### Extended to November 15, 2022

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. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For ti	ne 2021 calendar year, or tax year beginning and	ending	_	
В	Check applica	f C Name of organization		D Employer identif	ication number
	Add char	ge   Maine Community Supporting Foundation			
L	Nam char	ge   Doing business as		01-05172	28
F	Initia retui Fina	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite		er 57–9735
	retui term			TO THE RESERVE AND ADDRESS OF THE PARTY OF T	0.
Г		nded Fllgronth MF 04605		G Gross receipts \$	
F	retur App			H(a) Is this a group r	
L	tion pend	same as C above		for subordinates	
_			507	H(b) Are all subordinates i	
		xempt status: X 501(c)(3) 501(c)( ) ( (insert no.) 4947(a)(1) (ite: ► www.mainecf.org	or 527	1,	list. See instructions
		of organization: X Corporation Trust Association Other	I. Vaar	H(c) Group exemption	
THE RESERVE OF THE PERSON NAMED IN	art I		L Year	or formation: 1330	M State of legal domicile: ME
20000	Ta	Briefly describe the organization's mission or most significant activities: Suppo	ort th	e Maine Com	munity
Governance	'	Foundation (MCF) and its charitable and	educat	ional nurno	GOG
nar	2	Check this box if the organization discontinued its operations or dispose			
Ver	3	Number of voting members of the governing body (Part VI, line 1a)			Sseis.
	4	Number of independent voting members of the governing body (Part VI, line 1a)		4	3
•ජ ග	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
iţie	6				3
Activities &	_	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	+-	Thet differenced business taxable income from Porm 990-1, Part I, line 11	T		
4.	8	Contributions and grants (Part VIII, line 1h)	-	Prior Year 0.	Current Year 0 •
Revenue	9			0.	0.
	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
æ	11	Other revenue (Part VIII, column (A), lines 5, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total 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.
	14			0.	0.
'n		Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		0.	0.
Expenses	169	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	.uu	Total fundraising expenses (Part IX, column (D), line 25)	0.		Control of the Contro
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19802006	0.	0.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	0.
	19	Revenue less expenses. Subtract line 18 from line 12		0.	0.
ts or		Tierende 1666 expendeer edistract line 10 ffeff line 12		ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	50,	0.	0.
Ass J Ba	21	Total liabilities (Part X, line 26)		0.	0.
Net Assets Fund Balar	22	Net assets or fund balances. Subtract line 21 from line 20		0.	0.
	art II				
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,
		A reliele ( Duringero)	·····	11.2	. 22
Sig	n	Signature of officer		Date	
Her		Michele Camarco, Treasurer/CFO			
		Type or print name and title			
		Print/Type preparer's name  Preparer's signature  Amount		ate Check	PTIN
Paid	t	Connor Smart	V  1	1/01/22 if self-employed	P02285543
Pre	parer	Firm's name Baker Newman & Noyes, LLC		Firm's EIN	01-0494526
Use	Only	Firm's address Box 507			
		Portland, ME 04112		Phone no. ( 2	07) 879-2100
May	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Check if Schoolule O contains a response or note to any line in this Part III	
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  Support the Maine Community Foundation (MCF) and its charitable	
	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?	Yes X No
3	If "Yes," describe these new services on Schedule O.  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 a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exercise, 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 estate and other illiquid assets.	of real
	oboace and const fifigate appears	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses	Form <b>990</b> (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
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 I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		X
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, VIII, IX, or X, as applicable.			
а	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 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.7
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	Λ	X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 <del>1</del> a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	13		<del></del> -
	complete Schedule G, Part III	19		х
20a		20a		X
	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		Х

	1990 (2021) Maine Community Supporting Foundation 01-0517	228	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		1	T
00	Did the appropriation was at the orange of coordinate and the coordinate of the description of the descripti		Yes	No
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		1	<del>  ^</del>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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? If "Yes," complete			۱
	Schedule L, Part 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%			1 37
	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	07		X
20	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>^</u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
9	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			x
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		┝≏
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		X
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<del>  ^</del>
31	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 on Schedule O for Part VI, lines 11b and 19?	51		<del></del>
33	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	)		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2021)

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(gambling) winnings to prize winners?

### Maine Community Supporting Foundation Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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									
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.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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	, , , , , , , , , , , , , , , , , , , ,	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		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 organization solicit	_		<sub>₹</sub>						
	any contributions that were not tax deductible as charitable contributions?	6a		X						
р	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
-	were not tax deductible?									
	7 Organizations that may receive deductible contributions under section 170(c).  2 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and convices provided to the payor									
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor									
C	<ul> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</li> </ul>									
C	to file Form 8282?	7c		x						
d		70								
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X						
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	9 Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
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 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the									
D	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand 13c									
14a		14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
٠	excess parachute payment(s) during the year?	15		х						
If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	<u></u>	<u> </u>						
	If "Yes," complete Form 6069.									

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									
	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	Enter the number of voting members included on line 1a, above, who are independent 1b	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		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
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									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	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.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	<b>b</b> 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?									
11a	<b>a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	and the second s									
b	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									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
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	X							
b	Other officers or key employees of the organization	15b	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	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									
_	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► None									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only	) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website  X Another's website  Very lain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial							
	statements available to the public during the tax year.									
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 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

(A)	(B)	(C)					Isai	(D)	(E)	(F)
Name and title	Average				ition		ono	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer ar	na a a	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee d			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related
	below	idual	Institutional trustee	-e	Key employee	est co loyee	Je.	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) G. Steven Rowe	0.10									
President/Director (end 6/21)	50.00	Х		Х				0.	210,968.	25,556.
(2) James E. Geary	0.10							_		
Treasurer/Director (end 3/21)		Х		Х				0.	191,026.	41,977.
(3) Michele Camarco	0.10									
Treasurer/Director (start 3/21)		Х		Х				0.	142,778.	22,010.
(4) Jennifer Richard	0.10									
Secretary	40.00			Х				0.	101,442.	28,629.
(5) Sterling Speirn	0.10									
President/Director (start 6/21)		Х		Х				0.	84,736.	6,750.
(6) Eileen Epstein	0.10									
Director	0.00	Х						0.	0.	0.
(7) Susan Hammond	0.10							_	_	_
Director	1.00	Х						0.	0.	0.
(8) Matthew Polstein	0.10							_	_	_
Director		Х						0.	0.	0.
(9) Nelson Toner	0.10								_	_
Clerk	0.00			Х				0.	0.	0.
		1								
		1								
		1								
				_						
		1								

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Part VII Section A. Officers, Directors, Tr		ploy	ees/			ighe	st C					<b>(E)</b>	
(A)	(B) Average		<b>(C)</b> Position					<b>(D)</b> Reportable	<b>(E)</b> Reportable		Ec	(F)	\d
Name and title	hours per week	box offi	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	compensation compensation from from related			an	timate nount other	
	(list any hours for	director						the organization	organizatior (W-2/1099-MI			pensa om th	
	related	Individual trustee or director	rustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC		org	anizat	ion
	organizations below	dual tru	Institutional trustee	L	Key employee	st com	<u></u>	1099-NEC)				d relat anizati	
	line)	Indivi	Institu	Officer	Кеуег	Highe emplo	Form						
										$\rightarrow$			
		_											
		1							720 0	-	10	4 0	20
1b Subtotal c Total from continuation sheets to Part								0.	730,9	0.	12	4,9	<u> </u>
d Total (add lines 1b and 1c)								0.	730,9	-	12	4,9	
<ul><li>Total number of individuals (including but compensation from the organization</li></ul>	t not limited to th	nose	liste	ed a	bove	e) wł	no r	eceived more than \$100	0,000 of reportab	ole			0
3 Did the organization list any <b>former</b> office	er. director. trust	ee. I	kev e	emp	love	e. o	r hic	nhest compensated emp	olovee on			Yes	No
line 1a? If "Yes," complete Schedule J fo			•		•		_		•		3		Х
4 For any individual listed on line 1a, is the	-		-					•	the organization			х	
<ul><li>and related organizations greater than \$^3</li><li>Did any person listed on line 1a receive of</li></ul>									idual for services		4	Λ	
rendered to the organization? If "Yes," co	•				•			· ·			5		Х
Section B. Independent Contractors  1 Complete this table for your five highest	acmpanaetad in	don	on de	nt o	ont	ro ot	t	that received mare than	\$100,000 of oor		ation f	rom	
1 Complete this table for your five highest the organization. Report compensation for	· ·	-								riperisa	alioni	TOITI	
(A) Name and busine	ss address	N	INC	Ξ				(B) Description of s	services	C,	(C ompe	;) nsatio	n
2 Total number of independent contractors	(including but r	not li	mito	d to	the	se li	ster	1 ahove) who received ~	nore than				
\$100,000 of compensation from the orga		iot II	mie	u to		0	J.C.	above, who received in	IOI E III AII				
	•								· · · · · · · · · · · · · · · · · · ·		Form	990 (2	2021)

Pa	I L V	/ 111				a in this Dout VIII			
			Check if Schedule O contains a resp	onse or note	to any iir	ne in this Part VIII	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
σω	_								300000113 3 12 3 14
ant	1		Federated campaigns 1a						
اع ق			Membership dues 1b						
fts,			Fundraising events 1c						
عَ قِ			Related organizations 1d						
Sin			Government grants (contributions) 1e						
Contributions, Gifts, Grants and Other Similar Amounts		t	All other contributions, gifts, grants, and						
Gğ			similar amounts not included above 1f	<u> </u>					
no.		_	Noncash contributions included in lines 1a-1f						
O B		h	Total. Add lines 1a-1f						
	_			Busine	ess Code				
ice	2	а							
ue ne		b							
m S		C							
gra Re		d							
Program Service Revenue		e		_					
_			All other program service revenue						
_	_		Total. Add lines 2a-2f						
	3		Investment income (including dividends,						
	4		other similar amounts)  Income from investment of tax-exempt be						
	5		Royalties						
	3		(i) Rea		ersonal				
	6	_	Gross rents 6a	(17)	orooria:				
	U		Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not worth in a reserve (i.e. a)						
	7		Gross amount from sales of (i) Securi		Other				
	•	u	assets other than inventory 7a	(.,)					
		h	Less: cost or other basis						
ē			and sales expenses <b>7b</b>						
len		c	Gain or (loss) 7c						
Revenue		d	Net gain or (loss)	I	<b>&gt;</b>				
ē	8		Gross income from fundraising events (not						
₹		-	including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses						
			Net income or (loss) from fundraising eve		▶				
	9		Gross income from gaming activities. See						
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inventor		🕨				
<u>s</u>				Busin	ess Code				
Miscellaneous Revenue	11	а							
lan		b							
e G		С							
ă₽		d	All other revenue						
		е	Total. Add lines 11a-11d		🕨				
	12		Total revenue. See instructions		🕨	0.	0.	0.	0.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses 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 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 ..... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 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 O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 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 O.) е All other expenses 0. 0. 0. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization

Form 990 (2021)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

#### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 5 Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 0. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 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 Loans and other payables to any current or former officer, director, Liabilities 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 Unsecured notes and loans payable to unrelated third parties ..... 24 24 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 ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 0. 0. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund ..... 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 0. 32 32 0. 33 Total liabilities and net assets/fund balances ...

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))							
5								
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		
					es/	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 on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a L		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2	b	X			
	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	e audit,	,					
	review, or compilation of its financial statements and selection of an independent accountant?		2	:c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit					
	Act and OMB Circular A-133?			a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		a	b				

Form **990** (2021)

### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Maine Community Supporting Foundation 01 - 0517228

Pa	rt I	Reason for Public	Charity Status.	All organizations must o	complete th	his part.) S	See instructions.							
The	orgar	nization is not a private found	dation because it is: (	For lines 1 through 12, o	check only	one box.)								
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)									
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).							
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,						
		city, and state:												
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in						
		section 170(b)(1)(A)(iv). (C	Complete Part II.)											
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).							
7		An organization that norma	ally receives a substa	ntial part of its support	from a gov	ernmental	unit or from the general	public described in						
		section 170(b)(1)(A)(vi). (C	omplete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
		university:												
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from						
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment						
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.												
		See section 509(a)(2). (Con	mplete Part III.)											
11		An organization organized	and operated exclusi	ively to test for public sa	afety. See	section 50	09(a)(4).							
12	X	An organization organized	and operated exclusi	ively for the benefit of, to	o perform	the functio	ons of, or to carry out the	e purposes of one or						
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on						
		_lines 12a through 12d that	describes the type o	f supporting organization	n and con	nplete line	s 12e, 12f, and 12g.							
а	X	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), typically by	giving giving						
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting												
	_	organization. You must complete Part IV, Sections A and B.												
b		☐ Type II. A supporting org	anization supervised	or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving						
		control or management of	of the supporting orga	anization vested in the s	same perso	ons that co	ontrol or manage the sup	pported						
		organization(s). You mus	t complete Part IV,	Sections A and C.										
С			egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,						
		its supported organizatio	n(s) (see instructions	). You must complete	Part IV, Se	ections A,	D, and E.							
d			<b>y integrated.</b> A supp	orting organization oper	rated in co	nnection v	with its supported organ	ization(s)						
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness						
		requirement (see instruct	tions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.							
е		☐ Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III							
		functionally integrated, or	• .	, , , , , , , , , , , , , , , , , , , ,	ing organi	zation.								
f		er the number of supported o												
<u>g</u>		vide the following information		\	(iv) Is the orna	inization listed	(A) Amount of monotonic	(vi) Amazunt af atlasu						
	(	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
16T	<u> </u>			above (see instructions))	Yes	No	Support (See mondents)	Support (See instructions)						
		mmunity lation	01 0201470	0	37		_							
<u> </u>	una	lacion	01-0391479	8	X		0.	0.						
					1									
					1									
					-									
	<u> </u>						0.	0.						
106	41						, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,						

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke fails to qualify under the tests				on failed to qualify	under Part III. If th	e organization
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1	_	_	1	1
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
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.)						
	Total support. Add lines 7 through 10	. ,				1.0	
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-			•		▶□
80	organization, check this box and stor ction C. Computation of Publ	ic Support De	rcentage				<u></u>
	Public support percentage for 2021 (l			column (fl)		14	%
	Public support percentage from 2020						
	33 1/3% support test - 2021. If the o						
102	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization qual						
17:	10% -facts-and-circumstances tes						
116	and if the organization meets the fact						
	meets the facts-and-circumstances to				· ·	_	
۲	10% -facts-and-circumstances tes	_	·	• • •		17a and line 15 is	
	more, and if the organization meets the	•				·	.070 01
	organization meets the facts-and-circ		•		•		ightharpoons

Schedule A (Form 990) 2021

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ...

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.)

Se	ction A. Public Support	siow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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 organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	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						
ŀ	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	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 on 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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	fies as a publicly s	supported organiz	ation	▶□
ł	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	<b>top here.</b> The orga	nization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

### 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

		Yes	No
	4	X	
	1	Λ	
	2		Х
	3a		X
	- Ou		
	3b		
	3с		
	4a		Х
	4b		
	4-		
	4c		
	5a		Х
	5b 5c		
	30		
	6		X
	_		v
	7		Х
	8		Х
	9a		X
	Ju		
	9b		Х
	9c		X
	90		23
	10a		Х
	10b		
مادداد	Δ (Form	n 000	2021

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Par	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amon			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			L
	supervised, or controlled the supporting organization.	2		Х
Sect	tion 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			
<u> </u>	the supported organization(s). etion D. All Type III Supporting Organizations	1		
Seci	Strong D. All Type III Supporting Organizations		l.,	
			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	4		
2	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 on line 2, above, did the organization's supported organizations have a			
Ü	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	tity (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	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.

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

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

emergency temporary reduction (see instructions).

<u>4</u> 5

6

	rt V Type III Non Typetionelly Interveted 50	O(a)(3) Comparting Orga	mi-ations	_ cc_:c ruger
Pa	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish ex	kempt purposes	1	
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - p	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	•		
	(provide details in Part VI). See instructions.	8		
9	Distributable amount for 2021 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.				
	able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021				
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
<u>i</u> _	Carryover from 2016 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
<u> </u>	Excess from 2021			

Schedule A (Form 990) 2021

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Maine Community Supporting Foundation

Employer identification number 01-0517228

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, iiii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Denoi danico idinac	(2)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ad funde
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	• •		
Par		panization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizati		
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		-
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance 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 tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021

e Other

c Leasehold improvementsd Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

01-0517228 Page	⊥/∠∠ŏ Page	1 Z 8	14	Т	כ	– U	Т	U
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Part VII Investments - Other Securities.	5 000 B 1 N/ I'	111 0 5 000 B 1 V 1 10
Complete if the organization answered "Yes" (  (a) Description of security or category (including name of security)		e 11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-of-year market value
A F C C C C C C C C C C C C C C C C C C	(b) Book value	(c) Method of Valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests (3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►  Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" (		
	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Table (Column (b) mount acrual Forms 000, Port V. and (P) line	15)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X   Other Liabilities.	15.)	<b>&gt;</b>
	on Form 000 Dort IV line	allo or 11f Coo Form 000 Port V line 0F
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	(b) Book value
		(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
<u>(6)</u>		
(7)		
(8)		
(9)	05.)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line		
<ol><li>Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under</li></ol>		o the organization's financial statements that reports the nere if the text of the footnote has been provided in Part XIII 🔀

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Schedule D (Form 990) 2021

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,

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 J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Maine Community Supporting Foundation

**Employer identification number** 01-0517228

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year did any person listed on Form 900. Part VII. Section A. line 1s, with respect to the filing			
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 related organization:			
а		4a	х	
h	Receive a severance payment or change-of-control payment?  Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<del></del>	Х
c		4c		X
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(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			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	_		
	Regulations section 53.4958-6(c)?	9		<u> </u>

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

Schedule J (Form 990) 2021

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) G. Steven Rowe	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii) [	209,314.	0.	1,654.	19,056.	6,500.	236,524.	0.
(2) James E. Geary	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	189,693.	0.	1,333.	33,079.	8,898.		0.
(3) Michele Camarco	(i)	0.	0.	0.	0.	0.		0.
Treasurer/Director (start 3/21)	(ii)	126,330.	0.	16,448.	11,519.	10,491.	164,788.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							

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:

Schedule J (Form 990) 2021

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.

#### Part I, Line 4a:

James E. Geary served as the Organization's Treasurer/VP and Chief

Financial Officer through March, 2021. His employment with Organization

ended in August, 2021. During the 2021 calendar year, James Geary accrued

severance compensation in the amount of \$19,643; the severance was accrued

in 2021, and was paid to James E. Geary in 2022. Accordingly, it is

included in James Geary's deferred compensation, as reported on this

Schedule J, Part II, Column C. Any taxable portion of the severance will be

reported on James Geary's Form W-2 for the applicable tax year in which the

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.
severance is paid. Should James Geary be deemed to be reported on those tax
years' Forms 990, such severance compensation will be considered Other
Income, as reported on Schedule J, Part II, Column B(iii).

Schedule J (Form 990) 2021

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

2021
Open to Public Inspection

► Attach to Form 990 or Form 990-EZ.

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

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 also abstain from voting to approve grants to any organization for which they have an interest.

Form 990, Part VI, Section B, Line 15:

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) 2021

#### SCHEDULE R (Form 990)

Part I

**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.

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

#### Maine Community Supporting Foundation

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

Employer identification number 01-0517228

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity

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	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Maine Community Foundation - 01-0391479							1
245 Main Street	Statewide community						1
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		1
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		Х
							1

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

Schedule R (Form 990) 2021

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) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	ortionate tions?	20 of ochleddic	Gene mana parti	ral or laging ner?	(k) Percentage ownership

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(t contr ent	o)(13) olled
		country)		,				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		Х
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

			1			1		1	
(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( cont	b)(13) rolled
		foreign country)		or trust)		assets		ent	tity?
Andrew Marshall Charitable Remainder								Yes	No
Unitrust C/O Vanguard National Trust; P.O.									
Box 709, Valley Forge, PA 19482-0709	Trust	ME	N/A	TRUST	N/A	N/A	N/A		x
Rachel Samsel Charitable Remainder Unitrust			11/11	INODI	11/11	11/11	11/11		<del></del>
C/O Vanguard National Trust; P.O. Box 709									
Valley Forge, PA 19482-0709	Trust	ME	N/A	TRUST	N/A	N/A	N/A		х
Roger A Fessaguet 2013 Charitable Remainder		<del></del>	21,722			-17.22	1 -17		
Trust No. 2, C/O Law Offices of J.J. Lynch;									
P.O. Box 6, Damariscotta, ME 04543	Trust	ME	N/A	TRUST	N/A	N/A	N/A		x
Sedgwick Charitable Remainder Trust			11/11	INODI	11/11	11/11	11/11		<del></del>
C/O Multop Financial; 2210 Rimland Drive, #	  Charitable Remainder								
Bellingham, WA 98226	Trust	ME	N/A	TRUST	N/A	N/A	N/A		х
Donald and Joan Allen Charitable Remainder		<del></del>	21,722			-17.22	1 -17		
Unitrust, C/O First National Bank of Bar									
Harbor; 102 Main St., Bar Harbor, ME 04609	Trust	ME	N/A	TRUST	N/A	N/A	N/A		х
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

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				
b	Gift, grant, or capital contribution to related organization(s)				1b		X				
С	Gift, grant, or capital contribution from related organization(s)				1c		X				
d	d Loans or loan guarantees to or for related organization(s)										
е	e Loans or loan guarantees by related organization(s)										
	, , , , , , , , , , , , , , , , , , , ,										
f	Dividends from related organization(s)				1f		Х				
g	Sale of assets to related organization(s)				1g		X				
h	Purchase of assets from related organization(s)				1h		X				
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	Х	X				
1	I Performance of services or membership or fundraising solicitations for related organization(s)										
	n Performance of services or membership or fundraising solicitations by related organization(				1m		X				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X				
	o Sharing of paid employees with related organization(s)										
р	p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses											
r	Other transfer of cash or property to related organization(s)				1r		X				
	Other transfer of cash or property from related organization(s)				1s		X				
	If the answer to any of the above is "Yes," see the instructions for information on who must										
		(b)	(c)	(d)							
		saction	Amount involved	Method of determining amount invo	olved						
	typ	e (a-s)									
1)											
2)											
3)											
4)											
5)											
6)											
3216	63 11-17-21	36		Schedule F	R (Forn	n 990)	2021				

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.

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners s 501(c)(3 orgs.? Yes N	Share of total income	Share of end-of-year assets	Disprotionallocati	por- ate ons?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne Yes N	or Percentage ownership o
of entity		(state or foreign country)	excluded from tax under sections 512-514)	Yes N	total income	end-of-year assets	Yes	No	of Schedule K-1 (Form 1065)	yes N	o ownership
		country)	sections 512-514)	Yes N	lo income	assets	Yes	No	(Form 1065)	Yes N	
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Schedule R	R (Form 990) 2021	Maine	Community	Supporting	Foundation	01-0517228	Page 5
Part VII	Supplemental Info	rmation					
	Provide additional inform		onees to auestions	on Schedule R. See in	etructions		
	1 TOVIGE AGGILIONAL IIITOTT	nation for resp	onses to questions	on ochedule n. oee in	Structions.		
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