Extended to November 15, 2024

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

A	For the	e 2023 calendar year, or tax year beginning		, and ending					
В	Check if applicat	C Name of organization			D Employ	er identification number			
	Address change								
	Nam	e change Maine Community Supporting Founda	01-	-0517228					
		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telepho	one number			
	Final termi	return/ nated 245 Main Street			(20	07) 667-9735			
	Ame	or town, state or province, country, and ZIP or foreign postal code			F Group E	Exemption			
	Applic	ation pending Ellsworth, ME 04605			Numbe	r			
G	Accour	nting Method: Cash X Accrual Other (specify)			H Check	X if the organization is			
1	Websi	te: www.mainecf.org		_	not req	uired to attach Schedule B			
J	Tax-ex	rempt status (check only one) — X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) or 527	(Form 9	990).			
K	Form o	of organization: X Corporation Trust Association	Other						
L	Add lin	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 d	or more, or if to	tal assets (Part	II,				
	colum	n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ				\$ 0.			
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund	d Balance:	S (see the instru	uctions for	Part I)			
		Check if the organization used Schedule O to respond to any question in this Part I							
	1	Contributions, gifts, grants, and similar amounts received			1				
	2	Program service revenue including government fees and contracts			2	2			
	3	Membership dues and assessments				3			
	4	Investment income				,			
	5a	Gross amount from sale of assets other than inventory	5a						
	b	Less: cost or other basis and sales expenses							
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			5	С			
	6	Gaming and fundraising events:							
Ф	a	Gross income from gaming (attach Schedule G if greater than							
Š		\$15,000)	6a						
Revenue	b	Gross income from fundraising events (not including \$	of contributio	ins					
Œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such	_						
		gross income and contributions exceeds \$15,000)	6b						
	С	Less: direct expenses from gaming and fundraising events	6c						
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract line 6c)		6	d			
	7a	Gross sales of inventory, less returns and allowances	7a						
	b	Less: cost of goods sold	7b						
	С	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			70	С			
	8	Other revenue (describe in Schedule 0)							
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>	·····	9	0.			
	10	Grants and similar amounts paid (list in Schedule 0)				0			
	11	Benefits paid to or for members			1	1			
Se	12	Salaries, other compensation, and employee benefits			1	2			
)SU	13	Professional fees and other payments to independent contractors			1:	3			
Expenses	14	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping				4			
Ш	15					5			
	16	Other expenses (describe in Schedule 0)				6			
_	17	Total expenses. Add lines 10 through 16							
s	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	8 0.			
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))							
As		(must agree with end-of-year figure reported on prior year's return)			19				
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)							
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20			. 2	1 0.			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2023)

Form	990-EZ(2023) Maine Community Supportin	g Foundation	(<u> 11</u>	05172	28 Page 2
Pa	Irt II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res					
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments			22		
23	Land and buildings			23		
24	Other assets (describe in Schedule 0)			24		
25	Total assets		0 .	• 25		0.
26	Total liabilities (describe in Schedule 0)		0 .	• 26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		0 .	• 27		0.
Pa	rt III Statement of Program Service Accomplishmen	nts (see the instruct	ions for Part III)			penses
	Check if the organization used Schedule O to res	pond to any questio	n in this Part III	X		for section
Wha	t is the organization's primary exempt purpose?See Schedule O)				and 501(c)(4) ons; optional for
Desc	ribe the organization's program service accomplishments for each of its three largest program	services, as measured by expens	es. In a clear and concise		others.)	, ,
manr	er, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title.				
28	See Schedule O					
	(Grants $\$$ 0 •) If this amount includes foreign \S	arants, check here			28a	0.
29		,				
				_		
	(Grants \$) If this amount includes foreign of	arants check here			29a	
30	Activities afficially information for the second of the se	grants, check nero				
•						
				_		
	(Grants \$) If this amount includes foreign of	grante chock horo		$\overline{}$	30a	
	Other program services (describe in Schedule O)			<u> </u>	1004	
					31a	
	(Grants \$) If this amount includes foreign of			<u> </u>	32	0.
	Total program service expenses (add lines 28a through 31a) Irt IV List of Officers, Directors, Trustees, and Key E	mnlovees (list cosh one	oven if not companyated is			
ГС	Check if the organization used Schedule O to response			see trie	HISHUCHORS	or Fartiv)
	Check if the organization used Schedule O to res	'	1 ,	(d) ua	ealth benefits,	(a) Estimated
	(a) Name and title	(b) Average hours per week devoted to	compensation (Forms	` contr	ributions to	(e) Estimated amount of other
	(a) Name and title	position	W-2/1099-MISC/ 1099-NEC)	plans.	oyee benefit and deferred	compensation
<u> </u>	borah Ellwood		(if not paid, enter -0-)	com	pensation	<u> </u>
		0.10			0	_
	F President/Director	0.10	0.		0.	0.
	chele Camarco	0 10			0	_
	easurer/Director	0.10	0.		0.	0.
	leen Epstein	0.10			0	
	rector	0.10	0.		0.	0.
	san Hammond	0.10			•	
	rector (end 6/2023)	0.10	0.		0.	0.
	tthew Polstein					
	rector	0.10	0.		0.	0.
	endon Reay]				_
	rector	0.10	0.		0.	0.
	ren Stanley					
	rector (eff 6/2023)	0.10	0.		0.	0.
	nnifer Richard					
	cretary	0.10	0.		0.	0.
Ne	lson Toner					
C1	erk	0.10	0.		0.	0.
		1				
			1			
		1				
			+			
		1				

Maine Community Supporting Foundation 01-0517228 Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V X Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each X 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported Х on lines 2, 6a, and 7a, among others)? N/A b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Х 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," 36 Х complete applicable parts of Schedule N 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions **b** Did the organization file **Form 1120-POL** for this year? Х 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made X 38a in a prior year and still outstanding at the end of the tax year covered by this return? **b** If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 **b** Gross receipts, included on line 9, for public use of club facilities N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. 0 • ; section 4912 **0** • ; section 4955 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Х c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Х List the states with which a copy of this return is filed None 667-9735 Deborah Ellwood **42 a** The organization's books are in care of Telephone no. Located at: 245 Main Street, Ellsworth, ME 04605 ZIP + 4 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial X

account)? 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country

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

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

Form 990-EZ (2023)

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Form 990-E	EZ(2023) Maine Communit	y Supportin	g Foundation		01-0517	228	F	Page 4
	he organization engage, directly or indirectly, in p	olitical campaign activitie	s on behalf of or in opposition	on to candidates for p		40	Yes	E.
Part VI		ns Only				46		X
	All section 501(c)(3) organizations must	-	49b and 52, and comple	te the tables for line	es 50 and 51.			
	Check if the organization used Schedul							
							Yes	No
	he organization engage in lobbying activities or ha					4,30		
49 le the	s," complete Sch. C, Part II	20/b)/4\/4\/4\/:\\0 14 \/	and the Oak and the F			47		X
48 Is the	e organization a school as described in section 17 ne organization make any transfers to an exempt	u(u)(I)(A)(II)? II Yes, co	ompiete Schedule E			48		X
b If "Yes	s," was the related organization a section 527 org	non-chantable related of ç ianization?	jamzauvii r			49a 49b	-	
50 Comp	plete this table for the organization's five highest (compensated employees	(other than officers, director	s, trustees, and kev e	mplovees) who e		ceived r	more
	\$100,000 of compensation from the organization			, , ,	, -,,			
	(a) Name and title of each employee		(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC/	(d) Health benefits contributions to employee benefit plans, and deferred	amo) Estima ount of	other
	NO	NE	position	1099-NEC)	compensation	1 001	препза	111011
						+-		
				 		+-		
- Total	mumb on of other annulations and described							
f Total r	number of other employees paid over \$100,000 lete this table for the organization's five highest o	companyated independen	t contractors who each rose	ived mare than \$100	000 of	E	41	
	ization. If there is none, enter "None." NOI		t contractors who each rece	ived illore man \$ 100,	uuu or compensa	lion ire	om tne	
	a) Name and business address of each independ		(b)	Type of service	(c) (omper	nsation	
					H			
	number of other independent contractors each re			W.W				
	e organization complete Schedule A? Note: All se	()()				_		_
	eted Schedule A					Yes		_ No
	ties of perjury, I declare that I have examined this t, and complete. Declaration of preparer (other tha					e and	belief, i	it is
1 40,00,00,00,	DU2 - 1	all officer) is based off all	The Charlett of Which prepai	er nas any knowieuge	nal	21		
Sign	Signature of officer		12		Date			
Here	Deborah Ellwood, Pr	resident & C	EO					
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN			
Paid	Connor Smart	(semmy	Juny 10/29	self- employ	1	0	4.2	
Preparer	Firm's name Deleges Manager	& Noves I	LC		P022			
Use Only	Firm's address Box 507	a Moyes, L	1110	Firm's EIN Phone no.	01-049 (207) 8		210	10
	Portland, M	IE 04112		r none no.	\2011 0	1) -	<u></u>	
May the IRS	discuss this return with the preparer shown above				X	Yes		No
100174 10 01	00					_	0-EZ (2	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

Maine Community Supporting Foundation 01-0517228 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations 1 g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) ME Community Foundation 01-0391479 8 0 X

0.

art II	Suppor	t Schedule for	Organizations	Described i	n Sections	170(b)(1)(A)(iv) and	170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
-	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4		`,	, ,	, ,	` ,	.,
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	_
	First 5 years. If the Form 990 is for th	•	,			501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organizatior	١			
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	upported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2022. If the orga	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	ıalifies as a publicl	ly supported organ	ization	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s
						0 - 1 1 - 1 - 4	(Earm 000) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	slow, please com	ipietė Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
		(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6			, ,		. ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
-	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			faculta au fifth tau		F01(a)(0) averaginat	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·	<i>'</i>	•	•	()()	ion,
<u>S</u>	check this box and stop here ction C. Computation of Publi		arcentage				<u></u>
	Public support percentage for 2023 (li			column (f)		15	
							<u>%</u>
	Public support percentage from 2022 ction D. Computation of Investigation					16	%
	•		<u>~</u> _			17	
	Investment income percentage for 20					 	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2023. If the	-					17 IS NOT
	more than 33 1/3%, check this box ar						
t	33 1/3% support tests - 2022. If the	•			*	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n aid not check a	ı box on iine 14, 19	a, or 19b, check t	nis box and see ii	nstructions	

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.)

		Yes	No
	4	X	
	1	Λ	
	2		Х
	3a		Х
	- Ou		
	3b		
	3с		
	4a		Х
	4b		
	4c		
	40		
	5a		Х
	5b 5c		
	6		X
	_		v
	7		Х
	8		Х
	9a		Х
	Ja		
	9b		Х
	0.0		X
	9с		Λ
	10a		Х
	10b		
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Par	t 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?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.10		
·	detail in Part VI.	11c		х
Sec	tion B. Type I Supporting Organizations	1 110		
	non 2. Type i capperang erganizatione		Yes	No
4	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
1	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		х	
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	<u>^</u>	
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,			37
	supervised, or controlled the supporting organization.	2		X
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	-,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.00	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
b	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	O.		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
n	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2023

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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1 Check here if the organization satisfied the Integral Part Test as a q			Part VI). See instructions.
All other Type III non-functionally integrated supporting organization	ns must complete	Sections A through E.	•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amou	ınt.		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-fun		ed Type III supporting ord	anization (see
instructions).	,əg/att) ···	,

Schedule A (Form 990) 2023

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Maine Community Supporting Foundation

Employer identification number 01-0517228

Form 990-EZ, Part III, Primary Exempt Purpose - The Organization is
organized exclusively as a supporting organization for the benefit of,
to perform the functions of, and to carry out the purposes of Maine
Community Foundation, Inc., an existing Maine non-profit corporation
recognized by the IRS as a 501(c)(3) public charity.
Form 990-EZ, Part III, Line 28, Program Service Accomplishments:
The Organization exists to support the Maine Community
Foundation (MCF) and its charitable and educational
purposes. The Organization expended all assets in pursuit
of this charitable, exempt purpose in a previous tax year. The
Organization did not receive any additional assets or incur any
activity or operations during this tax year.
Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.

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

Schedule O (Form 990) 2023