(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or					Taxpayer identification number (TIN)		
print	Maine Philanthropy Center				01-0503126		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.				
return. See instruction		oreign add	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)				
Applica	tion	Return	Application			Return	
Is For			Is For			Code	
Form 99	00 or Form 990-EZ	01	Form 1041-A			08	
Form 47	'20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	00-PF	04	Form 5227			10	
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	00-T (trust other than above)	06	Form 8870			12	
Form 99	0-T (corporation) Shelley Mills	07					
• If the • If this box 1 In th 2 If [the tax year entered in line 1 is for less than 12 months, c	Group Exe and atta Nover anization's , an heck rease	mption Number (GEN), <u>ch a list with the names and TINs of</u> <u>nber 15, 2023</u> , to file return for: d ending on: Initial return	f this is for all membe	r the whole g ers the extension opt organizati	roup, check this sion is for.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and		- -		
	stimated tax payments made. Include any prior year overp			3b	\$	0.	
сB	alance due. Subtract line 3b from line 3a. Include your pa	yment witl	h this form, if required, by				
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.	
Cautior instruct	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-	TE for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 8	868 (Rev. 1-2022)	

Form 990

** PUBLIC DISCLOSURE COPY ** 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.

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OMB No. 1545-0047 **Open to Public**

Inspection

Department of the Treasury Internal Revenue Service

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For the 0000 colors downed

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			enaing		
В С ар	heck if pplicable	E Name of organization		D Employer identifie	cation number
	Addres	Maine Philanthropy Center			
	Name Change	Doing business as		01-05031	26
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	P.O. Box 9301		207-780-	5039
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	480,894.
	Ameno	FOICIAIIG, ME 04104-9301		H(a) Is this a group re	
	Applic tion pendin	F Name and address of principal officer: Dealinecce Andre		for subordinates	? Yes X No
		same as C above		H(b) Are all subordinates in	cluded? Yes No
<u> </u> T	ax-exe	empt status: $X 501(c)(3) 501(c)()$ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year	of formation: 1995 N	State of legal domicile: ME
Pa	rt I	Summary	-		
		Briefly describe the organization's mission or most significant activities: $\ { m To} \ { m p}$:			
Activities & Governance		<u>leadership, and support to advance the ef</u>	fectiv	reness of ph	ilanthropy
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove Se	3	Number of voting members of the governing body (Part VI, line 1a)			17
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
ŝ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) \ldots			4
viti	6	Total number of volunteers (estimate if necessary)		6	17
∖ cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		486,696.	458,799.
Revenue		Program service revenue (Part VIII, line 2g)		11,805.	21,451.
ě		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		319.	644.
"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,453.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		510,273.	480,894.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ş		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		296,564.	358,686.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) 24,44	<u>47.</u>		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		109,748.	130,266.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		406,312.	488,952.
	19	Revenue less expenses. Subtract line 18 from line 12		103,961.	-8,058.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		580,115.	600,059.
t As	21	Total liabilities (Part X, line 26)		62,709.	90,711.
ER	22	Net assets or fund balances. Subtract line 21 from line 20		517,406.	509,348.
	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	

Sign Here	Signature of officer Morgan Hynd, Board Preside Type or print name and title	ent	Date
Paid Preparer	Print/Type preparer's name Joseph R. Byrne Firm's name Berry Dunn McNeil		Date Check PTIN 06/26/23 self-employed P01289281 Firm's EIN 01-0523282
Use Only	Firm's address 2211 Congress St Portland, ME 0410		Phone no. (207)775-2387
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No

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

See Schedule O for Organization Mission Statement Continuation

orm 990 (2022)	Maine Philanthropy Center	01-0503126 Page
	Program Service Accomplishments	
	e O contains a response or note to any line in this Part III	X
Briefly describe the org		a looding moreoungo
	ilanthropy Center (MPC) is the state	
	s opportunity, leadership and support	
	s of philanthropy in Maine and its ab	
	ifference. It helps grant makers conv	
	dertake any significant program services during the year which were not lis	
prior Form 990 or 990-E		X Yes N
,	new services on Schedule O.	
	ase conducting, or make significant changes in how it conducts, any progra	am services?Yes 🛆 N
	changes on Schedule O.	
-	on's program service accomplishments for each of its three largest program	• •
	D1(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report to	ations to others, the total expenses, and
	n program service reported. uses \$415 , 607 including grants of \$) (Revenue \$ 21,451.
	wide range of educational and profess	
	webinars for grant makers to inform	
	ends in philanthropy, explore common i	
	e exchange, shared learning and colla	
	s individual technical assistance as	
2	nformation to its members about the f	<u>.</u>
		iera er phiranenropy.
In 2022, MPC	's programming reached at least 515 a	ttendees (373 unique)
	anizations have attended at least 16	
	4 MPC offered programs. We launched t	
	which seeks to catalogue the BIPOC-le	
	nizations in Maine. Our Summer Learni	
	including grants of \$	
IC (Code:) (Exper	including grants of \$) (Revenue \$
d Other program services	(Describe on Schodule Q.)	
(Expenses \$	(Describe on Schedule O.) including grants of \$) (Revenue \$	
le Total program service e	11 5 6 9 5	·)
re Totai program service e		Form 990 (202
2002 12-13-22	See Schedule O for Continu	
	3	

Form 990 (2022)Maine Philanthropy CenterPart IVChecklist of Required Schedules

or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,				Yes	No
2 Is the organization engage in direct or indirect policia lampaign activities on behalf of or inceposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 3 Dir the organization engage in direct or indirect policia lampaign activities, on have a section 501(h) election in effect 3 X 4 Section 501(c)(k) organization engage in lobbying activities, on have a section 501(h) election in effect 4 X 5 Is the organization asseement, including camputies, on have a section 501(h) election in effect 5 X 6 Did the organization in any doner advised funds or any similar funds or account? If "Yes," complete Schedule D, Part I 8 X 7 X Bit the organization in esterment of anomunts in such funds or account? If "Yes," complete Schedule D, Part I 8 X 7 X Bit the organization reported conditicurus? If "Yes," complete Schedule D, Part I 8 X 9 Did the organization reported conditicurus? If "Yes," complete Schedule D, Part I 8 X 10 Did the organization machine and the arganization, hold assets in donorrestricted andownemits? If "Yes," complete Schedule D, Part I 10 X 10 Did the organization report an amount for funestimets - other securities in Part X, line 127. If "	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct c publical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(x) organizations. Did the organization engage in kotbying activities, or have a section 501(t) decision and the organization in a section 501(t) decision activities. So Takes a section 501(t) decision activities and the organization matrix and the organization matrix and dense activities. So Takes a section 501(t) decision activities and the organization matrix and dense activities and the organization activities and the organization that receives membership dues, assessments, or animal and the organization activities and or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts much funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts much funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts much funds or accounts for which donors have the right to provide advice on the distribution that charges ends to prove the similar assets? (************************************		If "Yes," complete Schedule A	1		
public office? If ''Yes,' complete Schedule Q, Part I 3 X 4 Section 501(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(c)(4) signal complete Schedule Q, Part II 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(4) organization that recohers membership dues, assessments, or similar anount on orientextic of nonunins in such funds or accounts for which do nors have the right to provide active on the distribution or investment of nonunins in such funds or accounts for which do nors have the right to provide active on the distribution or investment of nonunins in such funds or accounts for which do a cocounts? X 7 Did the organization measure in orbit orbit of a conservation assessments, or other similar assets? Y X 8 Did the organization measure in activit number and the account in tability, every as a custodial for amounts no tability assets in donorrestricted endowments? Y X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets in part X, ime 10, the software So	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
4 Section 501(c)(3) organizations. Did the organization nigage in lobbying activities, or have a section 501(c)(4) election in effect 4 X 5 Is the organization a section 501(c)(4), 501(c)(6), or 50	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a section Sol (K)(K) S01(K)(K) S01(K)(K) S01(K)(K) S01(K)(K) S01(K)(K) S01(K)(K) S01(K)			3		<u> </u>
5 Is the organization asciolor 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 991:97 If Yes, "complete Schedule C, Part II 5 X D Dd the organization markum any doore advised funds or any similar toxids or accounts? If Yes, "complete Schedule D, Part II 6 X D Dd the organization neither any doore advised in toxids or any similar toxids or accounts? If Yes, "complete Schedule D, Part II 7 X D Dd the organization markum any doore advised in cassement, including assements to to preserve open space, the environment, historic torous divide account isbolity, serve as a custodian for amounts on tolica on services." 7 X D Dd the organization any or through a neitated organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part II 8 X D Dd the organization received to many of the following questions is 'Yes," then complete Schedule D, Part VI 10 X D Dd the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 14/ 'Yes, 'complete Schedule D, Part VI 11a X D Dd 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 14/ 'Yes, 'complete Schedule D, Part VI 11a X D Dd the organization report an amount for	4			37	
similar amounts as defined in Rev. Proc. 98-197. #*es*; complete Schedule Q, Part II 5 X O Did the organization maintain eases, or historic durds or any similar funds or accounts? If *Yes, "complete Schedule D, Part II 6 X 7 Did the organization maintain ease, or historic accounts? 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 II 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If *Yes, "complete Schedule D, Part II 8 X 9 Did the organization, directly or through a nelated organization, hold assets in donor restricted endowments or in quasi endowments? #*Yes, "complete Schedule D, Part V 8 X 10 Did the organization answer to any of the following questions is *Yes, "then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? #*Yes, "complete Schedule D, Part V 11a X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #*Yes, "complete Schedule D, Part V 11a X 13 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? #*Yes, "complete Schedule D, Part V 11a X	_		4	X	
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 announts in such funds or accounts? // **ys; <i>complete Schedule D, Part II</i> 6 X 7 Did the organization receive on hold a conservation essement, including essements to preserve open space, the environment, historic lard areas, or historic structures? // **ys; <i>complete Schedule D, Part II</i> 7 X 8 Did the organization maints collections of works of art, historical treasures, or other similar assets? // **ys; <i>complete Schedule D, Part II</i> 7 X 9 Did the organization receive or neuroscilla account liability, serve as a custodian for amounts not listed in Part X; in 21, for serve or custodial account liability, serve as a custodian for amounts not and, buildings, and equipment in Part X, line 10? // **ys; <i>complete Schedule D</i> , Parts VI, VII, VIII, X, or X, as applicable. 9 X 9 Did the organization report an amount for investments - order securities in Part X, line 10? // **ys; <i>complete Schedule D</i> , Part X 11 X 10 Did the organization report an amount for investments - program related in Part X, line 10? // **ys; <i>complete Schedule D</i> , Part X 11 X 11 Did the organization report an amount for other hassets in Part X, line 10? // **ys; <i>complete Schedule D</i> , Part X 11 X 11 Did the organization seport in amount for investments - program related in Part X, lin	5		_		v
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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 escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in guasi endowments? If 'Yes," complete Schedule D, Part V 10 X 11 the organization report an amount for indu, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes," complete Schedule D, Part VI 11a X c Did the organization report an amount for investments - other securities in Part X, line 13? If 'Yes," complete Schedule D, Part VI 11a X 2 Did the organization report an amount for other liabilities in Part X, line 12? If 'Yes," complete Schedule D, Part X 11a X 11 Did the organization included in consolidated financial statements for the tax year? 114 X<	7		0		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? # 'Yes,' complete 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Part V, UII, VIII, VII, VX, or X, as applicable. 10 X 11 If the organization report an amount for inde, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, ine 16? If 'Yes,' complete Schedule D, Part V 11 X 11 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 V 11 X 11 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11 X 12 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization subir of IP 'Yes,' complete Schedule D, Part X 114 X 13 Ib do the organization neight on subirs of the Part A, line 12? If 'Yes,' complete Schedule D, Part X	'		7		x
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15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 X 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 II 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, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 X 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 19 X 20a X 20a X 20b 20a X 20b 20b 21 X			4.4%		x
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 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> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 	10		15		x
or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? /f "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? /f "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II 21 X	16		<u> </u>		
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> 	-		16		х
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 10 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X			17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18				
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			18		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X					
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II 21 X					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
	21		01		x
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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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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%			
	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
01		34		x
35a	Part V, line 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	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			<u> </u>
0.		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u> </u>
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8		162	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c	х	
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Form	990 (2022) Maine Philanthropy Center	01-0503	126	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	2b	Х	
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a		Х
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 Ac	counts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
Ua			6a		х
h	any contributions that were not tax deductible as charitable contributions?				
U		ons or gins	6h		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the exercise tion receive a summart in process of C_{75} mode partly as a contribution and partly for goods and p	incon provided to the powerQ	7-	х	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X	
			7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			х
	to file Form 8282?	- .	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
			<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	4		
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans	13b	1		
с	Enter the amount of reserves on hand	13c			
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	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 ac	ivities			
	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)
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01-0503126 Page 6

 Form 990 (2022)
 Maine
 Philanthropy
 Center
 01-0503126
 Page

 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. X

Check if Schedule O contains a response or note to any 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	L7		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	L7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form 99				X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?	. 5		X
6	Did the organization have members or stockholders?		. 6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app more members of the governing body?		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				
	persons other than the governing body?		. 7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?			Х	
b	Each committee with authority to act on behalf of the governing body?		. 8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		. 10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				
	on Schedule O how this was done	,	12c	х	
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approval				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by macponacine			
а	The organization's CEO, Executive Director, or top management official		15a	х	
				X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		. 100		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	opt with a			
	taxable entity during the year?		. 16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's			
	exempt status with respect to such arrangements?		. 16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $_$ ME $_$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section 501(c)	(3)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	,	and finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's bool	ks and records			
	Shelley Mills - 207-706-4907				
	87 Elm Street Suite 213, Camden, ME 04843				
				nnn	(202

Part VII	Compensation of Officers,	Directors, Tr	rustees, Ke	ey Employees,	Highest (Compensated
	Employees, and Independe	nt Contracto	ors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, 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.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		96	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		vold	t con		1099-INEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Jeannette Andre	40.00				-	1				
President		1		x				105,738.	0.	24,447.
(2) Morgan Hynd	3.00									
Chair		х		х				0.	Ο.	0.
(3) Philip Walsh	1.00									
Vice Chair		х		х				0.	Ο.	0.
(4) Kristen Miale	1.00									
Secretary		Х		Х				0.	0.	0.
(5) Kati Denham	3.00									
Treasurer		Х		Х				0.	0.	0.
(6) Gabriela Alcalde	1.00									
Director		Х						0.	0.	0.
(7) Charlene Cates	2.00									
Director		Х						0.	0.	0.
(8) Nicola Chin	1.00									
Director		Х						0.	0.	0.
(9) Jennifer Hutchins	1.00									
Director		Х						0.	0.	0.
(10) Erik Jorgensen	1.00									
Director		Х						0.	0.	0.
(11) Ruta Kadonoff	1.00									
Director		Х						0.	0.	0.
(12) Susan Onion	1.00									
Director		Х						0.	0.	0.
(13) Gioia Perugini	2.00									
Director		Х						0.	0.	0.
(14) Brendan Schauffler	1.00									
Director		Х						0.	0.	0.
(15) Julia Sleeper Whiting	1.00									
Director		Х						0.	0.	0.
(16) Lisa Sockabasin	1.00									
Director		х						0.	0.	0.
(17) Ainsley Wallace	1.00									
Director		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

Form 990 (2022)

8

Part		hilanthro						+ C	ompensated Employee	01-0503	126 Page 8
	(A) Name and title	(B) Average hours per week	(do i box,	l not ch unles	(C Posi neck r	;) tion nore t son is		ne an	(D) Reportable compensation from	(Continued) (E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Form er	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18)	Ian Yaffe	1.00	_	_	_	-					
Dired	ctor		x						0.	0.	0.
с	Subtotal Total from continuation sheets to Par Total (add lines 1b and 1c)	t VII, Section A							105,738. 0. 105,738.	0. 0. 0.	24,447. 0. 24,447.
2	Total number of individuals (including be compensation from the organization										1 Yes No
	Did the organization list any former offin line 1a? If "Yes," complete Schedule J fo	or such individual	, 						· · · ·		3 X
5	For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive	150,000? If "Yes," or accrue compens	<i>cor</i> satic	nple on fre	ete S om a	che any i	<i>dule</i> unre	<i>J fo</i> late	or such individual d organization or individ	lual for services	4 X
	rendered to the organization? <i>If</i> "Yes." c ion B. Independent Contractors	complete Schedule	J fc	or su	ch p	erso	on .				5 X
1	Complete this table for your five highest the organization. Report compensation										tion from
	(A) Name and busin	ess address	NC	NE	<u> </u>			_	(B) Description of s	ervices ((C) Compensation
								+			
	Total number of independent contractor \$100,000 of compensation from the org		t lim	ited	to t	hos 0		ed a	above) who received mo	ore than	

232008 12-13-22

			2022) Maine Phila	nth	nropy Cer	nter		01-0503	126 Page 9
Ра	rt \	/111							
			Check if Schedule O contains a respor	<u>nse o</u>	r note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d f f h	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f Image: Second state		278,039. 278,039. L80,760. Business Code 900099 900099	458,799. 10,980. 10,471.	10,980. 10,471.		Sections 512 - 514
Ā		f	All other program service revenue			01 451			
	3 4 5		Total. Add lines 2a-2f Investment income (including dividends, in other similar amounts) Income from investment of tax-exempt born Royalties	nteres	t, and oceeds	21,451. 644.			644.
	6	a b c d	Gross rents		(ii) Personal				
evenue	7	a b c	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses(i) Securitie 7a7a7a7b7b7c7c	es	(ii) Other				
Other Rev	8	а	,	8a 8b					
			Net income or (loss) from fundraising event	<u> </u>					
	9		,	9a 9b					
	10	c a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances						
			Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11	a b c			Business Code				
Mise	1		All other revenue						
	12		Total. Add lines 11a-11d Total revenue. See instructions			480,894.	21,451.	0.	644.
23200					1	•	•		Form 990 (2022)

232009 12-13-22

Form 990 (2022) Maine Philanthropy Center
Part IX Statement of Functional Expenses

Do n	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	120 105	110 657	12 010	
	trustees, and key employees	130,185.	110,657.	13,019.	6,509.
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	186,795.	158,776.	18,679.	9,340.
	Other salaries and wages	100,795.	100,//0.	10,0/9.	9,540
	Pension plan accruals and contributions (include	6,025.	5,121.	603.	201
	section 401(k) and 403(b) employer contributions)	15,109.	12,843.	1,511.	<u>301</u> 755
	Other employee benefits	20,572.	17,486.	2,057.	1,029
	Payroll taxes	20,372.	17,400.	2,037.	1,029
	Fees for services (nonemployees):				
	Management				
	Legal	3,090.	2,627.	308.	155
	Accounting	5,050.	2,027•	500.	100
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	63,915.	54,327.	6,392.	3,196
	Advertising and promotion	00,010	51/52/1		57190
	Office expenses	21,287.	18,094.	2,129.	1,064
	Information technology	17,275.	14,684.	1,728.	863
	Royalties	_ , , _ , _ ,			
	Occupancy				
	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	7,487.	6,364.	749.	374
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	1,310.	1,114.	130.	66
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	Program Expenses	6,337.	5,386.	634.	317
	Miscellaneous	5,457.	4,636.	548.	273
	Dues	4,108.	3,492.	411.	205
d		_,	-,		
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	488,952.	415,607.	48,898.	24,447
	Joint costs. Complete this line only if the organization	,	,	,,	/ /
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

11

232010 12-13-22

Form 990 (2022)

Form 990 (2022) Part X Balance Sheet Maine Philanthropy Center

01-0503126 Page 11

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year	(B) End of year
1 Cash - non-interest-bearing 242,623.1	159,582.
2 Savings and temporary cash investments 333,602. 2	334,232.
3 Pledges and grants receivable, net 0.3	80,000.
4 Accounts receivable, net 850. 4	0.
5 Loans and other receivables from any current or former officer, director,	
trustee, key employee, creator or founder, substantial contributor, or 35%	
controlled entity or family member of any of these persons 5	
6 Loans and other receivables from other disqualified persons (as defined	
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6	
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 3,040,9	
9 Prepaid expenses and deferred charges 3,040.9	26,245.
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 11 12	
13 Investments - program-related. See Part IV, line 11	
14 Intangible assets 14	
15 Other assets. See Part IV, line 11 15	
16 Total assets. Add lines 1 through 15 (must equal line 33) 580, 115. 16	600,059.
17 Accounts payable and accrued expenses 25,844. 17	46,781.
18 Grants payable 18	
19 Deferred revenue 36,865. 19	43,930.
20 Tax-exempt bond liabilities 20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
22 Leans and other payables to any surrent or former officer, director	
22 Loans and other payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured methages and better payable to uprelated third partice 23	
controlled entity or family member of any of these persons 22	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
of Schedule D 25	
26 Total liabilities. Add lines 17 through 25 62,709. 26	90,711.
Organizations that follow FASB ASC 958, check here	
and complete lines 27, 28, 32, and 33.	
27 Net assets without donor restrictions 473,026.27	<u>396,121.</u> 113,227.
28 Net assets with donor restrictions 44,380.28	113,227.
Organizations that do not follow FASB ASC 958, check here	
and complete lines 27, 28, 32, and 33. 473,026.27 27 Net assets without donor restrictions 44,380.28 28 Net assets with donor restrictions 44,380.28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or fund balances 517,406.32	
o g 29 Capital stock or trust principal, or current funds	
30 Paid-in or capital surplus, or land, building, or equipment fund 30	
31 Retained earnings, endowment, accumulated income, or other funds	F00 240
	509,348.
33 Total liabilities and net assets/fund balances 580,115. 33	600,059. Form 990 (2022)

Form 990 (2022)

Form	1990 (2022) Maine Philanthropy Center	01-0503	3126	Page	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	🗌	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,894</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,952	
3	Revenue less expenses. Subtract line 2 from line 1	3		,058	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	517	,406	; .
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0).
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	509	,348	; <u>.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> L</u>	
				Yes N	0
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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	<u> </u>	ζ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

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

Name of the organization

Nam	e of t	he organization							identification number		
_		Main	e Philanth	ropy Center				0	1-0503126		
Pa	τı	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.			
The o	organ	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	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	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	ו 990).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		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:									
5		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). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7	Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or		
		university:									
10		An organization that norma									
		activities related to its exem		•	• •				•		
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ifter June 30, 1975.		
		See section 509(a)(2). (Cor									
11		An organization organized a	-	•	•						
12		An organization organized a	-	-	-			•			
		more publicly supported org	-						JNECK THE DOX ON		
а		lines 12a through 12d that Type I. A supporting orga			-			-	aivina		
a		the supported organization	-	-	• • • •	-					
		organization. You must c			majonty o				pporting		
b		Type II. A supporting org			ion with its	s supporte	d organizatio	n(s) by hay	vina		
~		control or management o	-				-		•		
		organization(s). You mus						90 110 00.pr			
с] Type III functionally inte	-		in connect	ion with. a	and functional	lv integrate	d with.		
		its supported organization						, ,	,		
d		Type III non-functionally	. , . ,				-	ted organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	bution rec	uirement and	an attentiv	veness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	II, Type III			
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiza	ation.					
f	Ente	Enter the number of supported organizations									
g		ride the following information			(iv) Is the orga	nization listed					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No	Support (See II	istructionsj			
Tete	1										
Tota	1								1		

Part II

Maine Philanthropy Center

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

Sec	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.")	365,979.	370,042.	385,299.	486,696.	458,799.	2066815.
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	265 070	370,042.	385,299.	486,696.	458,799.	2066815.
	Total. Add lines 1 through 3	365,979.	370,042.	305,299.	400,090.	450,799.	2000013.
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)						201 7/1
~							281,741. 1785074.
	Public support. Subtract line 5 from line 4.						1/030/4.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	365,979.	370,042.	385,299.	486,696.	458,799.	2066815.
	Gross income from interest,	30373731	57070120		100,0500	13077331	20000130
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,469.	1,870.	798.	319.	644.	5,100.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on	18,139.			11,453.		29,592.
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						2101507.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	122,795.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	phere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	84.94 %
	Public support percentage from 2021					15	86.87 %
16 a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2022

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	Schedule A	Form	990) 2022
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Schedule A (Form 990) 2022 Maine Philanthropy Center 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

Sec	LION 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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	o						
	Total. Add lines 1 through 5						
<i>1</i> a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				.		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)					1	
	First 5 years. If the Form 990 is for the	he organization's fi	rst second third	fourth or fifth tax	Vear as a section F	$\frac{1}{501(c)(3)}$ or gapize	ation
17	a hand a half a hand a state of hands	C					
Sec	tion C. Computation of Publ	ic Support Per					······ L
	· · · · · · · · · · · · · · · · · · ·			column (f))		15	07
	Public support percentage for 2022 (.,,			<u>%</u>
	Public support percentage from 2021 ction D. Computation of Invest					16	%
17	Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	e organization did r	not check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization			-		-	
	3 12-09-22		<i>i</i>	i			e A (Form 990) 2022
			16				. ,

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Schedule A (Form 990) 2022 2022.04000 MAINE PHILANTHROPY CENTER 09110_1

1

2

3a

Yes No

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")? // "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?
- 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 disgualified 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.)

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

17

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 Maine Philanchiopy Cencer	01-050512	D Pa	age 5
Pa	rt 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		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		

Section B. Type I Supporting Organizations

I

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

Section D	. All Type	III Supporting	Organizations	

			res	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

1	Check the box next to the method that the organization used to sat	isfy the Integral Part Test duri	ng the vear (see instruction	s).
	Check the box next to the method that the organization used to sai	isiy the integral Part Test duri	ng ine year (see manuci	

- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
---	--	---	---	---

18

- 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

3b Schedule A (Form 990) 2022

2a

2b

3a

0 5 0 2 1 2 6

V. N

Yes No

2022.04000 MAINE PHILANTHROPY CENTER 09110_1

Sche	edule A (Form 990) 2022 Maine Philanthropy Cent	(01-0503126 Page		
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	1	
Sec	tion 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)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
<u>a</u>	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			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
_2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount	_		Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
_2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
-	Observations if the comment of the commentantian is first on the second state of the s	1	and There is 100 an ended with the second	and a strength and the state	

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

Schedule A (Form 990) 2022

232026 12-09-22

Schedule A (Form 990) 2022

Section D - Distributions

3

Administrative expenses paid to accomplish exempt purposes of supported organizations

4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - pro	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			
	(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	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(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				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u>	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:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Current Year

1

2

3

232027 12-09-22

Schedule A	(Form 990) 2022 Ma	ine Philanthrop	y Center	01-0503126	Page 8
Part VI	Supplemental Informatic Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2	9, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 2 and 3; Part IV, Section E, lin	, 11a, 11b, and 11c; Part IV es 1c, 2a, 2b, 3a, and 3b; F	; Part II, line 17a or 17b; Part III, line 12; , Section B, lines 1 and 2; Part IV, Section ² art V, line 1; Part V, Section B, line 1e; Par part for any additional information.	C, rt V,
232028 12-09-2	2			Schedule A (Form 9	90) 2022

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

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т –	υ	J	υ	ັ	ж	4	U.	

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Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Check if your organization is covered by the General Rule or a Special Rule.

Maine Philanthropy Center

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)



Name of organization

Employer identification number

01-0503126

Maine Philanthropy Center

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$11,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$54,140.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$15,900.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$18,830.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$20,506.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

12390626 757052 09110

Name of organization

Page 2 Employer identification number

01-0503126

Maine Philanthropy Center

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$11,330.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ <u>16,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_		\$12,440.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
<u> 10</u>		\$20,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

24 2022.04000 MAINE PHILANTHROPY CENTER 09110_1

12390626 757052 09110

Schedule B	(Form	990)	(2022)
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Name of organization

Page 3

Employer identification number

01-0503126

Maine Philanthropy Center

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No.	(b)	(c)	(d)
rom Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	

25

223453 11-15-22

Schedule B (Form 990) (2022)

2022.04000 MAINE PHILANTHROPY CENTER 09110_1

lame of o	rganization			Employer identification number
ſaine	Philanthropy Center			01-0503126
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, o Use duplicate copies of Part III if additional s	through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	(10) that total more than \$1,000 for the yea
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
		(e) Transfer of gi	 ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship o	of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
-		(e) Transfer of gi	 ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship o	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
		(e) Transfer of gi	 ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship o	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
		e) Transfer of gi	ft	
-	Transferee's name, address, a	nd ZIP + 4	Relationship o	of transferor to transferee
23454 11-15	-22		-	Schedule B (Form 990) (20

Schedule B (Form 990) (2022)

SCHEDULE C	Political Campaign and Lobbying Activities					
(Form 990)	orm 990)				2022	
For Organizations Exempt From Income Tax Under section 501(c) and section 527				ZUZZ		
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
Internal Revenue Service	· · ·					
-		Form 990, Part IV, line 3, or For		e 46 (Political Camp	baign Ad	ctivities), then
		plete Parts I-A and B. Do not com 1(c)(3)) organizations: Complete P	•	Do not complete Par	+ I.B	
 Section 501(c) (other Section 527 organization 			and the below.	Do not complete Fai	с њ <u>р</u> .	
•	•	Form 990, Part IV, line 4, or For	m 990-EZ. Part VI. lir	ne 47 (Lobbving Act	ivities).	then
		nave filed Form 5768 (election und				
 Section 501(c)(3) org 	, ganizations that h	nave NOT filed Form 5768 (election	n under section 501(h))): Complete Part II-B	. Do not	complete Part II-A.
If the organization ans	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Form	1 990-EZ	Z, Part V, line 35c (Proxy
Tax) (See separate inst						
), or (6) organizat	ions: Complete Part III.				
Name of organization	Mada D				Emplo	yer identification number
Part I-A Compl		hilanthropy Cente anization is exempt unde		or is a section 5	27 ora:	01-0503126
	ete il the org				Li orga	
1 Provido a doscripti	on of the organiz	ation's direct and indirect political	compaign activities in	Port IV		
 Provide a description Political campaign 					\$	
3 Volunteer hours for						
	ponnou oumpui,					
Part I-B Compl	ete if the org	anization is exempt under	r section 501(c)(3	3).		
1 Enter the amount o	of any excise tax i	ncurred by the organization unde	r section 4955		\$_	
		ncurred by organization manager			\$ _	
		n 4955 tax, did it file Form 4720 fo				
						Yes No
b If "Yes," describe in		anization is exempt under	r soction 501(a)	avaant caation l	501(-)((3)
		•	• •	-	. , ,	
		by the filing organization for sect				
2 Enter the amount o exempt function ac		zation's funds contributed to othe	-		\$	
•		Add lines 1 and 2. Enter here and			···· Ψ_	
	-				\$	
		1120-POL for this year?				Yes No
		ployer identification number (EIN)				
made payments. Fo	or each organizat	ion listed, enter the amount paid	from the filing organiza	ation's funds. Also er	nter the a	amount of political
		omptly and directly delivered to a s			eparate	segregated fund or a
political action com	imittee (PAC). If a	additional space is needed, provid	e information in Part I	V.		
(a) Name	Э	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political contributions received and
				filing organization funds. If none, ent		promptly and directly
						delivered to a separate
						political organization. If none, enter -0
			0.000 57			

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

Schedule C (Form 990) 2022

232041 11-08-22

Part II-A Complete if the org		nthropy Cent	LEI		0503126 Page 2
section 501(h)).	janization is exe	mpt under section	1 501(c)(3) and file	1 Form 5768 (ele	ection under
	ation belongs to an aff	iliated group (and list in	Part IV each affiliated of	aroup member's nam	ne. address. EIN.
	re of excess lobbying	• • •		,	,,,,
	, ,	nd "limited control" pro	visions apply.		
Limi	its on Lobbying Expe	·		(a) Filing organization's	(b) Affiliated group totals
				totals	
1a Total lobbying expenditures to infl					
b Total lobbying expenditures to influence			F		
c Total lobbying expenditures (add li	ines 1a and 1b)				
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ente			1		
If the amount on line 1e, column (a) of		obying nontaxable amo	ount is:		
Not over \$500,000		the amount on line 1e.			
Over \$500,000 but not over \$1,000		00 plus 15% of the exce			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exce			
Over \$1,500,000 but not over \$17		00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
 Subtract line 1f from line 1c. If zero j If there is an amount other than zero reporting section 4911 tax for this (Some organizations time) 	ero on either line 1h or year? 4-Year Av	eraging Period Under	ation file Form 4720 Section 501(h)		Yes No
		rate instructions for lin	•		elow.
			ies za til odgit zi.)		
		nditures During 4-Yea	• •		elow.
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	• •	(d) 2022	(e) Total
(or fiscal year beginning in)		_	r Averaging Period		
(or fiscal year beginning in) 2a Lobbying nontaxable amount		_	r Averaging Period		
(or fiscal year beginning in)		_	r Averaging Period		
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount		_	r Averaging Period		
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))		_	r Averaging Period		
(or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures		_	r Averaging Period		

Schedule C (Form 990) 2022

232042 11-08-22

Schedule C (Form 990) 2022 Maine Philanthropy Center 01-05031 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(i	a)	(b)	
of th	e lobbying activity.	Yes	No	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		
	Mailings to members, legislators, or the public?	X		1,	061.
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
j	Total. Add lines 1c through 1i			1,	061.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), sectio			tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line 3,	is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2 a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Pa	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	, <u></u>	、	
	ct II-B, Line 1, Lobbying Activities:				
	, , , , , <u>, , , , , , , , , , , , , , </u>				
Ma	ne Philanthropy Center's President wrote and mailed	llette	ers to		

legislators to express support for legislation in Maine.

Schedule C (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

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.



01-0503126

Maine Philanthropy Center

Form 990, Part I, Line 1, Description of Organization Mission:

in Maine and its ability to make a meaningful difference.

Form 990, Part III, Line 1, Description of Organization Mission: learn from each other. It helps grant seekers research funding sources and keep apprised of current grant opportunities and provides programs and activities that link grantmakers and grant seekers, allowing them to share information and build relationships.

Form 990, Part III, Line 2, New Program Services:

MPC launched our data equity initiative, an effort to better understand

the diverse-led landscape of nonprofits in Maine using a system to

gather demographic data for all of our members as a tool to drive

equity in our sector. We also began to more intentionally support

Funder networks in Maine providing facilitation, coordination,

administrative and logistical support to these networks.

Form 990, Part III, Line 4a, Program Service Accomplishments: important research about Maine people and communities. We launched the 13th edition of the Directory of Maine Grantmakers a comprehensive guide of funders investing in Maine. 65% of grantmakers listed do not have websites, making the Directory your most reliable source of information on these funders

Our advocacy efforts this year focused on supporting the nonprofit

community and supporting the movement for Tribal sovereignty in Maine.LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 2022232211 10-28-22

30

MPC continues to encourage and support funder collaborations in early childhood, education, oral health and immigrant/refugee communities while also serving as the fiscal agent for the Environmental Funders Network (EFN). These groups exchange information, explore new ideas and consider joint/aligned funding opportunities. We launched 2 new funder networks: the Arts & Culture Funder Network and Food System Funder Network.

MPC offers services to help nonprofits enhance their grant seeking skills and potential such as monthly tutorials, monthly electronic grant advisories and the Directory of Maine Grantmakers. The Maine Philanthropy Center promotes broad public awareness of philanthropy in a variety of ways including the publication of an annual Maine giving report, and a public website with local and national data about charitable foundations.

MPC is affiliated with the Foundation Center, a national nonprofit that tracks foundation information. Through this agreement, MPC maintains on-site library resources including public access to the Foundation Center's searchable national database of foundations. In 2022, due to limited in-person engagement, MPC continued to provide this service virtually to all our associate members, as well as pivoted to online Grant Research Tutorials.

Form 990, Part VI, Section A, line 6:

The Organization offers several categories of membership: Grantmaker

Members, Associate Members, Philanthropic Advisors and Individual232212 10-28-22Schedule O (Form 990) 2022313112390626 757052 091102022.04000 MAINE PHILANTHROPY CENTER 09110_1

Schedule O (Form 990) 2022	Page 2
Name of the organization Maine Philanthropy Center	Employer identification number 01-0503126
Philanthropists. Grantmaker members include organizations	that make grants
to nonprofit organizations in Maine and may include privat	e foundations,
community foundations, corporate foundations/giving progra	ums and public
charity grantmakers. Associate members include nonprofit o	organizations and
consultants/professional advisors serving nonprofits. Phil	anthropic
advisors are those who are providing services and consulta	tion to funders,
both organizations and individuals. Members in all categor	ies receive the
benefits of membership including access to programs and on	line resources.
Form 990, Part VI, Section B, line 11b:	_
The MPC Finance Committee and MPC President review the dra	aft 990 at fall
meeting or as soon as available and make suggestions for c	corrections, if
needed. The MPC Executive Committee reviews this draft and	l recommends a

final 990. The MPC Board then reviews the final draft, makes

recommendations if needed and then votes to approve the final version for filing with the recommended changes adopted.

Form 990, Part VI, Section B, Line 12c:

Each member of the MPC Board and Staff is asked to review the organization's conflict of interest policy at the beginning of each year and self-disclose any potential conflict of interest by completing and signing a disclosure statement. The reported conflicts are reviewed by both the MPC President and the MPC Board Chair.

In the case of an actual or possible conflict or appearance of conflict, it is the responsibility of the affected MPC Board, committee or staff member to disclose it prior to any related decisions being made by or for MPC. In cases involving a board or committee member, once such disclosure has been 232212 10-28-22 32

12390626 757052 09110

2022.04000 MAINE PHILANTHROPY CENTER 09110__1

Schedule O (Form 990) 2022	Page 2
Name of the organization Maine Philanthropy Center	Employer identification number $01 - 0503126$
made the remaining board or committee members will determi	ne whether or not
there is a conflict of interest; if they determine that th	ere is a conflict
of interest, the director or committee member involved sha	ll not vote or
use personal influence on the matter, and the minutes of t	he meeting shall
reflect such disclosure as well as that the individual inv	olved did not
vote; however, if so requested by a majority of the other	members present,
may remain in the room to answer questions of a factual na	ture that may
assist the board or committee in its deliberations. In cas	es involving a
member of MPC staff, the MPC president (or if the presiden	t has the
potential conflict, the chair of the board) will determine	whether or not
there is a conflict of interest. An individual who is unsu	re whether his or
her circumstances involve an actual conflict should err on	the side of
disclosure.	

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

The Organization strives to provide compensation that recognizes, motivates and rewards its staff for their accomplishments and commitment to the Organization's mission. The Board of Directors performs an annual performance evaluation of the Organization's president and consults salary surveys conducted by the United Philanthropy Forum and the Maine Association of Nonprofits to set the compensation.

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

The Organization posts its latest Form 990 on its website and indicates on

33

the website that certain other financial information and governance

policies are available upon request.

Form 990, Part IX, Line 11g, Other Fees:

232212 10-28-22

Schedule O (Form 990) 2022

Name of the organization	Employer identification number
Maine Philanthropy Center	01-0503126
Professional Fees:	
Program service expenses	10,198.
Management and general expenses	1,200.
Fundraising expenses	600.
Total expenses	11,998.
Network Development Consultant:	
Program service expenses	1,646.
Management and general expenses	194.
Fundraising expenses	97.
Total expenses	1,937.
Miscellaneous Fees:	
Program service expenses	38,573.
Management and general expenses	4,538.
Fundraising expenses	2,269.
Total expenses	45,380.
Temporary Services:	
Program service expenses	3,910.
Management and general expenses	460.
Fundraising expenses	230.
Total expenses	4,600.
Total Other Fees on Form 990, Part IX, line 11g, Col A	63,915.

232212 10-28-22