Form 99	90, Part IV, line 12a.			
1	Total revenue, gains, and other support	per audited financial sta	atements		1	
2	Amounts included on line 1 but not on F	Form 990, Part VIII, line 1	12:			
а	Net unrealized gains (losses) on investm	nents		2a		
b	Donated services and use of facilities			2b		
с	Recoveries of prior year grants			2c		
d	Other (Describe in Part XIII.)			2d		
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part VI	II, line 12, but not on line	e 1:			
а	Investment expenses not included on F	orm 990, Part VIII, line 7	Ъ	4a		
b	Other (Describe in Part XIII.)			4b		
С						
5	Total revenue. Add lines 3 and 4c. (This					
Pa	rt XII Reconciliation of Expens	•		ents With Expenses	s per Return.	
	Complete if the organization ans					
1	Total expenses and losses per audited				1	
2	Amounts included on line 1 but not on F	, ,		1 1		
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part IX			1 1		
а	Investment expenses not included on F					
b	Other (Describe in Part XIII.)			4b		
С						
5	Total expenses. Add lines 3 and 4c. (Th		Part I, line 18.)		5	
Pa	rt XIII Supplemental Informatio	n.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X, Line 2:

MaineCF and its supporting organization, Maine Community Supporting
Foundation, are tax-exempt organizations as described in Section 501(c)(3)
of the Internal Revenue Code (the Code) and are generally exempt from
income taxes pursuant to Section 501(a) of the Code and qualify as public
charities under Section 170(b)(1)(A)(vi) of the Code. The Edward H.
Daveis Benevolent Fund and the Vincent B. and Barbara G. Welch Supporting
Organization are exempt from federal income taxes under Section 501(a) of
the Code.

MaineCF pays unrelated business income taxes on income from certain types

of transactions within investment partnerships. Under Maine State law, 032054 12-01-20 25 15081102 793251 47589-205 2020.05000 Maine Community Supporting 47589-11 Schedule D (Form 990) 2020 Maine Community Supporting Foundation 01-0517228 Page 5 Part XIII Supplemental Information (continued)

the Foundation is not exempt from state sales tax on taxable purchases.

In certain circumstances, tax-exempt organizations may be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items, including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board (FASB), assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense.

Management has evaluated the Foundation's tax positions and concluded that the Foundation has maintained its tax-exempt status, does not have any significant unrelated business income and has taken no uncertain tax positions that require adjustment to the consolidated financial statements.

Schedule D (Form 990) 2020

032055 12-01-20

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
-	-	Compensated Employees		ZU	ZU	J
Dene	transf the Transferry	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio		Employer id	entificatio	on nu	mber
		Maine Community Supporting Foundation	01-0	51722	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary :	spending account Personal services (such as maid, chauffe	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	s			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lin	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r					
а	The organization?			5a		X
b	Any related organiz	ation?		5b		X
	If "Yes" on line 5a of	or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r					
						X
b		ation?		6b		X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		ז 53.4958-6(c)?				L
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990) 2020

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) G. Steven Rowe	(i)	0.	0.	0.	0.	0.		
President/Director	(ii)	236,505.	0.	0.	21,006.	8,255.	265,766.	0.
(2) James E. Geary	(i)	0.	0.	0.	0.	0.		0.
Treasurer/Director	(ii)	160,699.	0.	0.	14,948.	18,330.	193,977.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 3:

Maine Community Supporting Foundation (MCSF) does not have any employees.

However, the President/CEO of Maine Community Foundation (MCF), the

supported organization, also serves as the President of MCSF. MCF uses a

compensation committee, an independent compensation consultant, the Form

990 of other organizations, compensation surveys or studies, and approval

by the board or a compensation committee to assist in establishing the

compensation for this position.

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Schedult Service Department of the Treasury Internal Revenue Service Schedult Schedult Service Schedult Schedult Sc	-EZ
Name of the organization Maine Community Supporting Foundation	Employer identification number 01-0517228
Form 990, Part VI, Section B, line 11b:	
A copy of Form 990 is sent electronically to all trustees	for review and
comment. Once the allotted period of time has passed for	trustee review,
any additional corrections are made and Form 990 is filed	with the IRS.
Form 990, Part VI, Section B, Line 12c:	
Annually, all directors and officers are required to read	the conflict of
interest policy and sign a disclosure form on which each	individual
acknowledges their obligation to disclose any conflict of	interest and
comply with the conflict of interest policy. Directors al	so abstain from
voting to approve grants to any organization for which th	ey have an
interest.	
Form 990, Part VI, Section B, Line 15:	
The Maine Community Supporting Foundation has no employee	s. However, the

The Maine Community Supporting Foundation has no employees. However, the CEO and other officers of the supported organization, Maine Community Foundation (MCF), oversee the Maine Community Supporting Foundation. The process for determining compensation for the CEO of MCF includes use of an independent compensation consultant, compensation survey, and approval by the MCF Board Executive Committee, which acts as the compensation committee for the MCF Board. Periodic surveys and use of independent compensation consultants are employed to assist in determining compensation for officers and key employees. MCF also maintains salary ranges by position grades, which are reviewed and updated annually.

 Form 990, Part VI, Section C, Line 19:

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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			edule O (Form 990 or 990-EZ)
The audit process has not chang	ed from the p	rior year.	
Form 990, Part XII, Line 2c:			
supported organization, Maine C			
audited consolidated financial			
statements are available upon r			
The governing documents, Form 9	upporting Fou		01-0517228

SCH	EDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020 Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Maine Community Supporting Foundation

Employer identification number 01 - 0517228

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LYG, LLC - 01-0517228					
245 Main Street					
Ellsworth, ME 04605	Manage Gifts	Maine	٥.	٥.	MCSF
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled itty?
				501(c)(3))		Yes	No
Maine Community Foundation - 01-0391479							
245 Main Street	Statewide community						
Ellsworth, ME 04605	foundation	Maine	501(c)(3)	Line 8	N/A		X
Edward H. Daveis Benevolent Fund -							
01-0473137, 245 Main Street, Ellsworth, ME	Support MCF through grant				Maine Community		
04605	making activities	Maine	501(c)(3)	Line 12a, I	Foundation		X
Vincent B. and Barbara G. Welch Supporting							
Organization - 27-0676659, 245 Main Street,	Support MCF through grant				Maine Community		
Ellsworth, ME 04605	making activities	Maine	501(c)(3)	Line 12a, I	Foundation		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	^{Il or} Percentaç ^{ing} ownershi er?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled tity?
		country)				400010		Yes	No
Richard J. McGoldrick Charitable Remainder									
Annuity Trust 2019, C/O Spinnaker Trust; 123	Charitable Remainder								
Free Street, Portland, ME 04101	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
Mary S. Marshal Charitable Remainder									
Unitrust, C/O Vanguard National Trust; P.O.	Charitable Remainder								
Box 709, Valley Forge, PA 19482-0709	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
Roger A Fessaguet 2013 Charitable Remainder									
Trust No. 1, C/O Law Offices of J.J. Lynch;	Charitable Remainder								
P.O. Box 6, Damariscotta, ME 04543	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
David K. Silverman Charitable Remainder									
Unitrust, C/O Bank of America; P.O. Box	Charitable Remainder								
830269, Dallas, TX 75283	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
Stanley N. Marshall III Charitable Remainder									
Unitrust, C/O Vanguard National Trust; P.O.	Charitable Remainder								
Box 709, Valley Forge, PA 19482-0709	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(Sec	(i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(l cont	(b)(13) trolled
		foreign country)	5	or trust)		assets		ent Yes	tity? No
Andrew Marshall Charitable Remainder								165	
Unitrust, C/O Vanguard National Trust; P.O.	- Charitable Remainder								
Box 709, Valley Forge, PA 19482-0709	Trust	ME	N/A	TRUST	N/A	N/A	N/A		x
Rachel Samsel Charitable Remainder Unitrust									<u> </u>
C/O Vanguard National Trust; P.O. Box 709	- Charitable Remainder								
Valley Forge, PA 19482-0709	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
Roger A Fessaguet 2013 Charitable Remainder									
Trust No. 2, C/O Law Offices of J.J. Lynch;	Charitable Remainder								
P.O. Box 6, Damariscotta, ME 04543	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
Sedgwick Charitable Remainder Trust									
C/O Multop Financial; 2210 Rimland Drive, # 3	1Charitable Remainder								
Bellingham, WA 98226	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
Donald and Joan Allen Charitable Remainder									
Unitrust, C/O First National Bank of Bar	Charitable Remainder								
Harbor; 102 Main St., Bar Harbor, ME 04609	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X

Schedule R (Form 990) 2020 Maine Community Supporting Foundation

Part V	Transactions With Related Organizations. Con	plete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
с	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q		1q		X
•				
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	·		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		25		

Schedule R (Form 990) 2020 Maine Community Supporting Foundation

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) .? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(j) General o managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2020

Schedule R	(Form 990) 2020
B ///	

Part VII Supplemental Information Provide additional information for resp	ponses to questions on Schedule R. See instructions.
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