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203411 02/10/2010 2 59 PM

Return of Organization Exempt From Income Tax

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ments

OMB No 1545-0047 2008 Open to Public Inspection

•	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black it
Department of the Treasury	benefit trust or private foundation)
nternal Revenue Service	The organization may have to use a copy of this return to satisfy state reporting requirement

A For the 200	8 calendar year, or tax year beginning , and ending		
B Check if applica Address change	Please C Name of organization use IRS MATNE STATE TROOPERS ASSOCIA	TION	D Employer identification number
1 Name change	label or print or Doing Business As		01-0343289
Initial return	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number
	See 28 MEADOW ROAD		207-622-2277
Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross receipts \$ 192,85
Amended return Application pen			
Application pen	ding F Name and address of principal officer		H(a) Is this a group return for affiliates? Yes
ı			H(b) Are all affiliates
I			included? Yes If "No," attach a list (see instructions)
I Tax-exempt	status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		in the, allastra list (see instactions)
J Website.			H(c) Group exemption number
K Type of organiz		ear of formation	M State of legal domicile
Part I	Summary		
	fly describe the organization's mission or most significant activities		
. g T	O PROVIDE COLLECTIVE BARGAINING AND OTHER AID	_	
).E	ROTECTION FOR MEMBERS, PROMOTE FRATERNAL SPIRIT, AND TO ITIGATE HAZARDS OF WORK.)	
2 Che	ck this box if the organization discontinued its operations or disposed of more than 25	0/ -6-4	
	ber of voting members of the governing body (Part VI, line 1a)	% of its assets	3
% 4 Num	ber of independent voting members of the governing body (Part VI, line 1b)		4
5 Tota	I number of employees (Part V, line 2a)		5
6 Tota	I number of volunteers (estimate if necessary)		6
	gross unrelated business revenue from Part VIII, line 12, column (C)		7a
b Net	unrelated business taxable income from Form 990-T, line 34		7b
		Pnor Yea	ar Current Year
B Conf	tributions and grants (Part VIII, line 1h)	304	6 017 107 50
9 Prog	ram service revenue (Part VIII, line 2g)		6,917 187,58 8,470 5,26
~ I	stment income (Part VIII, column (A), lines 3, 4, and 7d) er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,365
• •	I revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,752 192,85
· r	nts and similar amounts paid (Part IX, column (A), lines 1-3)		1,730 2,40
14 Bene	efits paid to or for members (Part IX, column (A) line (IVED		, , , , , ,
1 45 Cala	ries, other compensation, employee benefit Rai (X-chilmm (A), The 3-10)	15	5,050 16,35
	essional fundraising fees (Part IX, column (A), line 11e)		
b Tota	I fundraising expenses (Part IX, column (P), Ime 26) 1 2010 (C) er expenses (Part IX, column (A), lines (9a-11d, 11f-24f)	***	
17 Othe	er expenses (Part IX, column (A), lines 89a-11d, 11f-24f)		1,882 147,23
18 Tota	I expenses Add lines 13-17 (must equal Plant IX, column (A), line (35)		3,662 165,98
19 Reve	enue less expenses Subtract line 18 from line OCDEN.	Beginning of	1,090 26,87 Year End of Year
20 Tota	I assets (Part X, line 16)	<u>-</u>	0,018 434,60
21 Tota	I liabilities (Part X, line 26)		1,976 196,95
등리	assets or fund balances Subtract line 21 from line 20		3,042 237,65
Part II	Signature Block		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an	d statements, and	to the best of my knowledge
	and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all inform	ation of which prep	parer has any knowledge
Sign	Mhan or man		2/12/2010
Here	Signature of officer		Date
	MICHAEL O. MITCHELL, TREASURER		
	Type or print name and title	Γ.	Preparer's identifying numbe
Paid	Preparer's Date	Check if self-	(see instructions)
Preparer's	signature ROBERT A BOLDUC II EA, ATA, ATP 2/10	0/10 employe	
Use Only	Firm's name (or yours of self-employed). TAX-PRO INC 438 Somerset Ave		EIN ▶ 01-045070
	address, and ZIP+4 Pittsfield, ME 04967-1314		Phone no ▶ 207-487-500
May the IDS du	scuss this return with the preparer shown above? (see instructions)		' ' ' '
	recy Act and Pennyark Reduction Act Notice see the constact instructions		Yes Yes

	08) MAINE STATE TROO		343289	Page 2
TO PR	describe the organization's mission ROVIDE COLLECTIVE BA	ice Accomplishments (see instructions ARGAINING AND OTHER AID PROMOTE FRATERNAL SPIRIT		
the pric	organization undertake any significant or Form 990 or 990-EZ? " describe these new services on Schee	program services during the year which were not lis	ted on	Yes X No
, service	•	e significant changes in how it conducts, any progra	am	Yes X No
Section	n 501(c)(3) and 501(c)(4) organizations	r each of the organization's three largest program s and section 4947(a)(1) trusts are required to report evenue, if any, for each program service reported	•	
NEGOT RESOL ACTIV	CIATIONS, FACT FINDS LUTION WITH MANAGEME	99,303 including grants of \$ SOLE BARGAINING AGENT IN NG ARBITRATION, AND DISPUENT CONCERNING WORK HAZAR PROMOTING FRATERNAL SPIRI	TE DS.)
,				
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other p	program services (Describe in Schedule		Revenue \$)
	orogram service expenses > \$	165,981 (Must equal Part IX, Line		5. 000
				Form 990 (2008)

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	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	1	
	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? If "Yes," complete			
5	Schedule C, Part II	4	┼	X
•	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_ ا		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	5	╁	
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		-
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			v
15	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
13	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, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			,.
-	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			37
•	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	$\vdash \vdash \vdash$	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	27		х
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		ليب	4

_P	art IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
₂ r	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	-		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
			-	

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

Form **990** (2008)

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VΙ

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	205			age 5
				Yes	No
⁻ 1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1			1.00
	U.S. Information Returns. Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table	7_	_	_
	gaming (gambling) winnings to prize winners?	1 1	1c		X
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				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
2-	Instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	у			-
b	this return?		3a		X
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	-	3b		
40	At any time during the calendar year, did the organization have an interest in, or a signature or other auti- over, a financial account in a foreign country (such as a bank account, securities account, or other financial	•			
	account)?	na.			x
b	If "Yes," enter the name of the foreign country		4a		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	nk			
•	and Financial Accounts	IN.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity		1		
	Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
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 provide goods or services in exchange for any quid pro quo contribution of more that	n			
	\$75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	4		
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onal			3.7
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,	7f		X
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		7g		
••	required?		7h		x
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and secti	on	-"-		
•	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponso				
	organization, have excess business holdings at any time during the year?	·····y	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
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		7		
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]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ll		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions 1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 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? X 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a X b Each committee with authority to act on behalf of the governing body? 8b 9a Does the organization have local chapters, branches, or affiliates? X 9a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 X 10 11 Is there any officer, director or 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 in Schedule O X 11 Section B. Policies Yes No Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 1'b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Upon request Own website 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization > MICHAEL MITCHELL 28 MEADOW RD

ME 04330

AUGUSTA

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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

(A) Name and Title	(B) Average	Posi	tion (C) call ti	hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MICHAEL T ED										
PRESIDENT MICHAEL O MI	5							0	0	
MICHAEL O MI TREASURER								ام		
PHILIP D PUS	LARD.		 		 	-		0	0	
PRESIDENT	1	İ						o	0.	
RONALD L BRO				├		 				
PRESIDENT	1							o	0	1
MARK D BROOK			1	 						
/ PRESIDENT	1							ol	o	
MARK L SAWYE		" " "								
SECRETARY	1							o l	0	1
						<u> </u>				
										
				_						· · · · · · · · · · · · · · · · · · ·
•										
									-	
,			<u> </u>	-						

_ <u>'-a</u>	(A)	(B)			((C)			(D)	(E)		(F)		
•	Name and title	Average hours per week	ndividual trustee or director		Officer	all Key employee	Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	coi or a	Estima amoun othe mpens from t rganiza nd rela ganiza	t of r ation he ation ated	
	· · · · · · · · · · · · · · · · · · ·													
-														
										_				
,											,			
						1					_	-		
											_			
1b	Total	viduals (including those in 1	a) w	no re	ceiv	ed m	ore t	han	\$100,000 in reportable com	opensation from the				
	organization ▶ 0	Trades (molecules in the								pendation from the		Т	V 1	NI -
3	employee on line 1a	? If "Yes," complete Schedu	ıle J	for s	uch i	ndıv	idual		ee, or highest compensated		[-	3	Yes	No X
4									and other compensation froi " complete Schedule J for su			4		x
5	Did any person listed	d on line 1a receive or accru the organization? If "Yes,"										5		х
Sec 1		for your five highest compe	nsate	ed inc	depe	nder	nt cor	ntra	ctors that received more that	n \$100,000 of				·
	compensation from t	the organization (A) Name and business address			_				Descrip	(B) tion of services		Coi	(C)	ion
	<u> </u>													
		-					•							_
						-								
2	Total number of inde	ependent contractors (includ	Jing t	hose	ın 1) wh	o rec	eive	ed more than \$100,000 in			0	•	
DAA	compensation nom	and organization P											990	(2008)

Pa	rt V	<u>III: Staten</u>	nent of Rev	<u>enue</u>						
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								revenue	revenue	512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated can	. •	1a						
Ego	þ	Membership di		1b						
a, ts	С	Fundraising ev	ents	1c						
ള	d	Related organi	zations	1d						1
Sin's	ø	Government grants (contributions)	1e						
育	f	All other contribution		l i						
들튐		and similar amounts	not included above	1f						
盲	g	Noncash contribution	ns included in lines 1	a-1f \$		İ				1
O B	h	Total. Add line	s 1a-1f			.		·		<u> </u>
ine.						Busn. Code				
ven	2a	MEMBERSI	HIP DUES				135,244	135,244		
8	þ	OFFICE I	BUILDING			L	52,340			52,340
Program Service Revenue	C									
Ser	d									
E	ø								_	
g	f	All other progra	am service rev	enue						
ď	g	Total. Add line	s 2a-2f				187,584		· · · · · · · · · · · · · · · · · · ·	
	3	Investment inc	ome (including	dıvıder	ids, interes	st, and				
		other similar ai				▶	5,221			5,221
	4	Income from in	vestment of ta	x-exem	pt bond pr	oceeds 🕨				
	5	Royalties				▶ [
			(ı) Real		(II) F	Personal				
-	6a	Gross Rents	-							
	b	Less rental exps								}
	c	Rental inc or (loss)		-						
	d	Net rental inco	me or (loss)							
	7a	Gross amount from	(ı) Securit	ties	(11) Other		-		-
		sales of assets other than inventory				47				
	ь	Less cost or other								
	_	basis & sales exps								
	C	Gain or (loss)			1	47				
		Net gain or (los	ss)		!		47			47
		Gross income fro	=	ents						
<u>e</u>		(not including \$	g							
enc		of contributions r	eported on line 1	c)						
Şe.		See Part IV, line		-, a						-
erF	h	Less direct ex		Ŀ						
Other Revenue		Net income or	•					~	-	
١		Gross income fro			, <u>G. G. 11.0</u>		_ 			
	-	See Part IV, line	-	a						
	h	Less direct ex		b						
		Net income or			<u> </u>	—				
		Gross sales of		-	1.1.1.00					
	100	returns and alle	-	a						
	L	Less cost of g		b						
		Net_income_or		-						
	<u>c</u> _		ellaneous Reven		ventory	Busn. Code				
	44-	191130						-		
	11a									
	b									
	C	All athas				 				
	d	All other reven								+
	9	Total. Add line		- n- n	4 5 04 7	.				
	12	Total Revenue		, ∠g, 3,	4, 5, 6 0 , 7		102 050	135 044	,	57 600
		9c, 10c, and 1	16				192,852	135,244		57,608

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must				```
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
<u>7b</u>	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	2,400	2,400		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,		·		
•	trustees, and key employees	16,350	16,350		
6	Compensation not included above, to disqualified	20,330	10,330		
U	-				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		·		
7	Other salanes and wages	*			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				ļ
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	14,745	14,745		
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				***************************************
g	Other	***			
12	Advertising and promotion	\ \frac{1}{2}			
13	Office expenses		****	· · · · · · · · · · · · · · · · · · ·	
14	Information technology				
15	Royalties				
16	Occupancy	16,887	16,887		
17	Travel				<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
		14,463	14,463		
20	Interest	14,403	T4,403		
21	Payments to affiliates	10 171	10 171		
22	Depreciation, depletion, and amortization	12,171	12,171		
23	Insurance				ļ
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
· a	EXECUTIVE DIRECTOR	31,808	31,808		ļ
b	NTC MEETING EXPENSE	12,310	12,310		
C	CLOTHING & MERCHANDISE	10,574	10,574		
d	ANNUAL MEETING	6,028	6,028		
e	EXECUTIVE EXPENSES	5,397	5,397		
f	All other expenses	22,848	22,848		
25	Total functional expenses. Add lines 1 through 24f		165,981	_	
26	Joint Costs. Check here If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

Form 990 (2008)

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash-non-interest bearing 21,864 17,190 2 Savings and temporary cash investments 7,694 2 6,714 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L. 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 339,725 10a Land, buildings, and equipment cost basis 10a b Less accumulated depreciation Complete 29,149 300,828 Part VI of Schedule D 10b 310,576 10c 100,122 109,632 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 15 440,018 16 Total assets. Add lines 1 through 15 (must equal line 34) 434,602 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key 22 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 24 191,976 196,950 25 Other liabilities Complete Part X of Schedule D 25 196,950 191,976 Total liabilities. Add lines 17 through 25 26 Net Assets or Fund Balances Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. 248,042 237,652 27 Unrestricted net assets 28 Temporanly restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 248,042 33 237,652 34 440,018 434,602 Total liabilities and net assets/fund balances Part XI **Financial Statements and Reporting** Yes No Accounting method used to prepare the Form 990 Cash X Accrual Other 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to lines 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 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits?

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

MAINE STATE TROOPERS ASSOCIATION

Employer identification number 01-0343289

<u> P</u>	<u>art I</u>	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) (s	ee ins	struction	ons)		
The	orga	nization is not	a private foundation because	it is (Please check only one org	janization)							
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A	N)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)(1)(A)(iii)	. (Attach	Schedu	ıle H)				
4				in conjunction with a hospital de						ne hosp	ital's name.		
		city, and state		·			` ^						
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmenta	al unit de	scribed	l in			
			b)(1)(A)(iv). (Complete Part I		•	, ,							
6		A federal, sta	ite, or local government or go	vernmental unit described in sec	tion 170(b)(1)(A)(v	·).						
7				ubstantial part of its support from				n the ge	neral pu	plic			
			section 170(b)(1)(A)(vi). (Co					_					
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9		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 exemp	ot functions—subject to certain e	xceptions	, and (2) r	o more	than 33	1/3 % o	fits			
		support from	gross investment income and	d unrelated business taxable inco	me (less	section 5	11 tax) fr	om busi	nesses				
	_	acquired by the	he organization after June 30	, 1975 See section 509(a)(2). (Complete	Part III)							
10	Ц	-	•	xclusively to test for public safety			<i>,</i> ,,,						
11	Ш			xclusively for the benefit of, to pe									
				d organizations described in sec						tion			
				e type of supporting organization		•	s 11e thr	ough 11	h				
		а Туре	<u> </u>	c Type III–Functiona			ď	_ ′.	e III–Ot	her			
0				inization is not controlled directly									
				and other than one or more public	dy suppor	ted organ	ızatıons	describe	d in sec	ction			
٠.			section 509(a)(2)					_					
f		_		mination from the IRS that it is a	Type I, Ty	/pe II, or I	ype III s	upportin	g				
			check this box	an accounted any self or account.	(£4b-							Ш
g		following per	-	on accepted any gift or contributi	on from a	ny or the							
		•		atrola, oither alone or together	th naraan	. d	(در) جدر اس					<u></u>	T
			below, the governing body of	ntrols, either alone or together wi	in persons	s describe	:u III (II)				11-	Ye	s No
			member of a person describe	• • •							11g(+
		• •	ontrolled entity of a person de	,,							11g(11g(
h				e organizations the organization	sunnarts						(119)	<u>"71</u>	
	N				,		Г <u>.,,</u>		T				
(1)		e of supported anization	(ii) EIN	(ili) Type of organization (described on lines 1–9	1	organization sted in your		ou notify nization in	(vi) i organizat	is the	, ,	mount (pport	ot
	•			above or IRC section	1	document?		of your	(i) organı				
				(see instructions))	<u> </u>	Γ		ort?	 	S ?			
					Yes	No	Yes	No	Yes	No			
o <u>ta</u>	1												

<u>Sche</u>	edule A (Form 990 or 990-EZ) 2008 MA	NE STATE	TROOPERS	ASSOCIATI	ON 01	-0343289	Page 2
	art II Support Schedule for O						1 ugc E
	(Complete only if you che						
	tion A. Public Support					<u> </u>	
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")						
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4			<u></u>			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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> </u>	
12	Gross receipts from related activities, etc (•				12	
13	First five years. If the Form 990 is for the	-	second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	. \Box
500	organization, check this box and stop here						P
	tion C. Computation of Public Su	· · · · · · · · · · · · · · · · · · ·			- 		
14	Public support percentage for 2008 (line 6,	``		(f))		14	%_
15	Public support percentage from 2007 Sche					15	
16a	33 1/3 % support test—2008. If the organi			3, and line 14 is 33	1/3 % or more, che	eck this box	. \Box
	and stop here. The organization qualifies a		•				▶ 📋
b	33 1/3 % support test—2007. If the organi				is 33 1/3 % or more	e, check this	. 🗆
	box and stop here. The organization qualif	· · · · · · · ·	· · · · · · ·				▶ ⊔
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "fac					V how the	. \square
	organization meets the "facts-and-circumst		-		=		▶ ∐
b	10%-facts-and-circumstances test—200	_					
•	more, and if the organization meets the "fac				-	V how the	. 🗀
	organization meets the "facts-and-circumst		-				▶ -
18	Private foundation. If the organization did	not check a box or	ı line 13, 16a, 16b,	17a, or 17b, check	this box and see in	nstructions	▶ ⊔

14	First five years. If the Form 990 is for the o	organization's first,	second, third, fourt	h, or fifth tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here						▶

Saatian		Computation	of Dublia	Sunnart	Doroontogo
Section	u.	Computation	of Public	Support	Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of investment income Percentage						
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17		%		
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%		

- 19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization
 - b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instru
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Page 4

Schedule A (Form 990 or 990-EZ) 2008 MAINE STATE TROOPERS ASSOCIATION 01-0343289

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)

SCHEDULE D' (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization Employer identification number MAINE STATE TROOPERS ASSOCIATION 01-0343289 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 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 advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

_ _ _ _ _ _ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 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)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		TE TROOPERS A			43289	Page 2
	organizations Maintaining					(continued)
3	Using the organization's accession and other items (check all that apply)	records, check any of the fo	ollowing that are a sig	inificant use of its col	llection	
а	Public exhibition	d Loan	or exchange program	ns		
b	Scholarly research	e 📙 Other				
C	Preservation for future generations					
4	Provide a description of the organization's coll Part XIV	ections and explain how th	ey further the organiz	ation's exempt purpo	ose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part of th	e organization's colle	ction?	[Yes No
. Pa	Trust, Escrow and Custodi Part IV, line 9, or reported a	-			d "Yes" to For	m 990,
1a	Is the organization an agent, trustee, custodial					
	included on Form 990, Part X?	·				Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following 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 For	m 990, Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV					
_Pa	rt V Endowment Funds. Compl	ete if organization ar	swered "Yes" to	Form 990, Part	IV, line 10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Investment earnings or losses			· · · · · · · · · · · · · · · · · ·		
d	Grants or scholarships					
0	Other expenditures for facilities					ŀ
	and programs					
f	Administrative expenses					
g	End of year balance		<u> </u>		1	
2	Provide the estimated percentage of the year	end balance held as				
a	Board designated or quasi-endowment	- - %				
b	Permanent endowment					
	Term endowment > %					
3a	Are there endowment funds not in the possess	sion of the organization tha	t are held and admini	stered for the		V N-
	organization by					Yes No
	(i) unrelated organizations					3a(i)
_	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	hatad as resulted on Cobor	tulo D2			3a(ii)
4	· · · · · · · · · · · · · · · · · · ·	•				3b
	Describe in Part XIV the intended uses of the out VI Investments—Land, Buildi			Part X line 10		
	Description of investment	(a) Cost or other basis	(b) Cost or oth		preciation	(d) Book value
		(investment)	basis (other)	procession:	
1a	Land		25	,000		25,000
b	Buildings					
С	Leasehold improvements					
d	Equipment					
	Other	<u> </u>		,725	29,149	285,576
Total	l. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, column (B)), line 10(c))		<u> </u>	<u>310,576</u>

Schedule D (Form 990) 2008

	Investments—Other Securities. See Fo	rm 990, Part X, line 12.	01-0343289 Page :
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
	vatives and other financial products		
Closely-held e	quity interests		·
Other			
	·		
	·		
	~ ~		
			· · · · · · · · · · · · · · · · · ·
			··········
Total, (Colum	n (b) should equal Form 990, Part X, col (B) line 12)	—	
Part VIII	Investments—Program Related. See Fo		······································
<u>_`</u>	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
			· · · · · · · · · · · · · · · · · · ·
			
Total (Colum	n (h) should agust Form 000. Part V. col. (P) line 13.)		
	n (b) should equal Form 990, Part X, col (B) line 13) Other Assets See Form 990, Part X lin	▶ e 15	
Total. (Colum	n (b) should equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, Part X, lin (a) Descr	e 15.	(b) Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
	Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX	Other Assets. See Form 990, Part X, lin (a) Descr	e 15.	
Part IX	Other Assets. See Form 990, Part X, lin (a) Descri	e 15. Inption	(b) Book value
Part IX	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X,	e 15. ription line 25.	
Part IX	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability	e 15. Inption	
Part IX Total. (Colum Part X	n (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability lie taxes	e 15. Tiption line 25. (b) Amount	
Total. (Colum Part X Federal incom MORTG	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, coi (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability te taxes AGE PAYABLE	line 25. (b) Amount 186, 950	
Total. (Colum Part X Federal incom MORTG	n (b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability lie taxes	e 15. Tiption line 25. (b) Amount	
Total. (Colum Part X Federal incom MORTG	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, coi (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability te taxes AGE PAYABLE	line 25. (b) Amount 186, 950	
Total. (Colum Part X Federal incom MORTG	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, coi (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability te taxes AGE PAYABLE	line 25. (b) Amount 186, 950	
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Part IX Total. (Colum Part X Federal incom MORTGF MAINE	Other Assets. See Form 990, Part X, lin (a) Description (b) should equal Form 990, Part X, coi (B) line 15) Other Liabilities. See Form 990, Part X, (a) Description of liability te taxes AGE PAYABLE	e 15. Inption line 25. (b) Amount 186,950 10,000	>

Sche	dule D (Form 990) 2008 MAINE STATE TROOPERS ASSOCIATI	ON	01-034328	9	Page 4
_Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to F	Finar	ncial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4-8			9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	its W	ith Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
С	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:]			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			'
b	Other (Describe in Part XIV)	4b		i	
	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Nith Expenses per R	eturr	1
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
. а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
ө	Add lines 2a through 2d		<u> </u>	2е	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:]			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	d 4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and	14b			
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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MAINE STATE TROOPERS ASSOCIATION

Employer identification number 01-0343289

Form 990, Part III, Line 4d - All Other Achievements

ASSOCIATION PURCHASED OFFICE BUILDING IN ORDER TO

DIVERSIFY INVESTMENTS. THIS ADDITIONAL INCOME WILL

ASSIST IN FURTHERING THE ASSOCIATION'S PURPOSE IN AIDING

MEMBERS.

4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No 1545-0172 2008

Identifying number

Attachment Sequence No. 67

MAINE STATE TROOPERS ASSOCIATION 01-0343289 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses. 250,000 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 800,000 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 7 R Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2008 873 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation d) Recovery (a) Classification of property year placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property S/L 25 yrs Residential rental S/L 27 5 yrs MM property MM 27 5 yrs S/L MM Nonresidential real 39 yrs S/I property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a_ Class life S/L b 12-year 12 yrs S/L 40-year MM S/L 40 yrs Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 22 873 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form **4562**

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions. Attach to your tax return.

OMB No 1545-0172 2008

Identifying number

Attachment Sequence No 67

MAINE STATE TROOPERS ASSOCIATION 01-0343289 Business or activity to which this form relates OFFICE BUILDING Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 250,000 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 3,275 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 7,696 MACRS deductions for assets placed in service in tax years beginning before 2008 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation d) Recovery (a) Classification of property yéar placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property 3,275 15.0 150DB 41 MO 15-year property 20-year property g 25-year property 25 yrs S/I Residential rental S/L 27 5 vrs MM property ММ 27 5 yrs S/L 3/17/08 13,400 ММ Nonresidential real 39 yrs S/L 1,969 property Various 39.0 ММ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs MM S/L 40-year 40 vrs Part IV Summary (See instructions.) Listed property Enter amount from line 28 21 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 11,298 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr. For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23