Form **990**

Extended to November 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Depa Inter	artment nal Rev	of the Treasury enue Service		rnty numbers on this form and rm990 for instructions and	-	•	Open to Public Inspection
_			lar year, or tax year beginning		ending		An and a second s
B	Check if applicat	C Name o	C Name of organization D Employer identific				
	Addr	e Maru	e Community Support	ing Foundation	L		
	Nam chan	ge Doing bi	usiness as			01-051722	8
	Initia returi Final returi	Number	r and street (or P.O. box if mail is not deliv Main Street	ered to street address)	Room/suite		-9735
	termi ated Amer	City or t	own, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	0.
	☐returr ☐Appli _tion pend	F Name a	worth, ME 04605	orah Ellwood			Yes X No
		same	as C above	· · · · · · · · · · · · · · · · · · ·		H(b) Are all subordinates inclu	ded? Yes No
			X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527		
-			mainecf.org	·		H(c) Group exemption r	
				ociation Other	L Year	of formation: 1998 M S	tate of legal domicile: ME
Tak	art I	Summary					
Governance	1	Briefly describ	be the organization's mission or most s ion (MCF) and its c	ignificant activities: <u>Supp</u> haritable and	ort th educat	e Maine Commu ional purpose	unity
rnai	2	Check this box		inued its operations or dispo			
ovel	3		ting members of the governing body (F			3	6
	4				• • • • • • • • • • • • • • • • • • • •	4	3
ŝ	5						0
Activities &	6	Total number of volunteers (estimate if necessary)					3
		Total uprelated	d business revenue from Part VIII, colu	mp(C) line 12		7a	0.
			business taxable income from Form 9				0.
		Net unrelated	business taxable income from Form 9	90-1, Fart I, Inte 11		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)			0.	0.
Revenue	9					0.	0.
Nel		-	• • • • • • • • • • • • • • • • • • • •			0.	
Re	10		come (Part VIII, column (A), lines 3, 4, a			0.	0.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9				0.
	12		- add lines 8 through 11 (must equal P			0.	0.
	13		nilar amounts paid (Part IX, column (A)			0.	0.
Expenses	14		to or for members (Part IX, column (A),			0.	0.
	15		compensation, employee benefits (Pa			0.	0.
			undraising fees (Part IX, column (A), line			0.	0.
			ng expenses (Part IX, column (D), line 2		<u> </u>		
			es (Part IX, column (A), lines 11a-11d, 1			0.	0.
			s. Add lines 13-17 (must equal Part IX,			0.	0.
	19	Revenue less e	expenses. Subtract line 18 from line 12	2		0.	0.
s or					Beg	ginning of Current Year	End of Year
sset	20	Total assets (P	'art X, line 16)			0.	0.
Net Assets or Fund Balances						0.	0.
			fund balances. Subtract line 21 from lir	ne 20		0.	0.
State Stor	rt II	Signature					
			declare that I have examined this return, in				owledge and belief, it is
true,	correc	t, and completer	Declaration of preparer (other than officer)	is based on all information of wh	nich preparer		
		mel	vell camare	<u>d</u>		11.1.	23
Sign		Signature of off	icer			Date	

Sign	Signature of officer		Date
Here	<u>Michele Camarco, Treasure</u>	er/CFO	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Check PTIN
Paid	Connor Smart		/23 if P02285543
Preparer	Firm's name Baker Newman & No	yes, LLC	Firm's EIN 01-0494526
Use Only	Firm's address Box 507		
	Portland, ME 0411	2	Phone no. (207) 879-2100
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form		ommunity Supportir	ng Foundation	01-0517228 _{Page} 2
Pa	t III Statement of Program Ser	-		_
1	Check if Schedule O contains a res Briefly describe the organization's mission		art III	
	Support the Maine Cor		n (MCF) and its c	haritable and
	educational purposes.	•		
2	Did the organization undertake any signif			
	prior Form 990 or 990-EZ?	Schedule O		Yes X No
3	Did the organization cease conducting, o		it conducts, any program service	es?Yes X No
	If "Yes," describe these changes on Sche			
4	Describe the organization's program serv Section 501(c)(3) and 501(c)(4) organizati revenue, if any, for each program service	ons are required to report the amo		
4a	(Code:) (Expenses \$	0 including grants of \$	0.) (Re	evenue \$ 0 •)
	Support the Maine Cor	mmunity Foundatior	n (MCF) by receiv	ving gifts of real
	estate and other ill:	Iquid assets.		
4b	(Code:) (Expenses \$	including grants of \$) (Re	evenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Re	evenue \$)
4d	Other program services (Describe on Sch			
		including grants of \$) (Revenue \$)
4e	Total program service expenses			– 000 (6)
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
•	If "Yes," complete Schedule A	1	Х	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	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		X
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
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		Х
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1Lu	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
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			x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	000	
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			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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
_ J a	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	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 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%			v
דו	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
81	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	51		
_	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
1 41	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 1a ()		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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. С т	ast issues that a mathe community puppor cring	<u>т</u> 2.,		

Form	990 (2022) Maine Community Supporting Foundation 01-0517 tV Statements Regarding Other IRS Filings and Tax Compliance (continued)	228	P	age 5
Fai			Vee	No
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
Za	filed for the calendar year ending with or within the year covered by this return 2a			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
	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?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		
	, , , , , , , , , , , , , , , , , , , ,	7e		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
t g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of qualined intellectual property, did the organization life is form 1098-C?	79 7h		<u> </u>
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	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
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	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 13b			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	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, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form 990 (2022)

Maine Community Supporting Foundati	ne Community Supportir.	ng Foundation
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X

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	ny line in this Part VI
Section A. Governing Body and Management	

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6			
	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 0.	2			
	5 , , , , , , , , , , , , , , , , , , ,	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of		-		v
_	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supe		•		- v
	of officers, directors, trustees, or key employees to a management company or other person?		3		X X
4 -	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one o		-		v
	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				v
_	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 follow	-	-	v	
	The governing body?		8a	X X	
	Each committee with authority to act on behalf of the governing body?	r	8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				v
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	<i>}.)</i>		v	
0-	Did the exercited have lead chapters brenches as efficience?	ſ	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affili		104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	1	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filin	g the form?	11a		
			10-	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>		12b	-23	
C			10-	х	
3	on Schedule O how this was done		12c 13	X	
3 4	Did the organization have a written whistleblower policy?		14	X	
	Did the process for determining compensation of the following persons include a review and approval by indeper		14		
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Ident			
2	The organization's CEO, Executive Director, or top management official		15a	х	
b			15b	X	
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		150		
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
Ja	taxable entity during the year?		16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip		154		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
			16b		
er	exempt status with respect to such arrangements?		100		I
7	List the states with which a copy of this Form 990 is required to be filed None				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	$\frac{1}{1}$	s only) avail	ahle
	for public inspection. Indicate how you made these available. Check all that apply.		3 Offiy	Javan	abic
	Own website X Another's website X Upon request Other (explain on Schedule	a ())			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	,	d fina	Icial	
-	statements available to the public during the tax year.	. soc policy, all		.0101	
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ords			
.0	Michele Camarco - (207) 667-9735	200			
	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 VI

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, box 6 of 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.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week				from	from related	other			
	(list any	recto	recto					the	organizations	compensation
	hours for related	er di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	trust		ee	npen		1099-NEC)	1099-NEC)	and related
	below	lual ti	tiona		nploy	st cor yee	L	1000 NEO)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			e gameatorio
(1) Michele Camarco	0.10									
Treasurer/Director	50.20	Х		X				0.	180,419.	28,259.
(2) Deborah Ellwood	0.10									
<pre>MCF President/Director(start 7/2022)</pre>	50.20	Х		Х				0.	171,577.	13,009.
(3) Brendon Reay	0.10									
Director (start 6/2022)	50.00	Х						0.	151,537.	13,922.
(4) Jennifer Richard	0.10									
Secretary	40.00			Х				0.	109,704.	28,915.
(5) Sterling Speirn	0.10									
MCF President & CEO (end 6/2022)	50.20	Х		Х				0.	82,707.	7,269.
(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	1.00	Х						0.	0.	0.
(9) Nelson Toner	0.10									
Clerk	0.00			Х				0.	0.	0.
				<u> </u>						<u> </u>
232007 12-13-22	I	I	L	I	L	<u> </u>				Form 990 (2022)

232007 12-13-22

Form **990** (2022)

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2022.05000 Maine Community Supporting

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12423 1

Form 990 (2022) Maine Community Supporting Foundation 01-052									517	228	Pa	ige 8		
Part	VII Section A. Officers, Directors, T	rustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do		Posi		than o	one	Reportable	Reportable	;	Est	imate	d
		hours per	box	, unle	ss pe	rson i	is botl pr/trus	h an	compensation	compensatio			ount d	of
		week	<u> </u>		uau	reciu	i/uus	iee)	from	from related			other	
		(list any hours for	irecto						the	organization			pensat	
		related	e or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MI 1099-NEC)			om the	
		organizations	rustee	l trust		ee	npen:		1099-NEC)	1099-1120	,	•	nizati relate	
		below	d ual t	tiona	_	nploy	st co i yee	5					nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				5		
			_	_		-								
1b 3	Subtotal								0.	695,9	44.	91	L,3'	74.
	Fotal from continuation sheets to Par								0.		0.		,	0.
	Fotal (add lines 1b and 1c)								0.	695,9	44.	91	L,3'	74.
	Fotal number of individuals (including b								eceived more than \$100	-				
	compensation from the organization						,			, I				0
													Yes	No
	Did the organization list any former offi			-		-		-		•				
I	ine 1a? If "Yes," complete Schedule J f	or such individual										3	_	X
	For any individual listed on line 1a, is th												v	
	and related organizations greater than S Did any person listed on line 1a receive											4	X	
	rendered to the organization? If "Yes," of								led organization of indiv			5		х
	on B. Independent Contractors			0/ 00	1011	00/0						•		
1 (Complete this table for your five highes	t compensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of cor	npens	ation fr	rom	
	he organization. Report compensation	for the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
	(A) Name and busin	ess address	NO	ONE	2				(B) Description of s	ervices	С	(C omper		ı
			144		-			_						
								_						
2	Fotal number of independent contracto	rs (including but n	not li	mite	d to	the	م اند	ster	d above) who received a	ore than				
	\$100,000 of compensation from the org			me	u 10)	5100						
	· · · · · · · · · · · · · · · · · · ·											Form S	990 (2	2022)

232008 12-13-22

Form						ini	ty Suppo	rting	Foun	dation	01-0517	228 Page 9
Ра	π١						or noto to onvilir	o in this Dr	vet \////			
			Check if Schedule O	coma	ans a respo	nse	or note to any iir	(A) Total re		(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
								rotarre	venue	function revenue		from tax under
S O					<u> </u>							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns									
ŋ ŋ			Membership dues									
ifts ar A			Fundraising events Related organizations		······							
s, G mila			Government grants (contr		······ — — — — — — — — — — — — — — — —							
ions			All other contributions, gifts,									
but		-	similar amounts not included									
dīti		g	Noncash contributions included in			5						
aSu		h	Total. Add lines 1a-1f		·····							
							Business Code					
ice	2	а										
erv ue		b										
ven S		c										
gra Re		d										
Program Service Revenue		e ∡	All other prearem convice	****								
		f g	All other program service Total. Add lines 2a-2f									
	3		Investment income (includ									
	•											
	4		Income from investment of									
	5											
					(i) Real		(ii) Personal					
	6	а	Gross rents	6a								
			Less: rental expenses \dots	6b								
			Rental income or (loss)	6c								
	_		Net rental income or (loss	i)								
	7	а	Gross amount from sales of	_	(i) Securit	les	(ii) Other					
		h	assets other than inventory Less: cost or other basis	7a								
e		U	and sales expenses	7b								
evenue		с	Gain or (loss)	7c								
Re			Net gain or (loss)									
Other R	8		Gross income from fundraisi									
đ			including \$		of							
			contributions reported on	line	1c). See							
			Part IV, line 18									
			Less: direct expenses			-	I					
	~		Net income or (loss) from									
	Э	a	Gross income from gamin Part IV, line 19	-								
		h	Less: direct expenses									
			Net income or (loss) from									
	10		Gross sales of inventory, I									
			and allowances			10a						
		b	Less: cost of goods sold									
		с	Net income or (loss) from	sales	s of invento	ry						
S							Business Code					
leot	11						ļ					ļ
ven		b										
Miscellaneous Revenue		C d										
Ξ			All other revenue Total. Add lines 11a-11d									
	12		Total revenue. See instruction						0.	0.	0.	0.
23200								l				Form 990 (2022

10 2022.05000 Maine Community Supporting 12423_1

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not	Check if Schedule O contains a respon include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Gr	ants and other assistance to domestic organizations				·
an	d domestic governments. See Part IV, line 21				
2 Gr	ants and other assistance to domestic				
ind	dividuals. See Part IV, line 22				
3 Gr	ants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
4 Be	enefits paid to or for members				
	ompensation of current officers, directors,				
	istees, and key employees				
	mpensation not included above to disqualified				
-	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)				
	her salaries and wages				
	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
	her employee benefits				
	ayroll taxes				
	es for services (nonemployees):				
	anagement				
	gal				
	bbying				
	ofessional fundraising services. See Part IV, line 17				
	vestment management fees				
-	her. (If line 11g amount exceeds 10% of line 25,				
	lumn (A), amount, list line 11g expenses on Sch 0.)				
	Ivertising and promotion				
	fice expenses				
	ormation technology				
	ovalties				
	yments of travel or entertainment expenses				
	r any federal, state, or local public officials				
	F				
	erest yments to affiliates				
	preciation, depletion, and amortization				
4 Ot	surance ner expenses. Itemize expenses not covered ove. (List miscellaneous expenses on line 24e. If				
lin	e 24e amount exceeds 10% of line 25, column (A), nount, list line 24e expenses on Schedule O.)				
a					
b					
с _					
d					
e All	other expenses				
5 To	tal functional expenses. Add lines 1 through 24e	0.	0.	0.	0
26 Jo	int costs. Complete this line only if the organization				
rep	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
Ch	eck here if following SOP 98-2 (ASC 958-720)				

09161031 793251 12423

11 2022.05000 Maine Community Supporting

	under section 4958(f)(1)), and persons described		6			
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	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	
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1				12	
13	Investments - program-related. See Part IV, line 1	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equa		16			
17	Accounts payable and accrued expenses				17	
18	Grants payable		18			
19	Deferred revenue		19			
20	Tax-exempt bond liabilities		20			
21	Escrow or custodial account liability. Complete F		21			
22	Loans and other payables to any current or form	ner offic	cer, director,			
	trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%			
	controlled entity or family member of any of thes	se pers	ons		22	
23	Secured mortgages and notes payable to unrela	ated thi	ird parties		23	
24	Unsecured notes and loans payable to unrelated	d third	parties		24	
25	Other liabilities (including federal income tax, pay	yables	to related third			
	parties, and other liabilities not included on lines	17-24). Complete Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25				26	
	Organizations that follow FASB ASC 958, che		77			
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions	0.	27			
28	Net assets with donor restrictions		28			
	Organizations that do not follow FASB ASC 9					
	and complete lines 29 through 33.					

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disgualified persons (as defined

01-0517228 Page 11

1

2

3

4

5

29

30

31

32

33

0.

0.

(B)

End of year

0.

0.

0.

0.

0.

Form 990 (2022)

(A)

Beginning of year

90 (2022)	
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Form 9 Part X Balance Sheet

1

2

3

4

6

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

Part XI Reconciliation of Net Assets Check if Schedule Q contains a response or note to any line in this Part XI 1 Total expenses (must equal Part VII, column (A), line 25) 2 2 3 2 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 5 6 6 7 7 8 7 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 9 9 0ther changes in net assets or fund balances (explain on Schedule 0) 9 9 10 2 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2 X 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0.	Form	990 (2022) Maine Community Supporting Foundation	01-	-0517228	Pag	ge 12		
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 5 6 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 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 Net assets or fund balances (explain on Schedule O) 9 0 ther changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed is method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X X If "Yes	Pa	t XI Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 3 4 5 5 6 6 7 7 7 7 7 8 6 7 7 8 6 7 7 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 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 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 Part XII Financial Statements and Reporting Column (B) 10 Part XII Financial statements compiled or reviewed by an independent accountant? 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 ft "rees," 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: 2a X		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 3 4 5 5 6 6 7 7 7 7 7 8 6 7 7 8 6 7 7 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 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 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 Part XII Financial Statements and Reporting Column (B) 10 Part XII Financial statements compiled or reviewed by an independent accountant? 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 ft "rees," 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: 2a X								
3 Revenue less expenses. Subtract line 2 from line 1 4 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 6 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 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 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Check if Schedule O contains a response or note to any line in this Part XII 21 Accounting method used to prepare the Form 990: 22 Cash 23 Were the organization's financial statements compiled or reviewed by an independent accountant? 11 11 22 X 12 12 23 X 14 14 24 X 15 14 25 16 26 X 17 14 28 X 19 14 29 X <	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5 5 6 5 7 6 7 6 8 7 8 7 9 0ther 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 Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 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 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 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? Zb X If "	2	Total expenses (must equal Part IX, column (A), line 25)	2					
5 Net unrealized gains (losses) on investments 6 6 7 8 9 9 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X 1 Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the form 990: Cash X Accounting financial statements compiled or reviewed by an independent accountant? 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, or both: Separate basis Separate basis Consolidated basis Check if Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate b	3	Revenue less expenses. Subtract line 2 from line 1	3					
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Print period adjustments and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash X Accounting interview of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 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 b Were the organization's financial statements and the pendent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis. or both: Separate basis Consolidated basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection or a undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organiz	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4					
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Print period adjustments and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash X Accounting interview of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 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 b Were the organization's financial statements and the pendent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis. or both: Separate basis Consolidated basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection or a undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organiz	5	Net unrealized gains (losses) on investments	5					
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 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2a Were 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? 1 "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 5 Were the organization's financial statements audited by an independent accountant? 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Zonsolidated basis 5 Both consolidated basis 6 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis 6 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilati	6		6					
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting rendo distatements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Separate basis Consolidated basis, or both: Separate basis X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. b Vere the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis, or both: Separate basis Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Consolidated basis, or both:	7		7					
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 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, onsolidated basis, or both: Separate basis Consolidated basis Both consolidated basis, or both: Separate basis X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X If "Yes," check a box below to indicate whether the financial statements for the year wer	8		8					
column (B) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 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 X 2a X X Za X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis X Consolidated basis Both consolidated and separate basis 2b X If "Yes," theck a box below to indicate whether the financial statem	9		9					
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1		
		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	dit				
- 000 (1997)		or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>					

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

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								
2022								
Open to Public Inspection								
 r identification number								

Nan	e of t	the organization							identification number			
_				y Supporting					1-0517228			
Pa	rt I	Reason for Public	Charity Status.	All organizations must o	complete t	his part.) S	See instruction	าร.				
The	organ	ization is not a private foun	dation because it is: (For lines 1 through 12, o	check only	one box.)						
1		A church, convention of cl	hurches, or associatio	on of churches describe	d in sectic	on 170(b)([.]	1)(A)(i).					
2		A school described in sec	tion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)							
3		A hospital or a cooperative	e hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).					
4		A medical research organi	zation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated	for the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that norm	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). (0	Complete Part II.)									
8		A community trust describ	oed in section 170(b)(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research or	rganization described	in section 170(b)(1)(A)((ix) operate	ed in conju	unction with a	land-grant	college			
		or university or a non-land	-grant college of agric	ulture (see instructions)	. Enter the	name, cit	y, and state o	f the colleg	e or			
		university:										
10		An organization that norm										
		activities related to its exe	mpt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment			
		income and unrelated bus		(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.			
		See section 509(a)(2). (Co	• •									
11		An organization organized	-	•	•							
12	Χ	An organization organized	•	•	•		-	•				
		more publicly supported o							Check the box on			
	v	lines 12a through 12d that	• •			-		-				
а	X											
		the supported organizat			a majority	of the dire	ctors or trust	ees of the s	supporting			
		organization. You must	-									
b		Type II. A supporting or					-		-			
		control or management			same perso	ons that co	ontrol or mana	age the sup	ported			
		organization(s). You mu	-		in connoc	tion with	and functions	lly intograt	ad with			
C		Type III functionally int its supported organization						iny integration	eu with,			
d		its supported organization Type III non-functional						tod organi	zation(a)			
d		that is not functionally in						•				
		requirement (see instruct	v	e ,			•	u an allem	IVEIIE33			
•		Check this box if the org										
е	L	functionally integrated, of					а турет, туре	л, туре ш				
f	Ente	er the number of supported		, , , , , , , , , , , , , , , , , , , ,	0 0	241011.			1			
		vide the following information	•	d organization(s)								
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)			
ME	Co	mmunity		above (see instructions))								
		ation	01-0391479	8	x			0.	0.			
Tota	ıl							0.	0.			

Schedule A	(Form 990) 2022	Maine	Community	Supporting	Foundation	01-0517228	Page 2
Part II	Support Schedule f	or Organi	zations Describ	oed in Sections 1	70(b)(1)(A)(iv) and	170(b)(1)(A)(vi)	

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 \dots							
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							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities	, etc. (see instructi	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)		
_	organization, check this box and sto							
-	ction C. Computation of Publ							
	Public support percentage for 2022 (14	%	
	Public support percentage from 202					15	%	
16a	33 1/3% support test - 2022. If the							
	stop here. The organization qualifies							
k	33 1/3% support test - 2021. If the							
	and stop here. The organization qua							
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
k	10% -facts-and-circumstances tes	-						
	more, and if the organization meets t							
~~	organization meets the facts-and-circ		-	-				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a		etions	

Schedule A (Form 990) 2022

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					Foundation	01-0517228	Page 3
Part III	Support Schedule for	or Organiz	ations Describe	ed in Section 509)(a)(2)		

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the 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						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons Amounts included on lines 2 and 3 received						
IJ	Amounts include on mes 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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
	regularly carried on	ļ					
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	le organization's f	irst. second. third	fourth. or fifth tax	vear as a section	501(c)(3) organiza	ation.
	check this box and stop here	J	,, und	,	,	· · · · · · · · ·	,
Sec	tion C. Computation of Publ	ic Support Pe	ercentage				·····
15	Public support percentage for 2022 (line 8, column (f), (divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2021. If the						. and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 12-09-22			, ee.s, encorr			A (Form 990) 2022
				16			
L61	031 793251 12423	202	22.05000		munity Su	pporting	124231

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Schedule A (Form 990) 2022 Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

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Schedule A (Form 990) 2022

х 2 Х 3a 3b 3c Х 4a 4b 4c Х 5a 5b 5c Х 6 х 7 Х 8 Х 9a Х 9b х 9c х 10a 10b

Yes

Х

1

No

Maine Community Supporting Foundation 01-0517228 Page 5 Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		Х
b	A family member of a person described on line 11a above?	1b		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.	1c		Х
Sec	tion B. Type I Supporting Organizations			

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

Section C.	l ype l	Supporting	Organizations	

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

Section D. All	Type III Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

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3b Schedule A (Form 990) 2022

2a

2b

За

Yes No

Yes No

х

х

1

2

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Maine Community Supporting Foundation Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	All other Type III non-functionally integrated supporting organizations musician A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter or Bot 10 - 20 Distributable Amount	All other Type III non-functionally integrated supporting organizations must complete ion A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount 7 Adgregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): 3 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (f	Net short term capital gain 1 Recoveries of prioryear distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (<i>explain in detail in Part V</i>): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4

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

Schedule A (Form 990) 2022

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Maine Community Supporting Foundation 01-0517228 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	;	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Part VI	Form 990) 2022 Supplemental	Information D	ovido the overlage - +	one required by D	ort II, line 10: Devt II	line 17e er 17h De + 1	IL line 10:
	Supplemental	information. Pr	ovide the explanation	ons required by Pa	art II, line 10; Part II, 11c: Part IV, Soctio	, line 17a or 17b; Part I on B, lines 1 and 2; Par	II, line 12; t IV, Soction C
	line 1: Part IV. Section A, I	ines 1, 2, 30, 30, 40 ion D. lines 2 and 3	; Part IV. Section E	lines 1c. 2a. 2b. 3	3a. and 3b: Part V. li	ne 1; Part V, Section E	. line 1e: Part V
	Section D, lines 5, 6	δ, and 8; and Part V	, Section E, lines 2	, 5, and 6. Also co	mplete this part for	any additional informa	tion.
	(See instructions.)					-	
						0-1	e A (Form 990)
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Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 L Open to Public Inspection

Name of the	organization
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Maine Community Supporting Foundation

Employer identification number 01 - 0517228

1 2	Total number at end of year Aggregate value of contributions to (during year)						
2 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 v	vriting that the asset	s held in donor adv	l vised fun	ds		
	are the organization's property, subject to the organization's	-				Yes	
6	Did the organization inform all grantees, donors, and donor a						
0	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?		, , ,		° –	Yes	
Par	t II Conservation Easements. Complete if the org						
1	Purpose(s) of conservation easements held by the organization			,,			
	Preservation of land for public use (for example, recreat			of a histo	rically importar	nt land are	a
	Protection of natural habitat				fied historic str		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation con	tribution in the for	m of a co	nservation eas	ement on	the last
-	day of the tax year.			11 01 0 00		he End of th	
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
с	Number of conservation easements on a certified historic stru				2c		
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register				2d		
3	Number of conservation easements modified, transferred, rele				ization during 1	the tax	
	year	, 0 ,		0	0		
4	Number of states where property subject to conservation eas	sement is located					
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the per	_	pection, handling c	– of			
	Does the organization have a written policy regarding the per	iodic monitoring, insp				Yes	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it	iodic monitoring, ins holds?	-				
5	Does the organization have a written policy regarding the per	iodic monitoring, ins holds?	-				N o year
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,	iodic monitoring, insp holds? handling of violations	s, and enforcing co	onservatio	on easements o	during the	year
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5 6 7 8 9 Par 1a	Does the organization have a written policy regarding the perviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	iodic monitoring, insp holds? handling of violations, and e satisfy the requirer on easements in its r ote to the organization Art, Historical 990, Part IV, line 8. 8, not to report in its icial statements that 8, to report in its reve	s, and enforcing conser- d enforcing conser- ments of section 17 evenue and expen on's financial state Treasures, or revenue statemen tion, or research in describes these its enue statement an	vation ea 70(h)(4)(B se stater ments th Other \$ t and bal furtherar ems. d balance	on easements of sements during (i) nent and lat describes th Similar Asso ance sheet wo nce of public e sheet works of	during the g the year Yes ne ets. rks	year
5 6 7 8 9 Par 1a	Does the organization have a written policy regarding the perviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnorganization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95	iodic monitoring, insp holds? handling of violations, and e satisfy the requirer on easements in its r ote to the organization Art, Historical 990, Part IV, line 8. 8, not to report in its icial statements that 8, to report in its reve	s, and enforcing conser- d enforcing conser- ments of section 17 evenue and expen on's financial state Treasures, or revenue statemen tion, or research in describes these its enue statement an	vation ea 70(h)(4)(B se stater ments th Other \$ t and bal furtherar ems. d balance	on easements of sements during (i) nent and lat describes th Similar Asso ance sheet wo nce of public e sheet works of	during the g the year Yes ne ets. rks	year
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5 7 3 9 1a	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2(d) abov and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footno organization's accounting for conservation easements. t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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	iodic monitoring, ins holds? handling of violations ling of violations, and e satisfy the requirer on easements in its r ote to the organization FArt, Historical 990, Part IV, line 8. 8, not to report in its lic exhibition, education exhibition, education	s, and enforcing co d enforcing conser- ments of section 17 evenue and expen on's financial state Treasures, or revenue statemen tion, or research in describes these its enue statement an n, or research in fu	onservation vation ea 70(h)(4)(B se stater ments th Other \$ t and bal furtheran ems. d balance rtherance	on easements of sements during all describes the Similar Asse ance sheet wo nce of public e sheet works of e of public serv \$	during the g the year Yes ne ets. rks of ice,	year
5 7 3 9 1a	Does the organization have a written policy regarding the perviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	iodic monitoring, ins holds? handling of violations ling of violations, and e satisfy the requirer on easements in its r ote to the organization FArt, Historical 990, Part IV, line 8. 8, not to report in its lic exhibition, education exhibition, education exhibition, education	s, and enforcing conser- d enforcing conser- ments of section 17 evenue and expen- on's financial state Treasures, or revenue statement tion, or research in describes these its enue statement an n, or research in fu	onservation vation ea 70(h)(4)(B se stater ments th Other \$ t and bal furtheran ems. d balance rtherance	on easements of sements during all describes the Similar Asse ance sheet wo nce of public e sheet works of e of public serv \$	during the g the year Yes ne ets. rks of ice,	year
5 7 3 9 1a b	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2(d) abov and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservatio balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements. 1 III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical trea- the following amounts required to be reported under FASB ASC	iodic monitoring, ins holds? handling of violations and of violations, and e satisfy the requirer on easements in its r ote to the organization Art, Historical 990, Part IV, line 8. 8, not to report in its lic exhibition, education exhibition, education exhibition, education asures, or other similis SC 958 relating to the	s, and enforcing conser- d enforcing conser- ments of section 17 evenue and expen- on's financial state Treasures, or revenue statemen- tion, or research in describes these it- enue statement an n, or research in fu- ar assets for financi- ese items:	onservation vation ea 70(h)(4)(B se stater ments th Other \$ t and bal furtheran ems. d balance rtherance	on easements of sements during (i) (i) ment and lat describes the Similar Asso ance sheet works of e sheet works of e of public serv 	during the g the year Yes ne ets. rks of ice,	year
5 7 3 9 Par 1a b	Does the organization have a written policy regarding the perviolations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2(d) abov and section 170(h)(4)(B)(ii)?	iodic monitoring, insp holds? handling of violations, and e satisfy the requirer on easements in its r ote to the organization FArt, Historical 990, Part IV, line 8. 8, not to report in its lic exhibition, education exhibition, education exhibition, education asures, or other similion SC 958 relating to the	s, and enforcing conser- d enforcing conser- ments of section 17 evenue and expen- on's financial state Treasures, or revenue statemen tion, or research in describes these its enue statement an n, or research in fu ar assets for financiese items:	vation ea 70(h)(4)(B se stater ments th Other \$ t and bal furtheran ems. d balance rtherance	on easements of sements during (i) (i) (ii) (ii) (ii) (iii)	during the g the year Yes ne ets. rks of ice,	year
5 6 7 8 9 2 1 1 2 2 3 5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2(d) abov and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservatio balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements. 1 III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pub service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical trea- the following amounts required to be reported under FASB ASC	iodic monitoring, insp holds? handling of violations, and e satisfy the requirer on easements in its r ote to the organizati Art, Historical 990, Part IV, line 8. 8, not to report in its lic exhibition, education ecial statements that 8, to report in its reve exhibition, education asures, or other simil SC 958 relating to th	s, and enforcing conser- d enforcing conser- ments of section 17 evenue and expen- on's financial state Treasures, or revenue statemen tion, or research in describes these its enue statement an n, or research in fu ar assets for financiese items:	vation ea 70(h)(4)(B se stater ments th Other \$ t and bal furtheran ems. d balance rtherance	on easements of sements during (i) (i) (ii) (ii) (iii)	during the g the year Yes ne ets. rks of ice,	year No

		ommunity S						1722		age 2
Par	t III Organizations Maintaining C	ollections of A	rt, Historical	Treasures, or (Other :	Similar	Asse	ts (contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of t	he following that m	ake sign	nificant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d		exchange program						
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	-	-	-			e in Par	t XIII.		
5	During the year, did the organization solicit or			•				-		7
	to be sold to raise funds rather than to be ma						L	Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organiza	ation answered "Yes	s" on Fo	orm 990, F	Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							7.2		1
	on Form 990, Part X?						L	Yes		No
a	If "Yes," explain the arrangement in Part XIII a	and complete the to	nowing table:					Amount		
-								Amoun		
	Beginning balance					1c				
	Additions during the year					1d 1e				
	Distributions during the year					1f				
	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par										-
		(a) Current year	(b) Prior year	(c) Two years ba		Three yea	rs back	(e) Four	years	back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1g, colum	n (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are hel	d and administered	for the			-		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			R?				3b		
	Describe in Part XIII the intended uses of the	0	owment funds.							
Par	t VI Land, Buildings, and Equipm		Dert IV line 11		art V lin	o 10				
	Complete if the organization answered		<u> </u>					(1) D		
	Description of property	(a) Cost or o basis (investr		ost or other sis (other)	. ,	imulated ciation		(d) Bool	< value	9
1a	Land									
	Buildings									
с	Leasehold improvements									
d	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), lir	e 10c.)						0.

Schedule D (Form 990) 2022

232052 09-01-22

	munity Supporti	ng Foundation	01-0517228 Page 3
Part VII Investments - Other Securities. Complete if the organization answered "Y		11b Soc Form 000 Dart V line	10
(a) Description of security or category (including name of security of category (inclu			ost 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 "Y		11a Saa Farm 000 Dart V lina	12
(a) Description of investment	(b) Book value		ost or end-of-year market value
			sit of end of year market value
<u>(1)</u> (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 "Y		11d. See Form 990, Part X, line	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (E	3) line 15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Y	es" on Form 990, Part IV, line	11e or 11f. See Form 990, Part	X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (E			•
2. Liability for uncertain tax positions. In Part XIII, pro		-	
organization's liability for uncertain tax positions u	nder FASB ASC 740. Check h	ere if the text of the footnote ha	s been provided in Part XIII X

Schedule D	(Form 990)	2022
Schedule D		ZUZZ

Sche	dule D (Form 990) 2022 Maine	Community	Supporting	Foundation	01-05172	28 Page 4
Pa	t XI Reconciliation of Revenue	e per Audited Fi	nancial Stateme	nts With Revenue		
	Complete if the organization answ	ered "Yes" on Form §	990, Part IV, line 12a.			
1	Total revenue, gains, and other support p	er audited financial s	statements		1	
2	Amounts included on line 1 but not on Fo	orm 990, Part VIII, line	e 12:			
а	Net unrealized gains (losses) on investme	nts		2a		
b	Donated services and use of facilities			2b		
с	Recoveries of prior year grants			2c		
d	Other (Describe in Part XIII.)			2d		
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1				3	
4	Amounts included on Form 990, Part VIII,	line 12, but not on li	ne 1:			
а	Investment expenses not included on For					
b	Other (Describe in Part XIII.)			4b		
С						
5	Total revenue. Add lines 3 and 4c. (This n					
Pa	t XII Reconciliation of Expense	•		ents With Expense	s per Return.	
	Complete if the organization answ					
1	Total expenses and losses per audited fir				1	
2	Amounts included on line 1 but not on Fo	, ,		1 1		
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d					
3					3	
4	Amounts included on Form 990, Part IX, I			1 1		
а	Investment expenses not included on For					
b	Other (Describe in Part XIII.)			4b		
_						
5	Total expenses. Add lines 3 and 4c. (This		0, Part I, line 18.)		5	
Pa	t XIII Supplemental Information	I				

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, Schedule D (Form 990) 2022 232054 09-01-22 25 2022.05000 Maine Community Supporting 12423_1

Schedule D (Form 990) 2022 Maine Community Supporting Foundation 01-0517228 Page 5 Part XIII Supplemental Information (continued)

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

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

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

Schedule D (Form 990) 2022

232055 09-01-22

09161031 793251 12423

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	77)
•	-	Compensated Employees		ΖU		-
Dene	tment of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization	n	Employer ic			mber
		Maine Community Supporting Foundation	01-0	51722	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	charter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the organization used to establish the compensation of the organization'				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation of	ommittee			
	During the user dia	l any namen listed on Four 000 Port VII. Costion A line 1s with respect to the filling				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re			40		x
a b		e payment or change-of-control payment?				X
		eive payment from a supplemental honqualined retriement plan?				X
U		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.		+c		
	Only section 501(c	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
-	contingent on the r					
а	Ũ			5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	•	~ 		6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D) (F) Compensation in column (B)		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Michele Camarco	(i)	0.	0.	0.	0.	0.		0.	
	(ii)	178,410.	0.	2,009.	16,416.	11,843.	208,678.	0.	
(2) Deborah Ellwood	(i)	0.	0.	0.	0.	0.	0.	0.	
MCF President/Director(start 7/2022)	(ii)	144,782.	0.	26,795.	11,895.	1,114.	184,586.	0.	
(3) Brendon Reay	(i)	0.	0.	0.	0.	0.	0.	0.	
	(ii)	149,793.	0.	1,744.	11,022.	2,900.	165,459.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Part I, Line 3:

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

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

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

compensation committee, an independent compensation consultant, the Form

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

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

compensation for this position.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	-EZ	OMB No. 1545-0047				
Name of the organization	Maine Comm	unity Supp	porting Fou	ndation		identification number 517228
Form 990, Par	t VI, Section					
A copy of For	m 990 is sent	electroni	cally to a	ll trustees	for re	eview and
comment. Once	the allotted	period of	time has	passed for	trustee	e review,
any additiona	1 corrections	are made	and Form 9	90 is filed	with t	the IRS.
Form 990, Par	t VI, Section	B, Line 1	2c:			
Annually, all	directors and	d officers	s are requi	red to read	the co	onflict of
interest poli	cy and sign a	disclosur	re form on	which each	individ	lual
acknowledges	their obligat	ion to dis	sclose any	conflict of	intere	est and
comply with t	he conflict o	f interest	z policy. D	irectors al	so abst	ain from
voting to app	rove grants t	o any orga	anization f	or which th	ey have	e an
interest.						
Form 990, Par	t VI, Section	B, Line 1	15:			
The Maine Com	munity Suppor	ting Found	lation has	no employee	s. Howe	ever, the
CEO and other	officers of	the suppor	rted organi	zation, Mai	ne Com	nunity
Foundation (M	CF), oversee	the Maine	Community	Supporting	Foundat	ion. The
			c 11 -			~

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.

The governing documents, Form 990 and audited consolidate	ed financial
statements are available upon request. In addition, Form	990 and the
audited consolidated financial statements are posted on t	the website of the
supported organization, Maine Community Foundation, at w	ww.mainecf.org.
Form 990, Part XII, Line 2c:	
The audit process has not changed from the prior year.	

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Name of the organization

Maine Community Supporting Foundation

Employer identification number 01 - 0517228

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

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

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

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

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

Schedule R (Form 990) 2022

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)					
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign	Legal domicile (state or foreign	Legal domicile (state or fereign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of total Share of income end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	or Percentage ownership			
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr	tion b)(13) rolled tity?
		country)		or trusty		233613		Yes	No
Andrew Marshall 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
David K. Silverman Charitable Remainder									
Unitrust, C/O Bank of America; P.O. Box	Charitable Remainder								
830269, Dallas, TX 75283	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
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
Rachel Samsel Charitable Remainder Unitrust									
C/O Vanguard National Trust; P.O. Box 709	Charitable Remainder								
Valley Forge, PA 19482-0709	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(Sec	(i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(l conti	(b)(13) trolled tity?
-		foreign country)		or trust)		assets		Yes	
Roger A Fessaguet 2013 Charitable Remainder								103	
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
Roger A Fessaguet 2013 Charitable Remainder									
Trust No. 2, C/O Law Offices of J.J. Lynch;	Charitable Remainder								
P.O. Box 6, Damariscotta, ME 04543	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
Sedgwick Charitable Remainder Trust									
C/O Multop Financial; 2210 Rimland Drive, # 1	lCharitable Remainder								
Bellingham, WA 98226	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
Stanley N. Marshall III Charitable Remainder									
Unitrust, C/O Vanguard National Trust; P.O.	Charitable Remainder								
Box 709, Valley Forge, PA 19482-0709	Trust	ME	N/A	TRUST	N/A	N/A	N/A		X
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Schedule R (Form 990) 2022 Maine Community Supporting Foundation

Part V	Transactions With Related Org	ganizations. Comp	plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 34, 35b, or 36.
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Net	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		res	
-		4.		X
	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		A X
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		X
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
q	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1a		X
4		- 4		
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
-		15		- 23
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(3)			
(4)			
(5)			
_(6)	35		Cathadula D (Earra 000) 0000

Schedule R (Form 990) 2022 Maine Community Supporting Foundation

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes) ill (3) (3)	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) Percentage ownership
			,		NO			163	NO			

Schedule R (Form 990) 2022

Schedule R	(Form 990)) 2022

Part VII Supplemental Informatio Provide additional information for	r responses to questions on Schedule R. See instructions.
32165 09-14-22	Schedule R (Form 990) 37
61031 793251 12423	2022.05000 Maine Community Supporting 12423_