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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning and	ending		
B ci	heck if oplicable			D Employer identifica	tion number
	Addres	Maine Development Foundation			
	Name change	Doing Business As		01-03	<u>55563</u>
<u>_</u>	Initial	,	Room/suite	E Telephone number	
	Termin	233 Water Street	5	(207)	622-6345
\sqsubseteq	Amend	City, town, or post office, state, and zir code		G Gross receipts \$	1,562,112
L	Applica tion pendin	Augusta, ME 04330		H(a) is this a group retu	
	pondin	F Name and address of principal officer Edmund Cervone		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates inclu	
		mpt status X 501(c)(3) 501(c)()	or 527	₹ '	st. (see instructions)
		e: www.mdf.org		H(c) Group exemption	
		organization; X Corporation	L Year	of formation: 1978 M	State of legal domicile; M
Ра		Summary			
မွ		Briefly describe the organization's mission or most significant activities: To p	romote	e economic gr	owth in
an	-	the State of Maine.		- 11 050/ - 6 11	
Governance		Check this box I if the organization discontinued its operations or disposition to the characteristic of the continued its operations or disposition to the characteristic of th	sea or more	1 1	1_
် ဗ		Number of voting members of the governing body (Part VI, line 1a)		3	1
ಳ	i	Number of independent voting members of the governing body (Part VI, line 1b)		5	1
Activities &	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		6	15
tivi	1	Total number of volunteers (estimate if necessary)		7a	0
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0
	D	Net unrelated business taxable income from Form 990-T, line 34	·	Prior Year	Current Year
		Centuly tions and grants (Part VIII Inc. 1h)		1,157,814.	1,147,949
ine	l .	Contributions and grants (Part VIII, line 1h)	 	313,902.	413,202
Revenue	l .	Program service revenue (Part VIII, line 2g)	 	1,406.	961
Re	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0.	0
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	1,473,122.	1,562,112
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0
	13 14	Benefits paid to or for members (Part IX, column (A), lines 1-0)	<u> </u>	0.	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		735,733.	721,626
Expenses	1	Professional fundraising-fees-(Part IX,-column (A), line 11e)		0.	0
ben	1	Total fundraising expenses (Part IX, column (D), line 25)	76.		
$\overline{\Sigma}$		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	 -	753,073.	531,986
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,488,806.	1,253,612
		Revenue less expenses. Subtract line 18 from line 12		-15,684.	308,500
-03 68 68 68		Totalida idaa ahaa ilaa ilaa ilaa ilaa ilaa ilaa il	В	eginning of Current Year	End of Year
and	20	Total assets (Part X, line 16)		699,961.	976,668
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		368,590.	336,797
ള	22	Net assets or fund balances Subtract line 21 from line 20		331,371.	639,871
Pa	art II	Signature Block			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and staten	nents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			
		Rodalla		5/1	3/13
Sig	n	Signature of officer		Date	,
Her		Edmund Cervone, President & CEO			
		Type or print name and title			
		Print/Type preparer's name		Date Check] PTIN
Paid	i		- C/A	05/08/13 self-employed	
Prep	parer	Firm's name Purdy Powers & Company		Firm's EIN	01-0463013
	Only	Firm's address 130 Middle Street			
<i></i>		Portland, ME 04101 RS discuss this return with the preparer shown above? (see instructions)		Phone no. 20	7-775-3496
∘ Mav	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes N

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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	990 (2012) Maine Development Foundation	01-0355563	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
•	The mission of the Maine Development Foundation is to fo	nster	
	sustainable, long-term economic growth for Maine. Its pr		
	stimulate new ideas, help develop Maine's leaders, and p		ion
	ground for solving problems and advancing important issu	ies.	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
•			X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	CES	A NO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 196,624. including grants of \$) (Revenue	164.	009.)
74	Leadership Maine offers participants a unique statewide		, , , , , , , , , , , , , , , , , , ,
	opportunity, designed to build a broader pool of talente	ed leaders 1	. <u>n</u>
	Maine to shape our state's future.		
		···	
4b	(Code) (Expenses \$ 410,496. including grants of \$) (Revenue	33	820.)
70	Maine Downtown Center works to help downtowns with their		
			CIOII
	efforts and fosters downtown development that is dynamic		
	community-based, and results in economic development, by		th,
	job creation, housing revitalization, historic preservat	cion, and	
	cultural enhancement.		
		<u> </u>	-
4c	(Code) (Expenses \$ 137, 377. including grants of \$) (Revenue	10 S	
70	Maine Employer's Initiative provides Maine's public and	-	
			+ 1
	employers with technical assistance, training and states		tion
	for taking steps to promote educational and career advan		
	opportunities for their employees. Promoting the Next St		
	campaign to encourage working adults and other non-trad:	itional stud	lents
	to reach for their educational and career goals.		
	to reach for their educational and out of goars.		
		<u> </u>	
			
	•		
	Other program services (Describe in Schedule O)		
40		215,373.)	
	(Expenses \$ 176,082. including grants of \$) (Revenue \$ 500 Total program service expenses ▶ 920,579.	413,313.)	

	•		Yes	NO_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
_	public office? If "Yes," complete Schedule C, Part I	_3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			Δ.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
_	Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	·	х
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11	as applicable			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	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		х
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		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		:	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			.,,
	or entity located outside the United States? 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 assistance to individuals	١		.,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19	complete Schedule G, Part III	19	1	X
20-2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	1, 100 to 110 Eduj did the digametation attach a copy of ite addition intantial statements to this fetum.		990	2012)
				/

	Note. All Form 990 filers are required to complete Schedule O		000	0040
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	If "Yes," complete Schedule R, Part V, line 2	36		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
5 7	Part V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			 -
-	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	If "Yes," complete Schedule N, Part I	31		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	contributions? If "Yes," complete Schedule M	30		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
v	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	instructions for applicable filing thresholds, conditions, and exceptions):			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	 -		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
Z1	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	∠0		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	EUU		- 42
	Schedule L, Part I	25b		Х
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_Ja	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
•	any tax-exempt bonds?	24c		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
	Schedule K. If "No", go to line 25	24a		X
-	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		X_
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			- 27
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
01	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No_

	990 (2012) Maine Development Foundation 01-0355	<u>563</u>	Р	age 5
Pai				_
	Check if Schedule O contains a response to any question in this Part V			ᆜ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 17			
b	Enter the number of Forms W-2G included in 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		
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 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			•
	See instructions for filing requirements for Form TD F 90-22.1, Peport of Foreign Bank and Financial Accounts			}
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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 organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		l
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	İ
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			•
12=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	140		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O	138		
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	1
D				1
_				
140	Enter the amount of reserves on hand Did the organization receive any payments for indeed tapping convices during the tay year?	44	<u> </u>	-
149	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

14b Form **990** (2012)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response to any question in this Part VI				X						
Sect	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	15									
	If there are material differences in voting rights among members of the governing body, or if the governing		1								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		ļ								
b	Enter the number of voting members included in line 1a, above, who are independent	15	İ								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			1							
	officer, director, trustee, or key employee?	<u> </u>	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u> </u>	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5 6		X						
6	•										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	_	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			i							
	persons other than the governing body?	-	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_		1						
а	The governing body?		8a	X	<u> </u>						
b	Each committee with authority to act on behalf of the governing body?	-	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				37						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X						
Sec.	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
		Г		Yes	No						
	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		v						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo	, , , , , , , , , , , , , , , , , , ,	11a		Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	· -	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		40-	v							
	in Schedule O how this was done	<u> </u>	12c	X	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								
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?		45.	х							
	The organization's CEO, Executive Director, or top management official	Г	15a	X	\vdash						
b	Other officers or key employees of the organization	-	15b		_						
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		160		x						
	taxable entity during the year?	-	16a_		^						
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		16b								
200	exempt status with respect to such arrangements?		100								
	List the states with which a copy of this Form 990 is required to be filed ► None										
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3):	e Only) av	/ailah	le							
18		July) av	undu								
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)										
40		licy and	finar	icial							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest positions and leading to the public during the tax year	mcy, and	iii idl	i Ciai							
~~	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the o	raanizatii	on 🕨								
20		. yw 112a(11	J11. ₽								
	Margo Beland - (207) 622-6345				_						

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

Check if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons

	hours per week	(C) Position (do not check more box, unless person i officer and a directo				than is bot	h 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 .	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) Edmund J Cervone	46.00									_
resident & CEO	_	X		X	L_	<u> </u>		100,080.	0.	0.
2) Aldo Servello	1.00								_	
Chair		X	ļ	X		ļ		0.	0.	0.
3) Beth Bordowitz	1.00				ļ					
Vice Chair	 	X	<u> </u>	X		_		0.	0.	0
4) Steve Elder	1.00									
reasurer		X	ļ	X			ļ	0.	0.	0.
(5) Skip Bates	1.00									
Director		X	_			↓	<u> </u>	0.	0.	0
(6) Jonathan Edgerton	1.00	↓								_
Director		X	_	ļ		_	╄	0.	0.	0
(7) John Fitzpatrick	1.00									
Director		X	<u> </u>	-	1	├ ─	├-	0.	0.	0
(8) George Gervais	1.00									_
Director	 	X		<u> </u>	 -	<u> </u>	_	0.	0.	0
(9) Dan Nadeau	1.00	┨								_
Director	1 20	X	├	├—	ļ	-	-	0.	0.	0
(10) Jeffrey Nevins	1.00								,	۸ ا
Director	1 00	X	-		├ ─	-	1	0.	0.	0
(11) Patricia Quinn	1.00	۱.,							0.	0
Treasurer	1 00	X	┼	├	<u> </u>	-	┼	0.		0
(12) Dr Danielle Ripich	1.00	٠,			ŀ		1		0.	
Director	1 00	X	┼	-	-	-	╁╌	0.		0
(13) Scott Schnapp	1.00			İ				0.	0.	0
Director	1 00	X	ļ .	┼	-	+	╀	0.	0.	
(14) Peter Triandafillou	1.00	┨┰						0	0	
Director	1 00	X	\vdash	\vdash	+-	+	+	0.	0.	0
(15) Jake Ward	1.00	x						0.	0.	0
Director		┢	-	\vdash		+	-	+ 0.	0.	0
		7			1					
		+	+	+	+	+	+	 	 	·

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	Name and title	(B) Average hours per week (list any hours for related	(do box offi	Position (do not check more than one box, unless person is both ar officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC		ar com	(F) stimate mount other npensa rom the	of ition e
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			an	ganizat id relat anizati	ed
						ļ	ļ							
	· · · · · · · · · · · · · · · · · · ·									.		i <u>-</u>		
				\			-							
1b	Sub-total								100,080.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A					>		100,080.		0.			0.
2	Total number of individuals (including but recompensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wi	no re	eceived more than \$100	,000 of reportable				1
										· · · · · · · · · · · · · · · · · · ·			Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		uste	e, ke	ey er	npic	yee	, or	highest compensated e	mployee on		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	ım of reportab								the organization				х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	unr			dual for services		4		
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedul	e <i>J 1</i>	or s	<u>uch</u>	pers	son					5		<u> </u>
1	Complete this table for your five highest co	•	-							•	ens	ation	from	
	the organization. Report compensation for (A)	_				vitri	Or W	141111	(B)				C)	
	Name and business	address	N	INC	<u> </u>				Description of s	ervices		ompe	nsatio	n —
	· · · · · · · · · · · · · · · · · · ·							_						
								-						
								_						
														
	Takal analysis of the state of							\perp						_
	Total number of independent contractors (\$100,000 of compensation from the organi	-	ot li	mıte	a to		se li:	stec	above) who received n	nore than				

232009 12-10-12 Form **990** (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d <u>751,987.</u> e Government grants (contributions) 1e f All other contributions, gifts, grants, and 395,962 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 147,949. h Total. Add lines 1a-1f **Business Code** 306,905. 306,905. 2a Program Fees 541900 Program Service Revenue ь Contract Income 541900 96,487. 96,487. 541900 c Miscellaneous 9,810. 9,810. f All other program service revenue 413,202. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 961 961 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses . . c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 562,112 Total revenue. See instructions. 413, 202 0

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	· · · - · -			
5	Compensation of current officers, directors,	400 000	70.056	22.216	40.000
	trustees, and key employees	100,080.	70,056.	20,016.	10,008.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	450 050	222 500	04 454	45.005
7	Other salaries and wages	472,270.	330,589.	94,454.	47,227.
8	Pension plan accruals and contributions (include	00 510	20 205	F 740	0 054
_	section 401(k) and 403(b) employer contributions)	28,710.	20,097.	5,742.	<u>2,871.</u>
9	Other employee benefits	76,873.	53,811.	15,375.	7,687.
10	Payroll taxes	43,693.	30,585.	8,739.	4,369.
11	Fees for services (non-employees):				
а	Management				
Ь	Legal	10.000		10.000	
С	Accounting	10,000.		10,000.	
d	Lobbying	·			·
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	· ·····			
g	,				
	column (A) amount, list line 11g expenses on Sch O.)	·			
12	Advertising and promotion .	20 067	25 070	0 000	2 007
13	Office expenses	39,967.	25,978.	9,992.	3,997.
14	Information technology				
15	Royalties	20 424	E 764	20 010	2 042
16	Occupancy	38,424.	5,764.	28,818.	3,842.
17	Travel	36,235.	27,539.	8,696.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	127,561.	122,459.	5,102.	
19	Conferences, conventions, and meetings Interest	141,301.	144,453.	5,104.	·
20	• • •				
21 22	Payments to affiliates Depreciation, depletion, and amortization	14,696.	10,287.	4,409.	
	Insurance	4,576.	10,207.	4,576.	
23 24	Other expenses. Itemize expenses not covered	4,5,00		3,3,00	
4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	364 3 3	99,756.	91,777.	7,979.	
b	<u> </u>	87,555.	87,555.	.,,,,,,	
c	m - 1 1	18,468.	6,833.	9,788.	1,847.
d	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18,244.	17,879.	365.	
	All other expenses	36,504.	19,370.	15,906.	1,228.
25	Total functional expenses. Add lines 1 through 24e	1,253,612.	920,579.	249,957.	83,076
26	Joint costs. Complete this line only if the organization				22/0.00
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fit following SOP 98-2 (ASC 958-720)				
	In 12-10-12				Form 990 (2012)

Form 990 (2012)
Part X | Balance Sheet

Pai	t X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	50.	1	50.
	2	Savings and temporary cash investments	549,138.	2	787,056.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	111,293.	4	163,091.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		ŀ	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	18,002.	9	14,144.
	10a	Land, buildings, and equipment cost or other		ļ	
		basis. Complete Part VI of Schedule D 10a 114,238.			
	b	Less accumulated depreciation 10b 101,911.	21,478.	10c	12,327.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	699,961.	16	976,668.
	17	Accounts payable and accrued expenses	72,799.	17	57,986.
	18	Grants payable		18	
	19	Deferred revenue	295,791.	19	278,811.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
ap		key employees, highest compensated employees, and disqualified persons.			
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	368,590.	26	336,797.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	000 554		245 245
auc	27	Unrestricted net assets	288,751.		347,217.
Bal	28	Temporanly restricted net assets	42,620.	28	292,654.
ā	29	Permanently restricted net assets		29	
Ŀ		Organizations that do not follow SFAS 117 (ASC 958), check here			
S O		and complete lines 30 through 34.		_	
set	30	Capital stock or trust principal, or current funds		30	
Ą	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	224 251	32	630 051
-	33	Total net assets or fund balances	331,371.	33	639,871.
	34	Total liabilities and net assets/fund balances	699,961.	34	976,668. Form 990 (2012)

	990 (2012) Maine Development Foundation	<u>01-03</u>	<u>55563 </u>	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check of Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,562		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,253	3,6	<u>12.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	308	3,5	00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	331	<u>L,3</u>	71.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	639	9,8	<u>71.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2 a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te 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	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	L
			Form	990	(2012)

SCHEDULE A

(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			evelopment F						0	<u>1-0355</u>	<u>563</u>	
Part I	Reason 1	for Public Char	ity Status (All organiza	ations mus	st complete	e this part	.) See inst	ructions.				
he organ	zation is not a	private foundation	because it is. (For lines 1	through 1	11, check o	only one b	ox)					
1 🗀			s, or association of churc									
2 🗔			70(b)(1)(A)(ii). (Attach Sch									
3 🗔			ital service organization of		n ection	170(b)(1)(A)(iii).					
4			operated in conjunction					(b)(1)(A)(ii	i). Enter i	the hospital	's nam	ıe,
•	city, and state			•	•		·		•	•		
5			benefit of a college or un	niversity ov	vned or op	erated by	a governn	nental uni	t describ	ed in		
•	-	(b)(1)(A)(iv). (Compl		•	•	•	J					
6 🔲			nent or governmental unit	described	in section	n 170(b)(1)(A)(v).					
7 🗓		•	ceives a substantial part of					r from the	general	public desc	ribed i	n
, ,	_	b)(1)(A)(vi). (Comple				9			3			
в 🔲			section 170(b)(1)(A)(vi). (Complete	Part II)							
9 🗔			cerves: (1) more than 33 1			om contri	butions, m	nembershii	o fees. a	nd aross re	ceipts	from
-	_		nctions - subject to certa									
		•	axable income (less sect									
		509(a)(2). (Complet			,		4 -	,				
10 🔲			perated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	l).				
11			perated exclusively for th						y out the	purposes o	of one	or
·· —			ations described in section									
			organization and comple									
	a Type !				nctionally i		d	I 🔙 Тур	e III - No	n-functional	ly inteç	grated
е 🔙	By checking	this box, I certify th	at the organization is not	controlled	directly or	r indirectly	by one or	more disc	qualified	persons oth	ner tha	ın
	foundation m	anagers and other	than one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or	section 509	}(a)(2).	
f	If the organiz	ation received a wr	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check t	his box									
g	Since August	t 17, 2006, has the	organization accepted an	ny gift or co	ontribution	from any	of the folio	owing pers	sons?			
	(i) A perso	n who directly or in	directly controls, either al-	one or tog	ether with	persons o	lescribed i	ın (ii) and (iii) below	,	Yes	No
	the gove	erning body of the s	supported organization?							11g(i)	<u> </u>	
	(ii) A family	member of a perso	n described in (i) above?							11g(ii)	↓	
	(iii) A 35% (controlled entity of	a person described in (i) o	or (ii) above	e?					11g(iii)	<u></u>	<u> </u>
h	Provide the f	ollowing information	n about the supported or	ganızatıon	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) ls organizati	s the on in col.	(vii) Amoun	t of mo	netary
org	anızatıon				sted in your document?		ion in col. r support?	(i) organiz U.S	ea in the	sup	port	
			(see instructions))					ļ				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No	Yes	No	Yes	No			
					1							
			<u> </u>				 		-	 		
									1			
 -												
					1				<u> </u>			
Total				<u> </u>	L	I	<u> </u>	<u> </u>	1			

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Maine Development Foundation 01-0355563 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	620,043.	_774,370.	980,075.	1157814.	1147949.	4680251.
2	Tax revenues levied for the organ-			2007.0.00			
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	620,043.	774,370.	990 075	1157814.	1147949.	46002E1
	The portion of total contributions	020,043.	_ / / 4 , 3 / 0 .	360,073.	113/014.	114/343.	4000251.
Э	•						
	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,	İ					
_	column (f)						276,255.
	Public support. Subtract line 5 from line 4						4403996.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	620,043.	774,370.	980,075.	1157814.	1147949.	4680251.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	10,684.	1,879.	1,630.	2,572.	961.	17,726.
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 IV.)						
11	Total support. Add lines 7 through 10						<u>4697977.</u>
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,191,274.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stor	here					. ▶ □
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2012 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14	93.74 %
15	Public support percentage from 2011	Schedule A, Part	il, line 14			15	95.59 %
16a	33 1/3% support test - 2012. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright \mathbf{X}$
b	33 1/3% support test - 2011. If the c	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	ns box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anızatıon dıd not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•		3-	ightharpoons
b	10% -facts-and-circumstances tes	-	•		_	17a, and line 15 is	10% or
	more, and if the organization meets the	-				•	
	organization meets the "facts-and-circ				-		•
18	Private foundation. If the organization		•	•	,	•	, -
					., 5 UON A		

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

(Complete only if you checked the box on line 9 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.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services 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 bus-						
4			<u></u>				
*	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						-
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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					1	
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						"
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						-
11	Net income from unrelated business activities not included in 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						1-,
13	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)					1	
	First five years. If the Form 990 is for	the organization'	s first, second. the	rd, fourth, or fifth t	tax vear as a secti	on 501(c)(3) organiz	ation.
•	check this box and stop here	g	,,	.,, 21 11811	,		▶ □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (-	column (fi)		15	%
	Public support percentage from 2011				•	16	
	ction D. Computation of Inves			<u> </u>			
	Investment income percentage for 20					17	%
	Investment income percentage from	•	•	10, widilii (i))		18	%
				on line 14 and lin	In 15 is mara than	•	
198	a 33 1/3% support tests - 2012. If the	-					I / IS HOL
t	more than 33 1/3%, check this box a 33 1/3% support tests - 2011. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anızatıon qualıfies	as a publicly sup	ported organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	this box and see ii	nstructions	>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

Maine Development Foundation

Employer identification number 01 – 0355563

Pai	t I Organizations Maintaining Donor Advise		s or Accounts. Complete if the			
	organization answered "Yes" to Form 990, Part IV, line		•			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year		·			
2	Aggregate contributions to (during year)					
3	Aggregate 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 advi	sed funds			
•	are the organization's property, subject to the organization's		Yes No			
6	Did the organization inform all grantees, donors, and donor a	•				
·	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?		Yes No			
Pai		ganization answered "Yes" to Form 990,				
1	Purpose(s) of conservation easements held by the organization					
·	Preservation of land for public use (e.g., recreation or e		istorically important land area			
	Protection of natural habitat		rtified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	n of a conservation easement on the last			
_	day of the tax year.					
			Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements	2b				
c	by the first of the state of th					
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure						
	2d					
3	listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax					
	year >					
4	Number of states where property subject to conservation easement is located					
5	5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year					
7	the second district the se					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		└ Yes			
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for			
	conservation easements.					
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or (Other Similar Assets.			
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	·			
1a	if the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	rance of public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri	ibes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts			
	relating to these items:					
(i) Revenues included in Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X		> \$			
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financ	ıal gaın, provide			
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:				
а	Revenues included in Form 990, Part VIII, line 1		. • \$			
b	Assets included in Form 990, Part X		> \$			

		<u>evelopment</u>							<u>55563</u>	
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, c	or Other	Simila Simila	r Asse	ts(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	any of the	following tha	it are a sig	ınıficant ι	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further tl	he organizati	on's exem	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	storical trea	sures, or oth	er sımılar a	assets	_	_	
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	"Yes" to F	orm 990	, Part IV, I	line 9, or	
	reported an amount on Form 990, Par							<u> </u>		
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for	contribution	s or other as	sets not i	ncluded		_	
	on Form 990, Part X?			•				. L	_ Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year .						1e			
f	Ending balance .	•		•			1f		_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?		•			L	」 Yes	Щ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" to Fo	T					
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance .									
b	Contributions			•						
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities					ļ				
	and programs									
	Administrative expenses									
g	End of year balance . [<u> </u>					
2	Provide the estimated percentage of the curr	ent year end balanc	•	g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should be a sh	-								
3a	Are there endowment funds not in the posse	ssion of the organization	ation tha	at are held a	ind administe	ered for th	e organız	ation	<u>.</u>	1
	by									es No
	(i) unrelated organizations		•		•			•	3a(i)	—
	(ii) related organizations			J. J. D0					3a(ıi)	+-
	If "Yes" to 3a(ii), are the related organizations				•				3b	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme									
ı aı					or other	(c) Ac	oumulata	<u>d</u>	(d) Book v	value.
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulate reciation	٦	(a) BOOK (raiut
	Land	240.0 (1110311				300				
	Land									
	•									
	Leasehold improvements Equipment			11	4,238.	1	01,9	11	10	,327.
	Other		-		<u> </u>		<u> </u>			, 3410
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X. colur	nn (B) line 1	10(c))				12	,327.
100		ga., 0,,,, 000, 1 a) t	, -	1-// "/10 /	-1-//					, , , , ,

Schedule D (Form 990) 2012

Schedule D	(Form 990) 2012	Maine Devel	opment	<u>Founda</u>	tion	01	-0355563 Page 3
	tion of security or categor	ther Securities. Securities.		Part X, line 12 ok value		aluation. Cost or and	l-of-year market value
		y (including name of security)	(0) 600		(c) Method of V	aluation Cost or end	-Oryear market value
	al derivatives				-		
(3) Other	held equity interests				· · ·		
					· -		
(A)						 	
(B) (C)		.				<u> </u>	
(D)							
(E)	·						
(F)					 	<u>. </u>	
(G)							
(H)					-		
(i)							
	b) must equal Form 990, F	Part X col. (B) line 12)				•	
		rogram Related. Se	e Form 990	Part X, line 1	3		
	(a) Description of inve	stment type		ok value		aluation: Cost or end	I-of-year market value
(1)	(-)	 	<u> </u>		1		
(2)		 					
(3)							
(4)							-
(5)							
(6)							
(7)	"						
(8)							
(9)							
(10)							
	b) must equal Form 990, f	Part X, col. (B) line 13.)					
Part IX	Other Assets. Se	ee Form 990, Part X, line	15.				·····
		(a)	Description				(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·					
(2)							
(3)							
(4)							
(5)		····					
(6)							
(7)							
(8)				····			
(9)							
(10)							
		m 990, Part X, ∞l (B) lin					
Part X		See Form 990, Part X, cription of liability	line 25		(b) Book value		
1.		Cription of liability	_		(b) Dook value		
	deral income taxes						
(2)				-			
(3)							
(4)							
<u>(5)</u>							
(6)							
(7)							
(8)					•	1	
<u>(9)</u> (10)				-		1	
(11)						1	
	umn (h) must equal For	m 990, Part X, ∞I. (B) lın	e 25)				
		Part XIII, provide the te		note to the o	rganization's financia	I statements that ren	onts the organization's
	•	ons under FIN 48 (ASC			-		

		(Form 990) 2012 Maine Development Foundati				0355563 Page 4
<u>Par</u>	t XI	Reconciliation of Revenue per Audited Financial Stateme	ents Wi	ith Revenue per R	eturn	
1	Total	revenue, gains, and other support per audited financial statements			1	1,565,323.
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net u	inrealized gains on investments	2a			
b		ted services and use of facilities	2b	3,211.	. 1	
С	Reco	venes of pnor year grants	2c			
d		r (Describe in Part XIII)	2d			
		ines 2a through 2d			2e	3,211.
3		ract line 2e from line 1		•	3	1,562,112.
4		unts included on Form 990, Part VIII, line 12, but not on line 1		•		
٠,		stment expenses not included on Form 990, Part VIII, line 7b	4a			
a		r (Describe in Part XIII.)	4b	-	ŀ	
0		lines 4a and 4b	_ 10		4c	0.
_		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,562,112.
5 Dai	+ YII	Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per		
		<u> </u>	iciia i	Titl Expended per	1	1,256,823.
1		expenses and losses per audited financial statements			-	1,230,023.
2		unts included on line 1 but not on Form 990, Part IX, line 25:	2a	3,211.		
а		tted services and use of facilities	2b	J, 211•		
D		year adjustments .	 			
С.		r losses .	2c			
đ		r (Describe in Part XIII.)	2d		_	3,211.
		lines 2a through 2d			2e	1,253,612.
3		ract line 2e from line 1			3	1,455,014.
4		unts included on Form 990, Part IX, line 25, but not on line 1.	1 . 1			
		stment expenses not included on Form 990, Part VIII, line 7b	4a			
		r (Describe in Part XIII.)	4b			0
C		lines 4a and 4b			4c	0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,253,612.
		Supplemental Information				
		his part to provide the descriptions required for Part II, lines 3, 5, and 9; Part				2b; Part V, line 4; Part
		art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				. •
Pa	rt 1	K, Line 2: 990 Part IV Line 11: Managem	ent	<u>of the Organ</u>	ıza	tion
				-	-	
be.	liev	ves it has no material uncertain tax po	siti	ons and, acc	ora	ingly it
wi.	11 r	not recognize any liability for unrecog	nıze	d tax benefi	ts.	
						<u> </u>
				·····		
	_					

Schedule D (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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 990-EZ.

2012
Open to Public Inspection

Name of the organization

Maine Development_Foundation

Employer identification number 01-0355563

Form 990, Part VI, Section B, line 11: The President and Finance Manager
are part of the 990 preparation process and review in final form before
filing with the IRS.
Form 990, Part VI, Section B, Line 12c: All staff, directors and officers
of the Maine Development Foundation are required to sign a disclosure
annually after receiving a copy of the conflict of interest policy.
Form 990, Part VI, Section B, Line 15: The President/CEO is reviewed by
the Board of Directors Executive Committee, including the Chair, Vice
Chair, and Treasurer. Key employees are reviewed by the Executive Director.
Officers do not receive compensation.
Form 990, Part VI, Section C, Line 19: The organization provides copies upon request.
Form 990, Part XI, Line 2c:
Audit oversight responsibility
This process has not changed from the prior year.