# \*\* 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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2022 calendar year, or tax year beginning OCT 1, 2022 and endin	ng SE	EP 30, 2023			
<b>B</b> (	Check if opplicable	C Name of organization		D Employer identifi	cation number		
Г	Addres	EDUCARE CENTRAL MAINE					
	Name change	Doing business as		26-41768	72		
	return _Final _return/	Number and street (or P.O. box if mail is not delivered to street address)  101 WATER STREET  Room,	n/suite	E Telephone numbe 207-859-			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$ 1,506,501.			
	Amend			H(a) Is this a group return			
	Application	F Name and address of principal officer: SUZANNE WALSH		for subordinates	? Yes X No		
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in			
1.7	Гах-ехе	empt status: $f X$ 501(c)(3) $f S$ 501(c) ( ) (insert no.) $f M$ 4947(a)(1) or $f M$	527	If "No," attach a	list. See instructions		
_	<b>Nebsit</b>			H(c) Group exemption			
		organization: X Corporation Trust Association Other L	L Year of	f formation: 2009 n	<b>M</b> State of legal domicile: <b>ME</b>		
Pá	art I	Summary					
Φ	1	Briefly describe the organization's mission or most significant activities: <u>EDUCARE</u>	CEN	TRAL MAINE	WILL		
ů.	:	PROVIDE, MODEL AND EXTEND HIGH QUALITY EARLY					
erne	l	Check this box if the organization discontinued its operations or disposed of	f more th	ı			
ŏ		Number of voting members of the governing body (Part VI, line 1a)			8		
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			7 0		
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			10		
Activities & Governance		Total number of volunteers (estimate if necessary)			0.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	В	Net unrelated business taxable income from Form 990-T, Part I, line 11	····	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		319,064.	1,214,534.		
цe	1	Program service revenue (Part VIII, line 2g)		0.	0.		
evenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		84,197.	159,118.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,975.	1,362.		
	ı	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		409,236.	1,375,014.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		288,388.	307,780.		
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
<u>6</u>	b ·	Total fundraising expenses (Part IX, column (D), line 25) 3,221.					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		238,228.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		526,616.	543,754.		
	19	Revenue less expenses. Subtract line 18 from line 12		-117,380.			
Net Assets or			Begi	inning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		9,050,689.	9,957,884.		
et A	21	Total liabilities (Part X, line 26)		25,924.	97,156.		
Z: D:	22 art II	Net assets or fund balances. Subtract line 21 from line 20		9,024,765.	9,860,728.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	etataman	te and to the heet of my	/ knowledge and helief it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre			kilowieuge aliu bellei, it is		
ii uo	, 001100	Sycama Walsh	τοραιοι π		08/09/2024		
Sig	n	Signature of officer		Date			
Her		SUZANNE WALSH, SECRETARY/TREASURER					
	Ĭ	Type or print name and title					
		Print/Type preparer's name Preparer's signature	Da	nte Check	PTIN		
Paid	ı	QUINN DUGAN QUINN DUGAN	0 8	3/09/24 if self-employ	P02267768		
Prep	arer	Firm's name WIPFLI LLP			9-0758449		
Use	Only	Firm's address 2501 W BELTLINE HWY, STE 501					
		MADISON, WI 53713		Phone no. 60	8.274.1980		
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No		

516,661.

Total program service expenses

# Form 990 (2022) EDUCARE CENTRAL MAINE Part IV Checklist 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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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,	۰		<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	I Lu		<del></del>
D	, .	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the appropriation projection of the control of the United Otelson			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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	441		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	l		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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# Form 990 (2022) EDUCARE CENTRAL MAINE Part IV Checklist of Required Schedules (continued)

			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	<b>—</b>
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			7.7
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	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	04-		
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	Λ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
D	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?	330		
	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		Х
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	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	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 0	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(0.0 = ::
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# Form 990 (2022) EDUCARE CENTRAL MAINE Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Foreign Bank and Financial Actions for Fine Property of Fine Pro	ccour	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			7.7
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X
b			d	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?			7c		х
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	76		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		t?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		-	_	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
<b>L</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	1			
С	Enter the amount of reserves on hand	13c				
14a			•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		<u> </u>
	If "Yes," complete Form 6069.					
				_	$\Omega\Omega\Omega$	

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	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	,		
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
•	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		х	
	of officers, directors, trustees, or key employees to a management company or other person?	4	X	
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5	21	Х
6		6	Х	21
7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	21	
<i>1</i> a	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'a		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	on Schedule O how this was done	12c	Х	v
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Δ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SUZANNE WALSH - 207-859-1500			
	101 WATER STREET, WATERVILLE, ME 04901			

<u> Page</u> **7** 

### EDUCARE CENTRAL MAINE 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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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)	l		((	C)		our	(D)	(E)	(F)
Name and title	Average hours per week	box	not c unle	ss per	more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) SUZANNE WALSH SECRETARY/TREASURER	2.00	х		Х				0.	145,638.	17,360.
(2) JIM CLAIR	2.00	Λ		_				0.	143,030.	17,300.
CHAIRPERSON	2.00	Х		х				0.	0.	0.
(3) ERIC HALEY	1.00							-	-	
VICE CHAIRPERSON		Х		х				0.	0.	0.
(4) BILL ALFOND	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MICHAEL BURKE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) PETER HALLEN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) RACHEL ISAACS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MICHAEL MITCHELL	1.00									_
DIRECTOR	2.00	Х						0.	0.	0.

(A) Name and title	(B) Average hours per	Average Position					an	(D)  Reportable compensation	(E)  Reportable compensation	<b>I</b>		
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer 0		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)	;/ 	oth compen from organiz and re organiz	sation the ation ated
		•										
1b Subtotal c Total from continuation sheets to Part V								0.	145,638	8.		360.
d Total (add lines 1b and 1c)  Total number of individuals (including but r								0 • eceived more than \$100.	145,638 000 of reportable	3.	17,	360.
compensation from the organization						-			·		Ye	0 s No
3 Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			-		-		_		•		3	X
<ul> <li>For any individual listed on line 1a, is the sign and related organizations greater than \$15</li> </ul>	um of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization		4 X	
Did any person listed on line 1a receive or rendered to the organization? If "Yes." con	accrue comper	nsatio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5	Х
Section B. Independent Contractors  1 Complete this table for your five highest co											•	
the organization. Report compensation for	=	-						the organization's tax y				
(A) Name and business	address	NC	NE	3				(B) Description of s	services	Cor	(C) mpensa	tion
Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nited	to t	_	se lis <sup>.</sup>	ted	above) who received me	ore than		200	
										Fo	orm <b>99</b> 0	(2022)

Form 990 (2022) EDUCARE
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Schedule O contains a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts st	1	а	Federated campaigns 1a					
ī ar		b	Membership dues 1b					
e, E		С	Fundraising events 1c					
if ts			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sig			All other contributions, gifts, grants, and					
e Ei				214,534.				
등문		~	Noncash contributions included in lines 1a-1f					
o		•			1,214,534.			
O a		n	Total. Add lines 1a-1f	Business Code	1,214,334.			
				Business Code				
ce	2	а						
e Š		b						
S Z		С						
an eve		d						
Program Service Revenue		е						
Pr		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
	Ŭ				53,504.			53,504.
	4		other similar amounts) Income from investment of tax-exempt bond p		33,301.			33,301.
	4							
	5		Royalties (i) Real					
				(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 237, 101.					
		b	Less: cost or other basis					
<u>o</u>			and sales expenses					
Revenue		c	Gain or (loss) 7c 105,614.					
ě			Net gain or (loss)		105,614.			105,614.
<u>بر</u> ۳					103,014.			103,014.
ther	8	а	Gross income from fundraising events (not					
ŏ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 188a	İ				
			Less: direct expenses 8b					
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b	1				
			Net income or (loss) from gaming activities .					
			Gross sales of inventory, less returns					
			and allowances 10	a				
		h	Less: cost of goods sold 101					
			Net income or (loss) from sales of inventory	91				
		·	Thet income or (loss) from sales of inventory .	Business Code				
S				Dusiness Code				
e eo	11							
lan en		b						
Miscellaneous Revenue		С		00000	1 255			1 260
Mis			All other revenue	900099	1,362.			1,362.
		е	Total. Add lines 11a-11d		1,362.			
	12		Total revenue. See instructions		1,375,014.	0.	0.	160,480.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 307,780. 307,780. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 35. 35. Legal 1,800. 1,800. Accounting Lobbying Professional fundraising services. See Part IV, line 17 13,329. 13,329. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 30,069. 30,069. column (A), amount, list line 11g expenses on Sch O.) 373. 123. 250. Advertising and promotion 12 17,891. 16,078. 1,753. 60. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2,607. 2,417. 190. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 144,137. 144,137. 22 Depreciation, depletion, and amortization 16,849.13,693. 3,156. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 468. 150. 2,246. 2,864. DUES & SUBSCRIPTIONS BAD DEBT EXPENSE 151. 151. С d 5,869. 1,896. 3,248. All other expenses 543,754. 516,661. 23,872. 3,221. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

14440809 147695 528869

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	550 054
	2	Savings and temporary cash investments		2	759,371.
	3	Pledges and grants receivable, net		3	756,000
	4	Accounts receivable, net	150.	4	1,600
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
				6	
şţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	14 020
^	9	Prepaid expenses and deferred charges	14,285.	9	14,239
	10a	Land, buildings, and equipment: cost or other	\1		
		basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 8,627,1 10b 2,135,2	6 626 071		C 401 025
					6,491,935, 1,934,739,
	11	Investments - publicly traded securities		11	1,934,/39
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	1	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	0 057 004
	16	Total assets. Add lines 1 through 15 (must equal line 33)			9,957,884 97,156
	17	Accounts payable and accrued expenses		17	91,130
	18	Grants payable		18 19	
	19 20	Deferred revenue		20	
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Ē		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties	*****	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	25,924.	26	97,156.
		Organizations that follow FASB ASC 958, check here			,
Se S		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	9,024,765.	27	9,860,728.
Bal	28	Net assets with donor restrictions		28	
Da		Organizations that do not follow FASB ASC 958, check here			
<u>.</u>		and complete lines 29 through 33.			
ğ	29	Capital stock or trust principal, or current funds		29	
Set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	9,024,765.	32	9,860,728.
_	33	Total liabilities and net assets/fund balances	0 050 600	33	9,957,884.

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	1,37			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,7		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,02	4,7	65.	
5	Net unrealized gains (losses) on investments	5		4,7	03.	
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	9,86	0,7	28.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				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?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2022)	

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization EDUCARE CENTRAL MAINE 26-4176872 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1029186.	126,368.	353,131.	319,064.	1214534.	3042283.
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	1029186.	126,368.	353,131.	319,064.	1214534.	3042283.
	The portion of total contributions						
Ŭ	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,						
							1519098.
_							1523185.
	Public support. Subtract line 5 from line 4.						1323103.
		(=) 2012	(h) 2010	(a) 2020	(4) 2021	(a) 0000	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018 1029186.	(b) 2019 126,368.	(c) 2020 353,131.	(d) 2021 319,064.	(e) 2022 1214534.	(f) Total 3042283.
	Amounts from line 4	1029100.	120,300.	333,131.	319,004.	1214334.	3042203.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	25 252	40 104	40 210	40 011	F2 F04	225 100
	and income from similar sources	25,352.	49,194.	48,319.	48,811.	53,504.	225,180.
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.)	27.	191.		5,975.	1,362.	7,555.
11	<b>Total support.</b> Add lines 7 through 10						3275018.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	46.51 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	83.33 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	-	•		-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
				,,	,		(Form 990) 2022

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

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

Sec	etion A. Public Support	siow, picase comp	olete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					1	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	• • •	(a) 2019	(b) 2010	(=) 2020	(4) 2021	(-) 2022	(f) Total
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	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.)		<u> </u>				<u> </u>
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					T 1	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	22 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2021</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r				33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	id <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2021.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

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

	Yes	No
1		
_		
2		
0-		
3a		
3b		
- CL		
3с		
4a		
4b		
_		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
. Ju		
10b		

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Par	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		
	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			
01	detail in Part VI.	11c		
Seci	tion B. Type I Supporting Organizations			
			Yes	No
	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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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? <i>If</i> "Yes," <i>explain in</i>			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sect	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	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			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below.	>).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inetruction	ic)	
2	Activities Test. Answer lines 2a and 2b below.	ristruction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ted Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

OMB No. 1545-0047

**Employer identification number** 

2022

EDUCARE CENTRAL MAINE 26-4176872 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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. 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

EDUCARE	CENTRAL	MAINE	

26-4176872

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# EDUCARE CENTRAL MAINE

26-4176872

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
223/53 11-15		<del></del>	Schedule B (Form 990) (2022)

Name of organization **Employer identification number** EDUCARE CENTRAL MAINE 26-4176872 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

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## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

EDUCARE CENTRAL MAINE

**Employer identification number** 26-4176872

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	•	(b) Funds and other accounts
_	Total counts on at an disference	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
J	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 o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	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 a		
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	- таки таки таки таки таки таки таки таки		g <b>,</b>
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.	(A.) Illata da el Tarres de la Constantina	U O''I A I.
Par	t III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for put	,	•
	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance of public service,
	provide the following amounts relating to these items:		<b>\$</b>
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical tre	asures or other similar assets for financia	
~	the following amounts required to be reported under FASB A		a gain, provide
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
-	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

232051 09-01-22

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

Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	Simila	Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other records	, check any of the fo	ollowing that i	make siç	gnificant ι	use of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exch	nange prograr	n				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatior	ı's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	ures, or other	similar a	assets			
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	lection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	n answered "\	es" on l	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par		-						
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other asse	ets not ir	ncluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
	· · ·	•	-					Amount	
С	Beginning balance					1c			
d	Additions during the year								
е	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on Fo							Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.		•					_	
Par	t V Endowment Funds. Complete it	the organization ans	swered "Yes" on Fo	rm 990, Part I	V, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four y	ears back
1a	Beginning of year balance	1,649,523.	1,897,560.	1,579	,173.	1,5	50,933.	1,5	25,160.
b	Contributions			•		•	·		
c	Net investment earnings, gains, and losses	147,517.	-236,506.	330	,013.		38,890.		32,353.
d	Grants or scholarships	·					·		
e	Other expenditures for facilities								
_	and programs								
f	Administrative expenses	11,901.	11,531.	11	,627.		10,650.		6,580.
g	End of year balance	1,785,139.	1,649,523.	1,897			79,173.	1,5	550,933.
2	Provide the estimated percentage of the curre				<u>,                                     </u>	<u> </u>		,	
_ а	Board designated or quasi-endowment	100	%	, , , , , , , , , , , , , , , , , , , ,					
b	Permanent endowment • 0000	%	_, ~						
c		,.°							
_	The percentages on lines 2a, 2b, and 2c shou	· <del>-</del>							
За	Are there endowment funds not in the posses	•	ion that are held an	d administere	d for the	9			
	organization by:	<b>-</b>				-		Y	es No
	(i) Unrelated organizations							3a(i)	Х
	(ii) Related organizations							3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the	· ·							
	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. So	ee Form 990,	Part X, I	ine 10.			
	Description of property	(a) Cost or ot basis (investm			٠,	ccumulate preciation	ed	(d) Book	value
1a	Land	·	,						
b	Buildings		8,12	8,905.	1,6	59,7	55.	6,469	,150.
c	Leasehold improvements		,			•			
d	Equipment		49	8,286.	4	75,50	01.	22	,785.
	Other	I							
	. Add lines 1a through 1e. (Column (d) must e		Column (R) line 1(	)c )				6,491	,935.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 EDUCARE CENT Part VII Investments - Other Securities.	TAT MAINE	20	-4176872 Page 3
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	(b) Dook value	(c) Method of Valuation. Gost of end	d-or-year market value
(1) Financial derivatives (2) Closely held equity interests			
(8)		<del> </del>	
` `		1	
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		1	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(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)			

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 ... Schedule D (Form 990) 2022

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	rt XI	Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а		nrealized gains (losses) on investments			
b		ted services and use of facilities			
С		veries of prior year grants			
d	Other	(Describe in Part XIII.)	2d		
е		nes <b>2a</b> through <b>2d</b>			
3		act line <b>2e</b> from line <b>1</b>		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
_C		nes 4a and 4b			
5 <b>D</b> 2		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.  Reconciliation of Expenses per Audited Financial Sta			
Га	I L AII		-	ses per neturn.	
_	T-4-1	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1		expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:	00		
a		ted services and use of facilities			
b		year adjustments			
c d		losses (Describe in Part XIII.)			
e		nes 2a through 2d		2e	
3		act line <b>2e</b> from line <b>1</b>			
4		ints included on Form 990, Part IX, line 25, but not on line 1:			
а		ment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)			
		nes <b>4a</b> and <b>4b</b>		4c	
5	Total	expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 1			
Pa	rt XIII	Supplemental Information.	•		
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; P	art V, line 4; Part X, line 2; Part X	1,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
_					

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047
2022

Open to Public Inspection

Name of the organization							Employer identification number
EDUCARE C		INE					26-4176872
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro-	o substantiate the					stance, and the selecti	
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
KENNEBEC VALLEY COMMUNITY ACTION PROGRAM - 101 WATER STREET - WATERVILLE, ME 49010	01-0277678	501(C)(3)	307,780.	0.			TRAUMA-INFORMED EDUCATION AND GENERAL PROGRAMMING.
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				1.
3 Enter total number of other organizations							0.
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) 2022

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the information	n required in Part L lin	e 2: Part III. columi	h); and any other ad	ditional information	
- Cappionata mematam revide the mornate.	irroquilou irr urc i, iir	<u> </u>	r (b), and any other ad	attoria information.	

# SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

EDUCARE CENTRAL MAINE

MAINE Employer identification number 26-4176872

Pa	art I Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees							
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2						
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			l				
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations  Approval by the board or compensation committee			l				
				l				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			l				
	organization or a related organization:							
а		4a		X				
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х				
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X				
	organization or a related organization:  a Receive a severance payment or change-of-control payment?  b Participate in or receive payment from a supplemental nonqualified retirement plan?							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the revenues of:			37				
		5a		X				
b	, , ,	5b		<u> </u>				
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:			v				
		6a		X				
b	, , ,	6b						
_	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v				
	· · · · · · · · · · · · · · · · · · ·	7		X				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37				
_	1	8		X				
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9		i				

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

Schedule J (Form 990) 2022

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

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

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

	(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SUZANNE WALSH	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/TREASURER	(ii)	144,738.	500.	400.	1,103.	16,257.	162,998.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

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Na	me of th	e organization	DUCARE	: C	ENTRAL M	A T N	F.						-	ident		on nu	mber
Р	art I	Excess Bene						ion 501	(c)(A) and se	ction	501(c)(29) orga				7 2		
_		Complete if the o															
1	l	•			Relationship bety				110 204 01 201	<u> </u>	101111000 LZ, 110	21 C V , 11	110 40	<u>.                                    </u>	(d)	Corre	cted?
•	(a) Nar	me of disqualified p	erson	(2)	person and or				(	c) De	escription of tran	sactio	n			es	No.
2	! Enter	the amount of tax i	ncurred by t	he or	rganization man	agers	or disc	qualified	d persons dur	ring t	he year under						
3	Enter 1	the amount of tax,	if any, on lin	e 2, a	above, reimburs	ed by	the org	ganizati	ion				\$				
_			· /- · · ·	1													
Р	art II	Loans to and															
		Complete if the o	J					, Part V	, line 38a or I	Form	990, Part IV, lin	e 26; c	or if th	e orga	nizatio	on	
_		reported an amou				<del></del>	2. oan to or			T				(h) An	proved		1.211
	•	Name of ested person	(b) Relation with organiz		(c) Purpose of loan	from the organization?			) Original ipal amount	(f	(f) Balance due		In ult?	by board or committee?		(I) V\	/ritten ment?
						То	From						No	Yes	No	Yes	No
										_							
_										_							
										_							
										-							
_										-							
T = 1	tal					1	l	l	\$								
	art III	Grants or As	sistance	Ben	efitina Inter	estec	d Per	sons.									
	<u></u>	Complete if the c			_												
_	(a) N	ame of interested p			(b) Relationship				Amount of		(d) Type	of		le.	) Purp	ose o	f
	(4)	amo or micorocida p	7010011	'	interested pers the organization	on an			assistance		assistan			•	assist		
				-	The organiza	2011							-+				
				-									_				
_				-									-				
_				+													

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

Schedule L (Form 990) 2022

Part IV Business Transactions Involvi	ing Interested Persons. "Yes" on Form 990, Part IV, line 28a, 28	Rh or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz reven	ues?
KENNEBEC VALLEY COMMUNITY	KVCAP IS ONE OF THE	307,780.	TRAUMA-INFO	Yes	No X
Part V Supplemental Information.	onses to questions on Schedule L (see in	netructions)			
SCH L, PART IV, BUSINESS T			D PERSONS:		
(A) NAME OF PERSON: KENNEB	EC VALLEY COMMUNITY	ACTION PROG	RAM		
(B) RELATIONSHIP BETWEEN II	NTERESTED PERSON AND	ORGANIZATI	ON:		
KVCAP IS ONE OF THE ORIGINA	AL BOARD MEMBERS OF	EDUCARE CEN	TRAL MAINE.		
(D) DESCRIPTION OF TRANSAC	TION: TRAUMA-INFORME	D EDUCATION	I AND GENERA	L	
PROGRAMMING					

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

EDUCARE CENTRAL MAINE

Employer identification number 26-4176872

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRACTICES TO YOUNG CHILDREN, THEIR FAMILIES AND COMMUNITIES TO IMPROVE

SCHOOL READINESS AND CLOSE THE ACHIEVEMENT GAP.

FORM 990, PART VI, SECTION A, LINE 3:

KVCAP HANDLES THE MANAGEMENT AND ADMINISTRATIVE SERVICES OF EDUCARE CENTRAL MAINE.

FORM 990, PART VI, SECTION A, LINE 4:

UNDER ARTICLE II - SECTION 4 - APPOINTMENT/ELECTION AND NUMBER OF DIRECTORS - ITEM 5 BOARD EXPERTISE - OUTLINES CRITERIA TO CONSIDER WHEN APPOINTING ADDITIONAL BOARD MEMBERS. SECTION 6 - VACANCIES - LANGUAGE SECTION 7 - MEETINGS - DATE OF ANNUAL MEETING BEING WAS PARED DOWN. SPECIFIED AS BEING HELD IN OCTOBER. SECTION 12 - QUORUM - UPDATED DEFINITION OF A QUORUM IN REGARDS TO FOUNDING MEMBERS AND MAJOR SUPPORTERS AND INCLUDED LANGUAGE ABOUT MEANS OF ATTENDANCE. UNDER ARTICLE III SECTION 1 - OFFICERS AND TERMS OF OFFICE - VICE CHAIRPERSON IS NOW LISTED SECTION 5 - EDUCARE SITE MANAGER - SITE MANAGER AS AN ELECTED POSITION // HAS NOW BEEN CHANGED TO EXECUTIVE DIRECTOR, WHICH IS KVCAP'S CHIEF OPERATING OFFICER FOR CHILD & FAMILY SERVICES. IT ALSO INCLUDES A DETAILED DESCRIPTION OF THE BOARD'S ROLE IN THE SELECTION, HIRING, AND TERMINATION FOR THAT POSITION. ARTICLE IV - COMMITTEES - SECTION 1 STANDING COMMITTEES HAS BEEN REMOVED AND REPLACED WITH EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS TWO FOUNDING MEMBERS, KENNEBEC VALLEY COMMUNITY ACTION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization EDUCARE CENTRAL MAINE

Employer identification number 26-4176872

PROGRAM AND THE BOARD OF EDUCATION OF THE WATERVILLE PUBLIC SCHOOLS. IN

ADDITION, THE ORGANIZATION HAS TWO MEMBERS REPRESENTING THE MAJOR

SUPPORTERS, THE BILL AND JOAN ALFOND FOUNDATION AND BUFFETT EARLY CHILDHOOD

FUND. THE FOUR MEMBERS ARE REFERRED TO AS THE "ORIGINAL DIRECTORS."

FORM 990, PART VI, SECTION A, LINE 7A:

THE FOUR ORIGINAL DIRECTORS HAVE THE AUTHORITY TO ELECT, FROM TIME TO TIME,

THE OTHER FIVE DIRECTORS OF THE CORPORATION BASED UPON RECOMMENDATIONS MADE

TO THEM BY ONE OR MORE FOUNDING MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS IS PROVIDED A DRAFT COPY OF THE RETURN PRIOR TO

FILING FOR ITS REVIEW AND APPROVAL. THE RETURN IS FILED ONLY AFTER THAT

APPROVAL IS GIVEN. IF THERE IS NO MEETING DATE PRIOR TO FILING, A COPY OF

THE FORM 990 IS FORWARDED TO THE BOARD TREASURER FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH MEMBER OF THE GOVERNING BOARD MUST ANNUALLY COMPLETE A WRITTEN

STATEMENT OF DISCLOSURE FOR CONFLICTS OF INTEREST. THE STATEMENT REQUIRES

DETAILS OF TRANSACTIONS, COMPENSATION ARRANGEMENTS OR RELATIONSHIPS WITH

ENTITIES WITH WHICH EDUCARE HAS ANY TYPE OF EDUCATIONAL DEALINGS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2022

EDUCARE CENTRA	L MAINE				- 4	<u> 26-41768</u>	72	
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) me End-of-year		s Direct controlli entity		)
Identification of Related Tax-Exempt Organiza	tions Complete if the comparing tion	anawayad IIVaali aa Fawa 200	Doct IV line 04 h					
Part II Identification of Related Tax-Exempt Organization organizations during the tax year.	tions. Complete if the organization	answered res on Form 990	J, Part IV, line 34, t	Decause it riad one	or more r	elated tax-exer	прі	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
		J ,,		501(c)(3))			Yes	No
KENNEBEC VALLEY COMMUNITY ACTION PROGRAM - 01-0277678, 101 WATER STREET, WATERVILLE, ME 04901	COMMUNITY ACTION PROGRAM	MAINE	501(C)(3)	LINE 7				х

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage ownership	
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownersnip	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0	
-												
											+	
-												

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	Λ.	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
	d Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
g	g Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	C Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	<b>n</b> Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	name Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	S Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must com	plete this	line, including covered re	lationships and transaction thresholds.			
	(a) (b) Name of related organization Transact type (a-		(c) Amount involved	(d) Method of determining amount in	volved		
1) I	KENNEBEC VALLY COMMUNITY ACTION PROGRAM B		307,780.	CASH			
2)							
3)							
4)							
-\							
5)							
<b>6</b> )							
6)				Oabaduda	D /Fa::::	- 000	2000
32160	63 09-14-22			Schedule	n (Forr	11 990)	2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									