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Short Form

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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



Open to Public Inspection

A For the 2008 calendary year, or tax year beginning 101/(2007 2008, and ending 09/3/0 2008 2008 2008 2008 2008 2008 2008 20	ir	_	Hevenue						40/4/2007					^	, 20 08	
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December team Process of the pr	F	=		lat	bel or-	Area			O_I	001	<u> </u>					—
Group Exemption Section 5016(3) organizations and 4941(a)(1) or Section 5016(3) organizations and 4941(a)(1) organization type (check only one) 2 501(c) (3) 4 (neet no.) 4947(a)(1) or 527 600 6	Č	=		- E bir		1		et (or PO box,	if mail is not del	Nered to str	eet address) I	Room/suite				
Processed relation Secretary Secret		Te	mination			. ———		_								
Section 50f(e)(3) organizations and 4947(e)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 390 or 990-EZ).	4	=		itum Ins	struc-	City		•	nd ZIP + 4						_	
Website: Website: H Check programme Solition	Ļ						<u>-</u>									
Website: ► required to attach Schedule 8 Form 990. Jorganization type (check only one) - Josi Single Sing	_	•	Section							trusts mus	st attach		•		Cash Z Acc	rual
K Check	ı	W	ebsite	: >								requi	red to attac	h Sch	•	
Not required, but if the organization chooses to file a return, be sure to file a complete return.	J	0	rganiza	tion type (che	ck or	nly one)	<u> — </u>	c) (3) ∢ (inse	ert no.) 🔲 4	947(a)(1) o	r 🗌 527	990-1	Z, or 990-l	PF).		
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	-													- 121		

Form 990-EZ (2008)					Page Z
Part III Statement of Program Service Acc	omplishments (See the ins	tructions for Part	III.)		Expenses
What is the organization's primary exempt purpose	7 Food and financial assista	ance to low-incom	e families	(Rec	juired for 501(c)(3)
Describe what was achieved in carrying out the organization	nization's exempt purposes	n a clear and cond	ise manner.	and	(4) organizations 4947(a)(1) trusts;
describe the services provided, the number of persons	benefited, or other relevant inf	formation for each p	rogram title.		onal for others.)
28 Distributed donated (26,720 lbs.) and purchas		<u> </u>			
28 Distributed donated (20,120 lbos) and paronag					
	•••••		• • • • • • • • • • • • • • • • • • • •	ľ	
	Sandard & Control			00-	E0 10E
(Grants \$) If this amount i	includes foreign grants, chec	<u>k nere</u>	<u>. ▶_ ⊔</u>	28a	59,195
29 Issued \$64,971 worth of utility, housing, trans	sportation, and tood voucne	rs		!	
(Grants \$) If this amount	<u>includes foreign grants, chec</u>	<u>k here . , , , , </u>	<u>▶ </u>	29a	64,971
30	***************************************				
(Grants \$) If this amount i	includes foreign grants, chec	k here	▶ □	30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount	includes foreign grants, chec	k here	. ▶ □	31a	
32 Total program service expenses (add lines 28				32	125,166
Part IV List of Officers, Directors, Trustees, and K				structio	ons for Part IV.)
· · · · · · · · · · · · · · · · · · ·	(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances
Dorothy Jackson	` ' ' ' ' '	Ontor -o,	deleried compo	iioalioii	other anowarioss
Dorothy Jackson	2	0		0	0
St. George, ME					
Linda Pieper	1	_		0	0
Glen Cove, ME		0			0
Leona Pierpont	1			_	_
Rockland, ME		0		0	0
Jane Miller	2		}		_
Owls Head, ME		0		0	0
Joyce Burnham	2				
Owls Head, ME	-	0		0	0
Robert Cleveland	2	1			
Hope, ME	-	0	İ	0	0
Alice Dole	6				
St. George, ME		0	-	0	0
John Grossbaum	1	 		-	
Spruce Head, ME	1	0		0	0
Sherry Cobb			-		
	1	o		0	0
Union, ME					
Judy Terrio	6	0		0	0
Rockland, ME		-		···	
Mary Hunter	4	0		0	0
Rockland, ME					
Florence Mathieson	1				
Rockland, ME		0		0	0
Wendy Harvey	1	_		_	
Camden, ME		0		0	0
Richard McKusic	4				
So. Thomaston, ME		0		0	0
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Par	t V Other Information (Note the statement requirements in the instructions for Part VI.)		
Pal	Other information (Note the statement requirements in the instructions for fact vil)		Yes No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	✓
	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37b	✓
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a	1
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9		
	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	1
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	Enter amount of tax on line 40c reimbursed by the organization ▶		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 42a	List the states with which a copy of this return is filed. ▶ n/a The books are in care of ▶ Robert E. Cleveland jr. Located at ▶ 20 Taylor Hill Road, Hope, ME ZIP + 4 ▶) 7 048	85-5238 47
b	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)?	42b	Yes No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	! ✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	▶□
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes No
45 	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	1
		QQ	0-F7 (2008

Page	4	1

P.

Part VI	and complete the tables for lines 50 an	nd 51.	nyanizadons mu	ist allower questic	//IS 4t	-43	
6 Did th	ne organization engage in direct or indirect po		s on behalf of or i	n opposition to		Yes	No
candi	dates for public office? If "Yes," complete Sc	chedule C, Part I			46		√
	ne organization engage in lobbying activities?				47		√
	organization operating a school as described			ete Schedule E .	48		√
	ne organization make any transfers to an exer		d organization?		49a		_ ✓
	s," was the related organization(s) a section t				49b		
	plete this table for the five highest compensation of compensa				emplo	yees)	, wh
(a) N	lame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation		Expens ount ar allowar	nd
lone							
							···
	per of other employees paid over \$100,000 lete this table for the five highest compensation.		1	<u> </u>			
comp	ensation from the organization. If there is not (a) Name and address of each independent contractor p		(b) T)	pe of service	(c) Com	npensar	tion
lone	(a) Name and address of each independent contractor p	ald thore than \$100,000	(3)	po 01 00.1100	(0, 00	100100	
		•••••••	•••••				
•••							
		•••••••••		j			
	<u></u>						
	per of other independent contractors each rec	2014100 0VOR \$100 000		0			
otal numi	Under penalties of perjury, I declare that I have examin		nanying schedules and		est of m	v knov	vledc
	and belief, it is true, correct, and complete Declaration	on of preparer (other than office	er) is based on all infor	nation of which preparer	has an	y know	/ledg
ign	NAS COM		1	3/28/10			
ere	Signature of officer			Date /			
	Robert E. Cleveland jr., Treasurer			•			
	Type or print name and title						
aid	Preparer's signature	Date	Check if self- employed	Preparer's Identifying F	Number (S	See instr	uction
reparer's se Only	Firm's name (or yours			EIN ► :			
-	if self-employed), address, and ZIP + 4			Phone no ► ()			
lay the IR	S discuss this return with the preparer show	n above? See instruction	s		√ Y		<u>No</u>
				Fo	om 99 ()-EZ	(200

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

0510679 Area Interfaith Outreach 01 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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). 7 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.) R An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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.) 10 , An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I **b** Type II c Type III-Functionally integrated d Type III-Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting **f**.. Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in organization in col organization in col. (1) listed in your (described on lines 1-9 support above or IRC section governing document? col (i) of your (i) organized in the U S.? (see instructions)) support? No Yes No Yes No Yes

Total

Par	(Complete only if you chec					and 170(b)(1)(A)(vi)
<u>Sec</u>	tion A. Public Support				•		•
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	48,646	53,899	132,071	215,119	177,900	627,635
2	Tax revenues levied for the organization'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 1-3	48,646	53,899	132,071	215,119	177,900	627,635
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.	e e e		and the second second		P. C.	97,500 530,135
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	48,646	53.899	132,071	215,119	177,900	627,635
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44	58	94	55	985	1,236
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 .						628,871
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	the organizatio	n's first, secor	nd, third, fourth			n 501(c)(3) \blacktriangleright \Box
<u>Sec</u>	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line	6, column (f) di	vided by line 1°	1, column (f))		14	84 %
15	Public support percentage from 2007 Sc					15	65 %
16a	33% % support test—2008. If the organiand stop here. The organization qualifies					% or more, ched	ck this box ▶ ☑
	33% % support test - 2007. If the organibox and stop here. The organization qua	alifies as a publi	icly supported	organization .			▶ ☑
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumstation meets the "facts-and-circumstation"	facts-and-circum ances" test. The	istances" test, o organization qua	check this box a difies as a public	and stop here. Bly supported or	Explain in Part ganization	IV how the▶ □
18	Private foundation. If the organization did	d not check a bo	x on line 13, 16	a. 16b. 17a. or 1	7b. check this	box and see inst	tructions 🕨 🔲

Pai	Support Schedule for Orga (Complete only if you checke				1)(2)		
Sec	tion A. Public Support			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 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 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support					1	T
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
С 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		<u>-</u>				
14	First five years. If the Form 990 is for organization, check this box and stop	here	· · <u>· · · · · · · · · · · · · · · · · </u>	nd, third, fourtl			
	tion C. Computation of Public Su					T.= 1	
15 16	Public support percentage for 2008 (lir Public support percentage from 2007	Schedule A, Pa	art IV-A, line 2	ne 13, column 7g		15 16	%_ %_
	tion D. Computation of Investmen					1 1	
17 18	Investment income percentage for 200		• • •	-	olumn (f)) .	17	<u>%</u> %
19a	Investment income percentage from 20 33% % support tests—2008. If the org	anization did n	ot check the b	ox on line 14,	and line 15 is r	nore than 331/3	%, and line
b	17 is not more than 33% %, check this b 33% % support tests—2007. If the organ line 18 is not more than 33% %, check thi	nization did not	check a box or	n line 14 or line	19a, and line 1	6 is more than	33/3 %, and
20	Private foundation. If the organization					_	

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
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