Department of the Treasury

Internal Revenue Service

** 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.



Portland, ME 04101 H(a) Is this a group return for subordinates? Principal Officer.Jennifer Hutchins pending F Name and address of principal officer.Jennifer Hutchins I Tax-exempt status: X 501(c)(3) 501(c) () (insertno.) 4947(a)(1) or 577 J Website: WWW.nonprofitmaine.org H(b) Are all subordinates included? J Website: WWW.nonprofitmaine.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1994 M State of legal domicie: M Part II Summary I Briefly describe the organization's mission or most significant activities: Our mission is to strengthen the Leadership, voice, and organizational effectiveness of our State's 3 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 4 2 4 Number of individuate employed in calendar year 2022 (Part V, line 2a) 5 5 6 Total number of individuate momployed on come from Form 990-T, Part I, line 11 To b 0 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 317. 5, 407 10 Investment income (Part VIII, column (A), lines 4, and 7d) 3, 217. 0 12 Total		Addre chang Name chang Initial returr Final	 Maine Association of Nonprofits Doing business as 		D Employer identific	ation number						
Doing business as 01-0488538 Prevent Doing business as 01-0488538 Number and street (0 P.0. box if mall is not delivered to street address) Room/suite E Telephone number Stop City or town, state or province, country, and ZIP or foreign postal code G Gross receipts 3 1,133,663 Portland, ME 04101 H(a) Is this a group return for subordinates include? Yes Xi N Agence Same as C above H(b) Are all subordinates include? Yes Xi N I Tax-exempt status: Xi Sofi(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527 J Website: WWW .NONDProfitmaine.org H(c) Group exemption number Yes Xi N K Form of organization: Xi Corporation Trust Association Other L year of formation: 1994 M State of legal domicie: M 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part Vi, line 1a) 4 2 4 Number of undependent voting members of the governing body (Part Vi, line 1a) 3 2 5 Total number of individuals employed in calendar year 2022 (Part Vi, line 2a) 5 5		Name chang Initial returr Final	e Doing business as									
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Image: Segme as C above F Name and address of principal officer. Jennifer Hutchins for subordinates; Yes X N. I Tax-exempt status: X 501(c)(3) 501(c)(() (insert no.) 4947(a)(1) or 527 I Tax-exempt status: X 501(c)(3) 501(c)(() (insert no.) 4947(a)(1) or 527 I Tax-exempt status: X 501(c)(3) 501(c)(() (insert no.) 4947(a)(1) or 527 I Website: Www.nonprofitmaince.org If 'No,' attach a list. See instructions H() Group exemption number K form of organization: X Corporation Trust Association Other L Year of formation: 1994 M State of legal domicile: M Part I Summary 1 Briefly describe the organization's mission or most significant activities: Our mission is to strengthen the 1 Leadership, voice, and organizational effectiveness of our State's 3 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2022 (Part V, line 1a) 3 2 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 6 7a Total numelated business taxable income from Form 990-T, Part I		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,133,663.						
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13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.00 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 469,401.563,336 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00 b Total fundraising expenses (Part IX, column (D), line 25) 24,458. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 280,548.343,797 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749,949.907,133						1,133,663.						
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 469,401.563,336 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00 b Total fundraising expenses (Part IX, column (D), line 25) 24,458. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 280,548.343,797 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749,949.997,133		14			0.	0.						
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) 200, 340. 343, 757 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749, 949. 907, 133	ş	15			469,401.	563,336.						
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) 200, 340. 343, 757 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749, 949. 907, 133	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) 200, 340. 343, 757 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 749, 949. 907, 133	xpe			58.								
	Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			343,797.						
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			907,133.						
19 Revenue less expenses. Subtract line 18 from line 12 140,053. 226,530		19	Revenue less expenses. Subtract line 18 from line 12			226,530.						
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 725,414. 963,060 21 Total liabilities (Part X, line 26) 198,082. 209,198 22 Net assets or fund balances. Subtract line 21 from line 20 527,332. 753,862	s or Ices			Be								
20 Total assets (Part X, line 16) 725,414. 963,060	alan	20	Total assets (Part X, line 16)		-	963,060.						
21 Total liabilities (Part X, line 26) 198, 082. 209, 198	t As	21	Total liabilities (Part X, line 26)			209,198.						
ŽĒ 22 Net assets or fund balances. Subtract line 21 from line 20 527, 332. 753, 862	Fur		Net assets or fund balances. Subtract line 21 from line 20		527,332.	753,862.						

Part II | Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

			D 1							
Sign	Signature of officer		Date							
	Jennifer Hutchins, Execut									
	Type or print name and title									
	Check	PTIN								
Paid	Maria Happnie, CPA	Maria M. Happine, CPA			₽01793776					
Preparer	Firm's name Purdy Powers &	Company		Firm's EIN 01-	0463013					
Use Only	Firm's address 130 Middle Street	5								
Portland, ME 04101 Phone no.207775										
May the II	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🛄 🛛 🚺 🗙									
232001 12-1	B32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

See Schedule O for Organization Mission Statement Continuation

	Maine Association of Nonprofits	01-0488538	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	Our mission is to strengthen the leadership, voice,	and organization	nal
	effectiveness of our state's nonprofit organizations	so they can	
	better enrich the quality of community and personal	life in Maine.	
2	Did the organization undertake any significant program services during the year which were not listed on		XNo
	prior Form 990 or 990-EZ?	⊥Yes	
	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser		
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total expenses, a	and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 276,791. including grants of \$)	(996.)
4a	(Code:)(Expenses \$ 276,791. including grants of \$) Education - MANP builds the technical, strategic, ad)
	collaborative capacity of nonprofit organizations.	Through the	
	education program, MANP: curates an online nonprofit	management	
	resource library; offers a nonprofit management help		9
	guidebooks, toolkits, and compensation studies; offe		<u> </u>
	development training and tools; and offers virtual a		
	learning opportunities on a range of nonprofit leade		
	management topics and in a range of formats.		
4b	(Code:) (Expenses \$ 215,953 • including grants of \$)	(Revenue \$ 178,	780.)
	Membership Services - MANP weaves connections among	new and seasoned	1
	nonprofit professionals and volunteers. Through the	membership	
	program, MANP offers: discounted access to education		
	publications, and a nonprofit job board; leadership		
	and services; access to pro bono professional servic		and
	promotional opportunities; and other cost-saving ben	efits.	
	60 460		
4c	(Code:)(Expenses \$ 69,460. including grants of \$) Advocacy - MANP is a vocal advocate to business, gov	(Revenue \$)
		Through the	
	advocacy program, MANP: conducts research on the sco		F
	the nonprofit sector; coaches nonprofits on legal, e		
	lobbies for public policy that supports a thriving n	opprofit commun	<u>-y</u> , itv.
	and convenes organizations to explore solutions to s	hared goals	
	and convenes organizacions to exprore solutions to s	naica goaib.	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 113,865 • including grants of \$) (Revenue \$	0.)	
4e	Total program service expenses 676,069.	1	
-		Form 9	90 (2022)

Form	990	(2022)

Form 990 (2022)Maine Association of NonprofitsPart IVChecklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		- 23
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 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		L	<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	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		Ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u>-</u> -
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

			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		
	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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	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			x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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	00-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
-	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 23			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

022)	Maine	Association	of	Nonprofits
Statements	Regarding	Other IRS Filings	and	Tax Compliance (continued)

2a Enter the number of employees reported on Form V-3, Transmittal of Wage and Tax Statements. 2a 2b bit the calendary are anding with or within the sur covered by this return. 2a 2b						Yes	No		
b If least one is reported on line 2a, dd the organization file all required tedral employment tax returns? 2b X 3a Did the organization have unsisted business gross income of \$1,000 or more during the year? 3a X 4A At any time during the calindar year, dd the organization have an interest in, or a signature or other authority over, a financial account is certificate and account, securities account, or other financial accounts (ERAF). 4a X b If "Yes," enter the name of the foreign country likes as a bank account, securities account, or other financial accounts (ERAF). 5a X 5b Was the organization the progen construction the like or is partly the organization the like or is a partly to a prohibited tax sheller transaction at any time during the tax year? 5a X 5b Did any taxabia and gross receipts that are normally greater than \$100,000, and did the organization shell many receive deductible as chartable contributions? 6b X constants on any receive deductible as chartable contributions on dark sectors provided? 7a X ft If "ess." did the organization nuclei state normal base of thig goods or services provided? 7b X ft If "ess." did the organization include with overy solicitation an aparty for goods and services provided? 7c X ft If "ess." did the organization include state	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3b X b H ''ss, 'inst field a Form 3000 for this year? 3b X b H ''ss, 'inst field a Form 3000 for this year? 3b X b H ''ss, 'inst field a Form 3000 for this year? 3b X b H ''ss, 'instructions for fing requirements the I'ss a bark account, a countes account() 4a X b H ''ss, 'instructions for fing requirements the I'ss or is a party to a prohibited tax shelter transaction? 4a X b Did any taxable party notity the organization fine from 3866 f? 5c 5c 5c c Did any taxable party notity the organization fine from 3866 f? 5c 5c 5c c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible ac instrabel contributions? 6c 6c 7c 7a X c Did the organization include with every solicitation and spite se a contribution angult for provide and spite se a contribution angult for provide and spite se a contribution or use and spite se a contribution angult for provide and spite se a contribution or use and spite se a contribution or use angult for provide and spite se a contribution or use angult for provide and spite se contribution or use angult		filed for the calendar year ending with or within the year covered by this return	2a	8					
b If Yas, 'has it filled a Form 390.7 for the year? // 'No't of ine 30, provide an explanation on Schedule O 3b 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a transcui account in a tonig country (such as a bark account, sourthies account, or other financial account? 4a X b If Yas, 'a due to the name of the foreign country (such as a bark account, sourthies account, or other financial account? 5a X 56 Was the organization the organization that was or is a party to a prohibited tax shelfer transaction? 5a X 61 Did any taxability party notify the organization that was or is a party to a prohibited tax shelfer transaction? 5a X 16 Vers' to line 5a or 50, did the organization that was or is a party to a prohibited tax shelfer transaction? 6a X 16 Vers' to ine 5a or 50, did the organization that was or is a party to a prohibited tax shelfer transaction? 6a X 16 Vers' to ine 5a or 50, did the organization tax explores that are normally greater than \$100,000, and did the organization include with every solicitation and explores provide? 7a X 16 Vers' to indicate the number of forms 8282 filed during the year 7d X 7a X 17 <t< th=""><th>b</th><th>If at least one is reported on line 2a, did the organization file all required federal employment tax return</th><th>rns?</th><th></th><th>2b</th><th>Х</th><th></th></t<>	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2b	Х			
4 A Aray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a difficult output (such as a bank account, securities account, or other financial account)? 4 X b If "Yes," enter the name of the torelign country So instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a X b Oa my taxable party notify the organization in that it was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5a X c If "Yes". If the organization in tax was a charable contributions? 5a X c If "Yes". If the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions? 6a X 7 Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions? 7a X 11 "Yes," if did the organization include with every solicitation and party for goods and services provided to the party of the organization necleve aspace of the value of the good cs services provided? 7a X 11 "Yes," indicate the number of Form 3282? Hied during the year 2d 1d 7a X 11 Wes, "indicate the organization necever asso solicities at long anization necever association form advised true anization file a form 10980 C? 7h X <t< th=""><th>3a</th><th>Did the organization have unrelated business gross income of \$1,000 or more during the year?</th><th></th><th></th><th>3a</th><th></th><th>Х</th></t<>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х		
If "Yes," enter the name of the toreign country (such as a bank account, securities account, or other financial account)? 4a X If "Yes," enter the name of the toreign country 5a X So was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X D Old any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction? 5a X D Old any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction? 5a X D Old any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction? 5a X D If "ves", 'did the organization that were not tax deductible ac charitable contributions? 6a X D If "ves," did the organization notify the donor of the value of the goods or services provided to the payor? 7a X D If the organization notify the donor of the value of the goods or services provided? 7b X D If the organization notify the donor of the value of the goods or services provided? 7c X D If the organization neave party particities, including the year 7d X D If the organization neave party particities, including the year, approximation file a form 1989c2 or anguined on the section 40667 7a X D If the organization neave party particities, including the hyear, pay premiumas, including the year? 7a <td< th=""><th>b</th><th>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule</th><th>Ο.</th><th></th><th>3b</th><th></th><th></th></td<>	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b				
b If "Yes," enter the name of the toreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Vas the organization is fore the organization is fore m888-17. Sa Vas the organization is the organization is chartable contributions? Sa Vas the organization solicit any contributions that was not tax deductibles or a chartable contributions? Sa Vas the organization solicit any contributions that may not tax deductible or a chartable contributions? Sa Vas the organization is tax deductibles or a chartable contributions? Sa Vas the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or a chartable contribution and garly for goods and services provided to the pays? Ta Vas Vas Vas the organization include with the value of the goods of services provided? Ta Vas Vas Vas Vas Vas Vas Vas Vas Vas Va	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a					
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5a Mass the organization a party to a prohibited tax shelter transaction? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c d Did any taxable party notify the organization file form 6386-7? 5c 5c 5c d Did any taxable party notify the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible? 6a X d If "Yes," idd the organization notify the doors of the value of the goods or services provided to the party in the organization notify the doors of the value of the goods and services provided to the party of the goods and services provided to the party in the goods or services provided to the party in the good or services provided to the party of the goods and services provided to the party of the goods and services provided to the party of the goods and services provided to the party of the good and services provided to the party of the good and services provided to the party of the good and services provided to the party of the good and services provided to the party of the good and services provided to the party of the good and services provided to the party of the good and services provided to the party of the good and services provided to the party of the good and services provided to the party of the good and services provided to the party of the good and services provide	b	If "Yes," enter the name of the foreign country							
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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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 144 Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17			11b						
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13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. Image: Comparization is icensed to issue qualified health plans b Enter the amount of reserves the organization is required to maintain by the states in which the organization receives on hand 13b Image: Comparization receives and payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b Image: Comparization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. Image: Comparization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Image: Comparization subject to the section 4961, 4952 or 4953? Image: Comparization subject to the section 4961, 4952 or 4953? Image: Comparization subject to the section 4961, 4952 or 4953?		···· · · ·	1						
Note: See the instructions for additional information the organization must report on Schedule O. Image: 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 organization is licensed to issue qualified health plans Image: the image: the image: the image: the image: the image: the organization receive any payments for indoor tanning services during the tax year? Image: the image: the image: the organization receive any payments for indoor tanning services during the tax year? Image: the image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization receive any payments for indoor tanning services during the tax year? Image: the organization receive any payments? Image: the organization on Schedule O Image: the organization and file Form 4720, Schedule N. Image: the organization an educational institution subject to the section 4968 excise tax on net investment income?									
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17			13b						
 b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 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 Is the organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 			13c						
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17							X		
excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17					14b				
If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. If "Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	15								
16 X 17 If "Yes," complete Form 4720, Schedule O. 18 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?									
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	10				10		v		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17	16		IT INCO	ome?	16		Δ		
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		,+;, ,:+: -	<u>_</u>					
	17				17				

Form 990 (2022)

Part V

Form	990	(2022)
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Maine Association of Nonprofits

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
-		2		х				
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	~						
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6	Х					
7a								
74		7a		х				
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74						
D.		7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10						
		8a	х					
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00						
9	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 Revenue Code.)	9		- 23				
	tion D. Tonoico (mis dection D requests information about policies not required by the internal nevenue code.)		Yes	No				
10-2	Did the organization have local chapters, branches, or affiliates?	10a	103	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104						
D.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Па						
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>	12.0						
C	on Schedule O how this was done	12c	х					
13		13	X					
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent	14						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
~	The organization's CEO, Executive Director, or top management official	15a	х					
	Other officers or key employees of the organization	15a 15b		х				
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130						
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
10a		16a		х				
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104						
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
		16b						
Ser	exempt status with respect to such arrangements?	100						
17	List the states with which a copy of this Form 990 is required to be filed None							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	avail	ahle				
10	for public inspection. Indicate how you made these available. Check all that apply.	o onny,	availe	2010				
	X Own website Another's website X Upon request Other (explain on Schedule O)							
10	 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar 							
13	statements available to the public during the tax year.	u iiial	10101					
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
-0	Jennifer Hutchins - 207-871-1885							

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A)	(B)	Ľ			C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1		from	from related	other
	(list any hours for	Individual trustee or director				Ð		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trust	nal tru		oyee	ompe		1099-NEC)		and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Emi	For			
(1) Jennifer Hutchins	40.00							101 110	0	1 1 1 0
Executive Director	1 50			X				101,112.	0.	1,712.
(2) Linda Nelson	1.50	.,						20.001	0	0
Vice President	1 50	X		X				32,291.	0.	0.
(3) Marcia Sharp	1.50								0	0
President	1 50	X		X				0.	0.	0.
(4) Peter Montano	1.50								0	0
Treasurer	1 50	X		X				0.	0.	0.
(5) Shirar Patterson	1.50	.,							0	0
Secretary	1 50	X		X				0.	0.	0.
(6) Hayden Anderson	1.50								0	0
Director	1 50	X						0.	0.	0.
(7) Mike Burke	1.50								0	0
Director	1 50	X						0.	0.	0.
(8) Lelia DeAndrade	1.50								0	0
Director	1 50	X						0.	0.	0.
(9) Jayne Crosby Giles	1.50								0	0
Director	1 50	X						0.	0.	0.
(10) Karen Gonya	1.50								0	0
Director	1 - 2	X						0.	0.	0.
(11) Lisa Hallee	1.50								0	0
Director	1 50	X						0.	0.	0.
(12) Steve Mortimer	1.50								0	0
Director	1 50	X						0.	0.	0.
(13) Claudette Ndayininahaze	1.50								0	0
Director	1 50	X						0.	0.	0.
(14) Jason Parent	1.50								0	0
Director	1 - 2	X						0.	0.	0.
(15) Firooza Pavri	1.50								0	0
Director	1 50	X						0.	0.	0.
(16) Laura Quinn	1.50								~	•
Director		X					<u> </u>	0.	0.	0.
(17) Wendy Richards	1.50								~	•
Director		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do			itior more	۱ than	one	Reportable			stimate	ed
	hours per					is bot or/trus		compensation	compensation	a	mount	
	week (list any	<u> </u>				Γ		from the	from related	0.00	other	
	hours for	direct				Ð		organization	organizations (W-2/1099-MISC/		npensa from th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		ganizat	
	organizations	trust	ial tru		yee	ompe		1099-NEC)	,	ar	nd relat	ted
	below	Individual trustee or director	Institutional trustee	Ser .	Key employee	Highest compensated employee	ner			org	ganizati	ions
	line)	Indi	Insti	Officer	Key	High emp	Former					
(18) Jim Robbins	1.50											
Director		х						0.	0	•		0.
(19) Dianne Tilton	1.50											
Director		х						0.	0	·		0.
(20) Gabriela Montoya-Eyerman	1.50											•
Director		х						0.	0	·		0.
(21) Kate O'Halloran	1.50											•
Director		х						0.	0	·		0.
(22) Justin Strasburger	1.50											•
Director		х						0.	0	•		0.
										<u> </u>		
										<u> </u>		
										<u> </u>		
								133,403.	0		1,7	12
1b Subtotal								155,405.	0		<u> </u>	0.
c Total from continuation sheets to Part VI								133,403.	0		1,7	
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 									_	<u>' </u>	<u> </u>	12.
compensation from the organization		1056	iiste	u a	DOV		10 10		,000 of reportable			1
											Yes	No
3 Did the organization list any former officer,	director trust			mn	love		r hio	ihest compensated emr	olovee on			
line 1a? If "Yes." complete Schedule J for s	,		,		,	<i>,</i>	0		5	3		х
4 For any individual listed on line 1a, is the su								her compensation from		•		
and related organizations greater than \$150										4		х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com					-			-		5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	cont	racto	ors t	hat received more than	\$100,000 of compen	sation	from	
the organization. Report compensation for	-											
(A)	y			0				(B)	<u> </u>	((C)	
Name and business	address	NC	ONE	2				Description of s	services		ensatio	n
							T					
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to		~	stec	l above) who received n	nore than			
\$100,000 of compensation from the organi	zation				(0						

							(A)	(B) Related or every	(C)	(D) Revenue exclud
							Total revenue	Related or exempt function revenue	Unrelated business revenue	
		Federated campaigns				100 100				
3		Membership dues				423,408.				
2		Fundraising events								
0		Related organizations				112 004				
		Government grants (contri		·		113,804.				
D D	f	All other contributions, gifts, g				210 000				
		similar amounts not included	above .			319,268.				
	-	Noncash contributions included in	lines 1a-1	f 1g \$			056 400			
0	h	Total. Add lines 1a-1f					856,480.			
						Business Code	100 000	100 000		
		Other Program				611430	178,780.	178,780.		
	b	Education Rev	enue	5		611430	92,996.	92,996.		
	С									
	d									
	е									
		All other program service r					271,776.			
+		Total. Add lines 2a-2f					2/1,//0.			
	3						5,407.			5,40
							5,407.			5,40
	4	Income from investment o			-					
	5	Royalties		(i) Real		(ii) Personal				
	6 .	Cross rests	6a	(i) ricai						
		Gross rents	6b							
		Less: rental expenses	60 60							
	d	Rental income or (loss) Net rental income or (loss)								
		Gross amount from sales of) Securiti		(ii) Other				
	<i>i</i> a	assets other than inventory	7a	, 0000ana						
	h	Less: cost or other basis	14			<u> </u>				
	b	and sales expenses	7b							
	~	Gain or (loss)	70 7c			<u> </u>				
		Net gain or (loss)								
		Gross income from fundraisin								
	0 4	including \$								
		contributions reported on								
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
		Net income or (loss) from f			ts					
		Gross income from gaming		-						
		Part IV, line 19	-		9a					
	b	Less: direct expenses			9b					
	с	Net income or (loss) from g	gaming	activities						
·	10 a	Gross sales of inventory, le	ess reti	urns						
		and allowances			10a					
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from s	sales of	inventor	у					
						Business Code				
anliavan	11 a									
	b				_					
	с				_					
- -	d	All other revenue								

Form 990 (2022) Maine Association of Nonprofits

Maine Association of Nonprofits

	Maine Associ		nprofits	01-04	88538 Page 10
	rt IX Statement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon	se or note to any line in (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101 110	P 4 C 4 4	00.054	2 4 4 5
	trustees, and key employees	101,112.	74,611.	23,054.	3,447.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	365,095.	269,416.	83,238.	12,441.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	61,857.	45,646.	14,103.	2,108.
10	Payroll taxes	35,272.	26,028.	8,042.	1,202.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	19,185.	12,603.	6,582.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	117,980.	77,502.	40,478.	
12	Advertising and promotion	310.	112.	198.	
13	Office expenses				
14	Information technology	61,721.	46,092.	13,597.	2,032.
15	Royalties				
16	Occupancy	34,954.	25,794.	7,969.	1,191.
17	Travel	4,012.	2,783.	1,219.	10.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	42,651.	42,651.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	217.		217.	
23	Insurance	4,158.	3,068.	948.	142.
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.)				
а	Bank Fees	18,087.	14,812.	1,568.	1,707.
b	Publications, Products	14,325.	14,325.		
c	Dues & Subscriptions	11,396.	11,396.		
d	Staff & Board Developme	5,662.	3,081.	2,581.	
	All other expenses	9,139.	6,149.	2,812.	178.
25	Total functional expenses. Add lines 1 through 24e	907,133.	676,069.	206,606.	24,458.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check hereif following SOP 98-2 (ASC 958-720)		,		, 100.
					- 000 /

Maine A	ssociation	of	Nonprofits
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		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			689,891.	1	843,920.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				з	
	4	Accounts receivable, net		15,475.	4	74,236.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sea	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges			20,048.	9	38,625.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,495. 216.			
	b	Less: accumulated depreciation	0.	10c	6,279.		
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			725,414.	16	963,060.
	17	Accounts payable and accrued expenses		48,234.	17	61,661.	
	18	Grants payable		18			
	19	Deferred revenue			149,848.	19	147,537.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ş	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
abi		controlled entity or family member of any of thes	se pers	ons		22	
3	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		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			198,082.	26	209,198.
6		Organizations that follow FASB ASC 958, che	ck her	e X			
Sec		and complete lines 27, 28, 32, and 33.					
llan	27	Net assets without donor restrictions			465,804.	27	606,307.
Ba	28	Net assets with donor restrictions	61,528.	28	147,555.		
nnc		Organizations that do not follow FASB ASC 9	eck here				
Net Assets or Fund Balances		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or eq				30	
tAŝ	31	Retained earnings, endowment, accumulated in	come,	or other funds		31	
Nei	32	Total net assets or fund balances			527,332.	32	753,862.
	33	Total liabilities and net assets/fund balances			725,414.	33	963,060.

Form **990** (2022)

Part X Balance Sheet

Form	990	(2022)

Form	1 990 (2022) Maine Association of Nonprofits	01 - 04	88538	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,133		
2	Total expenses (must equal Part IX, column (A), line 25)	2	907		
3	Revenue less expenses. Subtract line 2 from line 1	3			30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	527	', 3	32.
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	753	8,8	62.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule 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?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public

Internal Reve	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection								Inspection		
Name of	the organizati	on							Employer identification numbe		
				ion of Nonpr					1-0488538		
Part I	Reason	for Public	Charity Status.	(All organizations must c	omplete ti	his part.) S	See instruction	ıs.			
The organ	nization is not a	private found	dation because it is:	(For lines 1 through 12, o	heck only	one box.)					
1 🛄	A church, cor	nvention of ch	nurches, or association	on of churches describe	d in sectio	on 170(b)([.]	1)(A)(i).				
2	A school des	cribed in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)						
3 🛄	A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).				
4	A medical res	earch organiz	zation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,		
	city, and state										
5	An organizati	on operated f	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in		
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, sta	te, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).				
7 X	An organizati	on that norma	ally receives a substa	antial part of its support f	rom a gov	ernmental	l unit or from	the general	public described in		
			Complete Part II.)								
8 🛄	A community	trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9				l in section 170(b)(1)(A)(
	or university o	or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	le or		
	university:										
10	-		• • • •	than 33 1/3% of its sup	-			-	-		
				ct to certain exceptions;							
				e (less section 511 tax) fr	om busine	esses acqu	uired by the o	rganization	after June 30, 1975.		
.			mplete Part III.)								
	-	-	-	ively to test for public sa	•						
12 📖	-	-		sively for the benefit of, to				-			
				ed in section 509(a)(1) o					Sheck the box on		
a [-	•••	of supporting organizatio supervised, or controlled				-	(diving		
a 🗆				gularly appoint or elect a							
		-	complete Part IV, Se	• • • •	a majonty i				supporting		
b 🗌			-	d or controlled in connec	tion with it	te cunnort	od organizati	on(c) by be	wing		
J				anization vested in the s			-		-		
		•	st complete Part IV,		ane perse			age the sup	ported		
c 🗌				g organization operated	in connec	tion with	and functiona	Illy integrat	ed with		
U L		-		6). You must complete l				iny integrat	co with,		
d 🗌		0		porting organization oper	-			rted organi	ization(s)		
u				zation generally must sa				-			
				nplete Part IV, Sections				a an actorn			
e	-, ·			written determination fro				e II. Type III			
		•		onally integrated support				···, · , - ···			
f Ent				, , , , , , , , , , , , , , , , , , , ,							
			n about the supporte								
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o	,	(vi) Amount of other		
	organization	l		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)		

Part II

Maine Association of Nonprofits

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.")	521,905.	516,920.	732,043.	613,179.	742,676.	3126723.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	521,905.	516,920.	732,043.	613,179.	742,676.	3126723.				
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)						128,650.				
6	Public support. Subtract line 5 from line 4.						2998073.				
	tion B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Amounts from line 4	521,905.	516,920.	732,043.	613,179.	742,676.	3126723.				
	Gross income from interest,			-							
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	353.	491.	462.	317.	5,407.	7,030.				
9	Net income from unrelated business					-					
-	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						3133753.				
	Gross receipts from related activities,	etc. (see instruction	ons)			12					
	First 5 years. If the Form 990 is for th				vear as a section 5						
	organization, check this box and stor										
Sec	ction C. Computation of Publ										
	Public support percentage for 2022 (column (f))		14	95.67 %				
15	Public support percentage from 2021	Schedule A, Part	II, line 14	.,,		15	93.07 %				
	33 1/3% support test - 2022. If the c					nore, check this bo	x and				
	stop here. The organization qualifies										
b	33 1/3% support test - 2021. If the o										
17a	and stop here. The organization qualifies as a publicly supported organization										
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization										
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization										
b	10% -facts-and-circumstances tes	-		• • • •							
-	more, and if the organization meets th	•				-					
	organization meets the facts-and-circ										
18											
	5	3 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990) 2022

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

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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								
5	furnished by a governmental unit to								
	the organization without charge								
~									
	Total. Add lines 1 through 5					-			
78	Amounts included on lines 1, 2, and								
k	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								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total		
	Amounts from line 6	(0) 2010	(6) 2010	(0) 2020	(0) 2021	(0) 202			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)	Ĺ							
14	First 5 years. If the Form 990 is for the	e organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) org	anization,		
	check this box and stop here						<u></u>		
Se	ction C. Computation of Publ	ic Support Pe	ercentage						
15	Public support percentage for 2022 (ine 8, column (f),	divided by line 13,	column (f))		15	%		
16	Public support percentage from 2021	Schedule A, Par	t III, line 15			16	%		
Se	ction D. Computation of Inve	stment Incom	ne Percentage						
17	Investment income percentage for 20	22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%		
	8 Investment income percentage from 2021 Schedule A, Part III, line 17 18								
	a 33 1/3% support tests - 2022. If the					33 1/3%, and	l line 17 is not		
	more than 33 1/3%, check this box a								
k	b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and								
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20	Private foundation. If the organization								
	V								

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.)

Maine Association of Nonprofits

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes

No

Sche		0000	Pa 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		
Sec	tion B. Type I Supporting Organizations	-		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

ation of Nonprofita

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. Type II Supportin 0.... Contin -

Sec	cuon C. Type II Supporting Organizations	
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	

5 11 5 (7 7		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	1	

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

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

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

Yes No

2

3

Yes No

e A (Form 990) 2022

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1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 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 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022			
	Schedule A	(Form 990)) 2022 (

Schedule A	(Form 990	2022	Maine	Association	of	Nonprofits	
Dart V		Non-	Eunctionally Int	agrated 500(a)(3) S	unna	orting Organization	_

Par	t v Type III Non-Functionally integrated 509	(a)(s) supporting Orga	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(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	Γ	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(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				
	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
-	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
-	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, <i>explain in</i> Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019 Excess from 2020				
	Excess from 2020 Excess from 2021				
-					
e	Excess from 2022				

Schedule A (Form 990) 2022

<u>Schedule</u> A	(Form 990) 2022	Maine	Associatio	n of Nonpi	rofits	01-0488538 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1, line 1; Part IV, Section D,	mation. Pr , 2, 3b, 3c, 4l lines 2 and 3	ovide the explanatior 5, 4c, 5a, 6, 9a, 9b, 9d ; Part IV, Section E, lii	ns required by Part c, 11a, 11b, and 11 nes 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a or	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Maine Association of Nonprofits

Employer identification number

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
_	
Check if your organization	is covered by the General Rule or a Special Rule.

Check if your organ 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.

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 ______\$_

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)



Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

OMB No. 1545-0047

2022

01-0488538

Schedule E Name of or	B (Form 990) (2022) rganization		Emplo	Pag yer identification numbe
Maine	Association of Nonprofits		01	-0488538
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional terms of the second secon	ional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1		\$20,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	20	(d) Type of contribution
2		\$40,0		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution

(Complete Part II for

Person Payroll Noncash

\$

from Part I	(D) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
202452 11 1		\$	Sabadula B (Earm 000) (2022)

Maine Association of Nonprofits

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

(b)

(a)

No.

Name of organization

Schedule B (Form 990) (2022)

Page 3 Employer identification number

01 - 0488538

(c)

(d)

223453 11-15-22

Schedule E	B (Form 990) (2022)			Page 4
Name of o	rganization			Employer identification number
Maine	Association of Nonprof	its		01-0488538
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	ons to organizations described in so through (e) and the following line ent haritable, etc., contributions of \$1,000 or I	ry For organizations) that total more than \$1,000 for the year
	Use duplicate copies of Part III if additional	space is needed.	I	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-		(e) Transfer of gif	L I	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.			1	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-		(e) Transfer of gif	<u> </u>	
			L	
F	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
			•	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
ŀ		(e) Transfer of gif	 t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee

(form 990) Department of the Treaser Department of th	SCHEDULE C	Pc	litical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
Department of the Tensory International Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. G to www.trs.gov/Form890 for instructions and the latest information. Open to Public Inspection If the organization answerd "Nes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c) (open than section 501(c)(3)) organizations: Complete Part IA. On to complete Part IA. • Section 501(c) (open than section 501(c) (open than section 501(c)) (open	(Form 990)			-	-		2022
Department Co to www.trs.gow/Form990 for instructions and the latest information. Dispection If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c) (optical campaign Activities), then Section 501(c) (optical campaign Activities), then S768 (election under section 501(h)): Complete Part II-R. Section 501(c)(4), (optical campaign Activities), then S768 (election under section 501(h)): Complete Part II-R. Section 501(c)(4), (optical campaign Activities), then S768 (election under section 501(h): Complete Part II-R. Section 501(c)(4), (d), or (o) (organizations: Complete Part II. Name of organization Section 501(c) (4), (d), or (d) organization's direct and indirect political campaign activities in Part IV.							LULL
If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501 (c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-B. • Section 501 (c) (dither than section 501 (c)(3) (organizations that have life Form 5768 (election under section 501(h)): Complete Part II-B. • Section 501 (c)(3) organizations that have life Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. • Section 501 (c)(3) organizations that have INOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. • Section 501 (c)(3) organizations that have INOT filed Form 5768 (election under section 501(h)): Complete Part II-B. • Section 501 (c)(3), or (6) organizations: Complete Part III. Name of organization • Section 501 (c)(4), G), or (6) organizations: Complete Part III. Name of organization • Maine Association of Nonprofits • Provide a description of the organization is exempt under section 501(c) (or). • Provide a description of the organization is exempt under section 501(c) (3). • Fart I-B Complete if the organization is exempt under section 501(c) (3). • Enter the amount of any excise tax incurred by the organization managers under section 501(c) (3). • Fart the amount of any excise tax incurred by the organization for section 501(c) (a). • Enter the amount of any excise tax incurred by th		•	-			U-EZ.	
 Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 527 organization: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part II. Name of organization Maine Association of Nonprofits Diftical campaign activity expenditures S Solution of the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization is exempt under section 501(c)(3). 1 Enter the amount of any excles tax incurred by the organization under section 4955 S I Enter the amount of any excles tax incurred by the organization managers under section 4955 S If the organization is exempt under section 501(c)(3). 1 Pros. No da Was a convection made? Ves No Ma Was a convection state? Ves No B I Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). 1 Enter t							-
 Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3), or (6) organizations: Complete Part II. Name of organization answered 'Yes,' on Form 990, Part IV, line 5168 (election under section 501(c) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 900-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 9	-				e 46 (Political Cam	paign Acti	vities), then
 Section 527 organizations: Complete Part IA only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part II. Name of organization Maine Association of Nonprofits Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excles tax incurred by the organization under section 4955 Enter the amount of any excles tax incurred by organization managers under section 501(c), except section 501(c)(3). Enter the amount of any excles tax incurred by organization for section 501(c), except section 501(c)(3). Enter the amount of any excles tax incurred by organization for section 501(c), except section 501(c)(3). Enter the amount of any excles tax incurred by organization for section 501(c), except section 501(c)(3). Enter the amount of the filling organization is exempt under section 501(c), except section 501(c)(3). Enter the amount of any excles tax incurred by organization for section 527 exempt function activities \$					Do not complete Da	HID	
if the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5786 (election under section 501(f)): Complete Part II-A. Do not complete Part II-A. if the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then • Section 501(c)(d), (d), (d), or (f) organizations: Complete Part III. Name of organization Employer identification number 0.1 - 0.4885.38 Part I-A Complete if the organization's direct political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities 9 If the organization is exempt under section 501(c)(3). 1 There the amount of any excise tax incurred by the organization maders extin 501(c), except section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization maders extin 501(c), except section 501(c)(3). 1 Enter the amount of any excise tax incurred by the form 4720 for this yea? 9 Yes No 9 Yes No 9 Yes No 9 Yes No 9 Yes	.,			and the and the below.	Do not complete Fa	ITL I-D.	
 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instruction section 501(c)(3). 1 Enter the amount of any excise tax incurred by organization managers under section 501(c)(3). 1 Enter the amount of any excise tax, incurred by organization for section 501(c), except section 501(c)(3). <	•	•	•	m 990-EZ. Part VI. lir	ne 47 (Lobbying Act	ivities). th	en
 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization <u>Maine Association of Nonprofits</u> <u>D1-0488538</u> Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization is exempt under section 501(c)(3). Part I-B Complete if the organization is exempt under section 4955 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 4955 Enter the amount of any excise tax incurred by the organization under section 4955 I there organization mad? I the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of any excise tax incurred by organization for section 501(c), except section 501(c)(3). I the organization incurred a section 4955 tax, did if file Form 4720 for this year? Ves No b If 'Yes,'' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). I Enter the amount of the filing organization is exempt under section 527 exempt function activities section 527 exempt function activities section 527 exempt function activities section 527 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. I thet mames, addresses and employer identification number (EIN) of all section 527 political organizations	-						
if the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then			•		-	-	
Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Maine Association of Nonprofits D1-0488538 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Ves No 4a Was a correction made? Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount of the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities S 2 Enter the amount of the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3). Enter the amount of the filing organization for section 527 exempt function activities S 2 Enter the amount of the filing organization is contributed to other organizations for section 527 exempt function activities S 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization lise of the the amount paid from the filing organization is a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization is pairate. (e) Amount of political organization is prevered to reapprized political organization is political organization is funds. If none, e	If the organization ans	wered "Yes," or	Form 990, Part IV, line 5 (Proxy	Tax) (See separate in	nstructions) or Forr	n 990-EZ,	Part V, line 35c (Proxy
Name of organization Employer identification number 01-0488538 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures \$ 3 Volunteer hours for political campaign activities \$	Tax) (See separate inst	ructions), then					
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(a) Name(b) Address(c) EIN(d) Amount paid from filing organization's funds. If none, enter -0(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.							
filing organization's funds. If none, enter -0 funds. If none, enter -0	political action com	mittee (PAC). If	additional space is needed, provid	le information in Part I	V.		
political organization.	(a) Name	9	(b) Address	(c) EIN	filing organizatio	n's coi er -0	ntributions received and promptly and directly
							political organization.

Sc	hedule C (F	Form 9	90) 2022 Maine Association of Nonprofits	01-0	488538 Page 2
Ρ	art II-A	Cor	nplete if the organization is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
		sec	tion 501(h)).		
A	Check		if the filing organization belongs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
			expenses, and share of excess lobbying expenditures).		
В	Check		if the filing organization checked box A and "limited control" provisions apply.		
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals

1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	338.	
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	10,149.	
с	Total lobbying expenditures (add lines 1a and	d 1b)	10,487.	
			896,646.	
е	Total exempt purpose expenditures (add line	s 1c and 1d)	907,133.	
	Lobbying nontaxable amount. Enter the amo		161,070.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
-				
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	40,268.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j	If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720		

reporting section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	142,746.	124,989.	137,557.	161,070.	566,362.
b Lobbying ceiling amount (150% of line 2a, column(e))					849,543.
c Total lobbying expenditures	5,145.	11,844.	1,948.	10,487.	29,424.
d Grassroots nontaxable amount	35,687.	31,247.	34,389.	40,268.	141,591.
e Grassroots ceiling amount (150% of line 2d, column (e))					212,387.
f Grassroots lobbying expenditures	1,595.	1,568.	723.	338.	4,224.

Schedule C (Form 990) 2022

Yes

🗌 No

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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	(a))	(k)
of th	e lobbying activity.	Yes	No	Amo	ount
1 a	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?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
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 the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2 b		
	Total				
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?				
	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Drov	de the descriptions required for Dort I.A. line 1; Dort I.D. line 4; Dort I.C. line 5; Dort II.A. (affiliated arour	ligt), Dout II	A lines 1	and O (Caa	

Provide 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 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D)
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(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Nam	Maine Association	of Nonprofits	5	01-0488538
Pa				
	organization answered "Yes" on Form 990, Part IV, lir			•
		(a) Donor advised	l funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ld in donor advised f	unds
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor			
	impermissible private benefit?		· 	Yes No
Pai		ganization answered "Yes	on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribu	ution in the form of a	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			
	Number of conservation easements on a certified historic str			_ 2c
d	Number of conservation easements included in (c) acquired			
-	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or t	erminated by the org	anization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the perviolations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		d onforcing consons	
U	Stan and volunteer nouis devoted to monitoring, inspecting	, nanoling of violations, an	a entorcing conserve	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and ent	forcing conservation	easements during the year
-		annig er tielanene, and en		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirement	s of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements	that describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	-	asures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 98			
	of art, historical treasures, or other similar assets held for pu			erance of public
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 98			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtherar	nce of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
•	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tree		-	n, provide
-	the following amounts required to be reported under FASB A	-		¢
	Revenue included on Form 990, Part VIII, line 1			\$\$\$\$
U				17

	dule D (Form 990) 2022 Maine A	ssociation		_	s, or Oth				B Page 2
3	Using the organization's acquisition, access							,	,
	collection items (check all that apply):	,		, 0		0			
а	Public exhibition	d	I 🗌 Loa	n or exchange pro	ogram				
b	Scholarly research	e		er					
с	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they	further the organi	zation's exe	empt purpos	se in Parl	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, histor	rical treasures, or	other simila	ar assets			
	to be sold to raise funds rather than to be m	aintained as part of t	the organiza	tion's collection?			🗆	Yes	No No
Par	t IV Escrow and Custodial Arran	igements. Comple	ete if the org	anization answer	ed "Yes" o	n Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for con	tributions or othe	r assets no	t included		_	
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year								
f	Ending balance							1	
	Did the organization include an amount on F							Yes	No No
	If "Yes," explain the arrangement in Part XIII						<u></u>	<u></u>	
Par	t V Endowment Funds. Complete					10. (d) Three ye	are back	(a) Four	voare back
		(a) Current year	(b) Prior	year (C) 1W0	years Dack	(a) Thee ye	ais dauk	(e) i oui	years Dack
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses End of year balance								
g 2	Provide the estimated percentage of the cur		L No (line 1 a c	olumn (a)) held as					
	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
c		%							
-	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	•	ation that a	e held and admin	istered for	the			
	organization by:	0						Г	Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sche	dule R?				3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	owment fund	ds.					
Par	t VI Land, Buildings, and Equipn	nent.							
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV, lir	ie 11a. See Form	990, Part X	, line 10.			
	Description of property	(a) Cost or o basis (investr		(b) Cost or other basis (other)		Accumulated epreciation	ł	(d) Book	value
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			6,495	5.	21	6.	6	5,279.
	Other								
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 10c.)				6	5,279.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Maine Assoc	lation of Non	profits	01-0488538 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests(3) Other			
(A)			
(B)			
(C) (D)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)	()		,
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15	5.
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X,	line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
 Liebility few was added to your additional in David VIII reported at a 		a dia amin'ny faritr'o dia dia dia mampina dia kaokana	and a state of the second

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

chec	dule D (Form 990) 2022 Maine Association of Nonp	rofits		01-	0488538 Page
Part	XI Reconciliation of Revenue per Audited Financial Staten	nents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,174,768
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	41,105.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	41,10
	Subtract line 2e from line 1			3	1,133,663
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
b					
	Add lines 4a and 4b			4c	
С					1,133,663
с 5	Add lines 4a and 4b			5	1,133,663
с. 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	ments With		5	1,133,663 Irn.
c b art	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i> t XII Reconciliation of Expenses per Audited Financial State	ments With 2a.	n Expenses per	5	1,133,663
c 5 Parl	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With 2a.	n Expenses per	5 Retu	1,133,663 Irn.
c art	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With	n Expenses per	5 Retu	1,133,663 Irn.
c art	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ments With 2a.	n Expenses per	5 Retu	1,133,663 Irn.
c part	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. 2a 2a 2a	n Expenses per	5 Retu	1,133,663 Irn.
c 5 2 1 2 a b c	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a. 2b. 2c.	n Expenses per	5 Retu	1,133,663 Irn.
c 5 Parl 1 2 a b c d	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	1 Expenses per 41,105.	5 Retu	1,133,663 Irn.
c 5 Parl 1 2 a b c d e	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2d	1 Expenses per 41,105.	5 Retu	1,133,663 irn. 948,238
c 5 Par 1 2 a b c d e 3	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	1 Expenses per 41,105.	5 Retu	1,133,663 irn. 948,238 41,10
c 5 2 2 1 2 3 4	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 2a. 2b. 2c. 2d.	1 Expenses per 41,105.	5 Retu	1,133,663 irn. 948,238 41,10
c 5 2 2 1 2 2 4 6 6 8 3 4 2 3 4 4 2 3	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a. 2b. 2c. 2d.	1 Expenses per 41,105.	5 Retu	1,133,663 irn. 948,238 41,10
c 5 Parl 1 2 a b c d e 3 4 a b	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d 2d	1 Expenses per 41,105.	5 Retu	1,133,663 irn. 948,238 41,10
c 5 Parl 1 2 a b c d e 3 4 a b c	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d 2d	1 Expenses per 41,105.	5 Retu 1 2e 3 4c	1,133,663 mn. 948,238 41,109 907,133

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

Part X, Line 2:

Management	of	the	Organization	believes	it	has	no	uncertain	tax	positions	

and, accordingly, it will not recognize any liability for unrecognized tax

benefits.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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.

EZ
OMB No. 1545-0047
2022
Open to Public
Inspection
Employer identification number

Maine Association of Nonprofits

of Nonprofits 01-0488538

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

nonprofit organizations so they can better enrich the quality of

community and personal life in Maine.

Form 990, Part III, Line 4d, Other Program Services:

Other Programs - Other programs and activities to strengthen Maine's

nonprofit community include: resources and connections to support

nonprofits to pursue practices of equity, diversity, and inclusion; and

a business and consultant directory.

Expenses \$ 113,865. including grants of \$ 0. Revenue \$ 0.

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

Nonprofit organizations which are registered in Maine and which are or

would be eligible to be tax exempt under 501(c)(3) and 501 (c)(4) or

successor provisions of the Internal Revenue Code are eligible for

membership in the organization, subject to any additional standards which

may be set by the Board of Directors. Nonprofit organizations will be dues paying members.

Form 990, Part VI, Section B, line 11b:

MANP hires a CPA firm to prepare Form 990. A draft of Form 990 is then reviewed by MANP's Bookkeeper and Executive Director, as well as its Board Treasurer, and any necessary adjustments are made. After that review is complete, the following procedure is undertaken for board review: - A copy of the final draft 990 is sent to all board members

Schedule O (Form 990) 2022	Page 2						
Name of the organization Maine Association of Nonprofits	Employer identification number 01-0488538						
meeting, which all members of the board are invited to attend							
- Any questions or concerns raised are appropriately addressed							
- The Finance Committee recommends approval of the 990 to the full board							
- MANP's Executive Director signs Form 990, after receivi	ng authorization						
from the Board of Directors, and the form is then filed b	y our Accountant						
partner.							

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

Board members are required to report any potential conflict of interest issues. Additionally, such matters may come to light in the course of the board's active role in the oversight and planning of the organization's activities. If any issues related to conflict of interest arise, it is discussed by the entire Board of Directors. As disclosed in the 990, Linda Nelson temporarily received compensation as an independent contractor for her work providing interim leadership for the Cultural Alliance of Maine project during a staffing transition of the permanent project director. She was uniquely situated to provide this leadership and MANP's board followed a detailed conflict of interest policy and procedure to ensure appropriate transparency and accountability.

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

The Board conducts a formal performance evaluation of the Executive Director on an annual basis to review progress against agreed upon goals. After this process is complete, the Treasurer proposes a compensation package to the Executive Committee, which then finalizes compensation. The Executive Committee considers market data such as that collected through MANP's own biennial survey of Maine nonprofit wages and benefits,

Schedule O (Form 990) 2022	Page 2
Name of the organization Maine Association of Nonprofits	Employer identification number $01 - 0488538$
information about workforce and compensation trends avail	able through
MANP's job board.	
Form 990, Part VI, Section C, Line 19:	
All documents are available for review by appointment at	MANP's offices
during regular business hours. In addition, much of the	same data is
available in MANP's annual report, which is available on	our website and in
hard copy.	
Form 990, Part IX, Line 11g, Other Fees:	
Other Professional Fees:	
Program service expenses	77,502.
Management and general expenses	40,478.
Fundraising expenses	0.
Total expenses	117,980.
Total Other Fees on Form 990, Part IX, line 11g, Col A	117,980.
Form 990, Part XII, Line 2c:	

This process has not changed from the prior year.