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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2008**Department of the Treasury  
Internal Revenue Service

**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 org- anizations 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 calendar year, or tax year beginning** 7/01 , 2008, and ending 6/30 , 2009**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

**C** OLD TOWN/ ORONO YMCA FOUNDATION  
501 STILLWATER AVENUE  
OLD TOWN, ME 04468

**D** Employer identification number

22-3160786

**E** Telephone number

207-827-6111

**F** Group Exemption Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method: ☐ Cash ☒ Accrual  
Other (specify) ▶**I Website:** ▶ N/A**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J Organization type** (check only one) — ☒ 501(c) ( 3 ) (Insert no ) 4947(a)(1) or 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 304,360.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	52,400.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	60,340.
5a	Gross amount from sale of assets other than inventory	5a	190,721.
b	Less cost or other basis and sales expenses	5b	204,219.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	-13,498.
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ SEE STATEMENT 2)	8	899.
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	100,141.
10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 3	10	315,030.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	1,254.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ SEE STATEMENT 4)	16	81.
17	<b>Total expenses</b> (add lines 10 through 16)	17	316,365.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-216,224.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	2,112,700.
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	20	-208,249.
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	1,688,227.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,086,594.	22 1,675,701.
23 Land and buildings		23
24 Other assets (describe ▶ SEE STATEMENT 6)	27,306.	24 13,726.
25 <b>Total assets</b>	2,113,900.	25 1,689,427.
26 <b>Total liabilities</b> (describe ▶ SEE STATEMENT 7)	1,200.	26 1,200.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	2,112,700.	27 1,688,227.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**What is the organization's primary exempt purpose? SEE STATEMENT 8

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

<b>28</b>	<u>PROVIDING FINANCIAL SUPPORT FOR ACTIVITIES INVOLVING ALL MEMBERS OF THE OLD TOWN / ORONO YMCA.</u>		
	(Grants \$ <u>315,030.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28 a</b>	<u>315,030.</u>
<b>29</b>			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29 a</b>	
<b>30</b>			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30 a</b>	
<b>31</b>	Other program services (attach schedule)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31 a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<u>315,030.</u>

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
POLLY CECKLER 501 STILLWATER AVENUE OLD TOWN, ME 04468	DIRECTOR 0	0.	0.	0.
JOE CYR 153 GILMAN FALLS OLD TOWN, ME 04468	VICE PRESIDENT 0	0.	0.	0.
STAN PETERSON 45 PRIDE STREET OLD TOWN, ME 04468	DIRECTOR 0	0.	0.	0.
RALPH LEONARD 501 STILLWATER AVENUE OLD TOWN, ME 04468	DIRECTOR 0	0.	0.	0.
WILLIAM MUNSEY 23 COLLEGE AVE OLD TOWN, ME 04473	DIRECTOR 0	0.	0.	0.
JIM PAGE 501 STILLWATER AVENUE OLD TOWN, ME 04468	DIRECTOR 0	0.	0.	0.
LARRY WADE 501 STILLWATER AVENUE OLD TOWN, ME 04468	DIRECTOR 0	0.	0.	0.
BEN SMITH 315 STILLWATER AVE OLD TOWN, ME 04468	TREASURER 0	0.	0.	0.
DON STURGEON 141 FOURTH STREET OLD TOWN, ME 04468	PRESIDENT 0	0.	0.	0.
BRENT FOLSTER 265 STILLWATER AVENUE OLD TOWN, ME 04468	CLERK 0	0.	0.	0.
DANIELLE HAGGERTY 881 POPLAR STREET OLD TOWN, ME 04468	DIRECTOR 0	0.	0.	0.
CALISTA HANNIGAN 636 WISWELL ROAD HOLDEN, ME 04429	DIRECTOR 0	0.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> 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		X
<b>35</b> 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		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.		
<b>b</b> 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		X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
<b>e</b> 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		X
<b>41</b> List the states with which a copy of this return is filed ▶ <b>NONE</b>		

**42a** The books are in care of ▶ BEN SMITH Telephone no. ▶ 207-942-8257  
 Located at ▶ 315 STILLWATER AVENUE OLD TOWN ME ZIP + 4 ▶ 04468

**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)?  
 If 'Yes,' enter the name of the foreign country: ▶ \_\_\_\_\_

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a 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 ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> 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		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 9****46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
<b>46</b>		X
<b>47</b>		X
<b>48</b>		X
<b>49a</b>		X
<b>49b</b>		

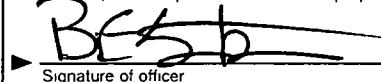
**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

(a) Name 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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'.

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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

**Sign Here**


Signature of officer

2-11-10

Date

BEN SMITH

Type or print name and title

TREASURER

**Paid Preparer's Use Only**

Preparer's signature

MICHAEL P. JONES, CPA

Date

2/02/10

Check if self-employed

Preparer's Identifying Number (See instructions)  
P00292757

Firm's name (or yours if self-employed), address, and ZIP + 4

BEATHAM BERNIER SEEKINS &amp; COLPRITT CPAS

38 PARKWAY SOUTH

BREWER, ME 04412

EIN

04-3389217

Phone no

(207) 941-8890

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes
 ☐ No

BAA

Form 990-EZ (2008)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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

Name of the organization

OLD TOWN/ ORONO YMCA FOUNDATION

Employer identification number

22-3160786

**Part I 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)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ 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.)
- 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 exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 ☐ 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).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) a family member of a person described in (i) above?		X
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		X

**h** Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
OLD TOWN / ORONO YMCA									
	51-0201156	501 (C) (3)	X		X		X		315,030.
<b>Total</b>									315,030.

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

Schedule A (Form 990 or 990-EZ) 2008

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>4 Total.</b> Add lines 1-3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	%
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>b 33-1/3 support test – 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test – 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2008

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr 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 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 <b>Total.</b> Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b 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 <b>Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 assets (Explain in Part IV.)						
13 <b>Total support.</b> (add lns 9, 10c, 11, and 12.)						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. 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 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 instructions ☐



<b>Part IV</b>	<b>Supplemental Information.</b> 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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This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. The lines are thin and black, providing a guide for letter height and placement. There are no margins, text, or other markings on the page.

Old Town / Orono YMCA Foundation  
 EIN 22-3160786  
 Schedule of Investment Sales  
 Form 990-EZ, part I, page 1, lines 5a, b, c  
 6/30/2009

Shares	Investment Description	Basis	Sales Price	Realized Gain/(Loss)
225 00	Accenture Ltd Shs Cl A	\$ 8,684	7,183	\$ (1,501)
100 00	Becton Dickinson & Co	8,248	7,040	(1,208)
50 00	B H P Billiton Limited Sponsored ADR	922	1,945	1,023
30 00	Cisco Systems Inc	556	465	(91)
125 0000	Colgate Palmolive Co	6,459	7,790	1,331
185 00	Danaher Corp	7,309	9,840	2,530
190 00	Dentsply Intl Inc New	4,718	5,119	401
40 00	E M C Corp	634	444	(190)
150 000	Fortune Brands Inc	10,519	5,859	(4,660)
55 00	Genuine Parts Co	2,350	1,985	(365)
90 00	Goldman Sachs Group	12,782	6,583	(6,199)
180 00	I T T Corporation	9,698	8,266	(1,432)
100 00	International Business Machines	10,538	8,338	(2,200)
75 00	Johnson & Johnson Inc	1,869	4,300	2,430
150 00	Laboratory Corp Amer Hldgs New	11,452	8,889	(2,563)
105 00	Lockheed Martin Corporation	6,219	8,257	2,038
35 00	McDonalds Corp	1,989	2,009	19
70 00	Microsoft Corp	1,847	1,319	(529)
175 00	Nasdaq Omx Group Inc	7,035	3,573	(3,461)
275 00	Nestle S A Sponsored ADR Reg Sh	8,061	9,749	1,687
125 00	Pesico Inc	6,590	6,260	(330)
240 00	Plum Creek Timber Co Com	8,973	7,392	(1,581)
125 00	Price T Rowe Group Inc	6,513	3,519	(2,994)
247 00	Procter & Gamble Co	11,108	14,041	2,932
367 00	Staples Inc	4,723	6,361	1,638
165 00	Sysco Corp	5,387	3,849	(1,537)
200 00	Teva Pharm Indus ADR	6,414	8,468	2,054
250 00	Texas Instruments	8,270	3,597	(4,672)
45 00	United Technologies Corp	2,031	2,218	187
120 00	Wells Fargo & Co New	2,842	2,500	(343)
250 00	Vanguard Emerging Markets Etf	8,388	8,263	(125)
195 00	Bank America Corp	8,729	5,372	(3,357)
50 00	Encana Corp	801	4,052	3,252
25 00	Exxon Mobil Corp	984	2,136	1,152
65 00	Suncor Energy, Inc	578	3,741	3,164
<b>Totals</b>		<u>\$ 204,219</u>	<u>\$ 190,721</u>	<u>\$ (13,498)</u>

Old Town / Orono YMCA Foundation  
 EIN 22-3160786  
 Investment Portfolio  
 Form 990-EZ, part II, page 1, line 22  
 6/30/2009

Beginning Shares	Ending Shares	Investment Description	Beginning Market	Ending Market
<b>Merrill Merchants Investments</b>				
		Cash	\$ 108,850	\$ 56,146
225 00	-	Accenture Ltd Cl A	9,162	-
-	75 00	Air Products & Chemicals, Inc	-	4,844
125 00	225 00	Allergan Inc	6,506	10,706
-	75 00	Apple Inc	-	10,682
-	655 19	Artio International Equity I	-	16,347
-	220 00	AT&T Inc	-	5,465
-	365 00	Avon Prod Inc	-	9,410
235 00	265 00	Bank New York Mellon Corp	8,890	7,767
195 00		Bank of Amerca Corp	4,655	-
50 00		Becton Dickinson & Co	4,065	-
-	225 00	Best Buy	-	7,535
100 00	50 00	BHP Billiton LTD	8,519	2,737
-	150 00	BP PLC Sponsored ADR	-	7,152
225 00	395 00	Cisco Systems Inc	5,234	7,367
-	185 00	Coca Cola Co	-	8,878
125 00		Colgate Palmolive Co	8,638	-
64 00	64 00	Conocophillips	6,041	2,692
-	650 00	Coming Inc	-	10,439
-	145 00	CSX Corp	-	5,021
-	325 00	CVS / Caremark Corp	-	10,358
185 00		Danaher Corp	14,301	-
190 00		Dentsply International Inc	6,992	-
-	285 00	Disney Company Holding Co	-	6,649
500 70	627 70	Dodge & Cox International Stock Fund	20,383	15,956
-	180 00	Dominion Res Inc VA New	-	6,015
450 00	560 00	EMC Corp	6,611	7,336
-	135 00	Emerson Electric	-	4,374
175 00	125 00	EnCana Corporation	15,913	6,184
-	115 00	Exelon Corp	-	5,889
-	170 00	Express Scripts	-	11,687
125 00	100 00	Exxon-Mobil	11,016	6,991
312 92	312 92	Fidelity Low Priced Stock Fund	11,800	8,106
110 00		Fortune Brands Inc	6,865	-
215 00	325 00	General Electric Co	5,738	3,809
150 00	170 00	Genuine Parts Co	5,952	5,705
90 00		Goldman Sachs Group Inc	15,741	-
100 00	175 00	Hewlett Packard Co	4,421	6,764
-	270 00	Home Depot	-	6,380
-	140 00	Honeywell Intl Inc	-	4,396
-	470 00	Intel Corp	-	7,778
100 00		International Business Machines	11,853	-
175 00	175 00	Ishares Utility Select Sector Sbi	7,123	4,881
180 00		ITT Industries Inc	11,399	-
225 00	150 00	Johnson & Johnson	14,477	8,520
-	265 00	JPMorgan Chase & Co	-	9,039
576 67		Julius Baer Intl Equity CII # 1523	22,831	-
125 00		Laboratory Corp Amer Hldgs New	8,704	-
105 00		Lockheed Martin Corp	10,359	-
140 00	105 00	McDonalds Corp	7,871	6,036
-	230 00	Metlife Inc	-	6,902
400 00	330 00	Microsoft Corp	11,004	7,844
-	50 00	Monsanto Co New	-	3,717
175 00		Nasdaq Omx Group Inc	4,646	-
110 00		Nestle SA Sponsored Repstg Reg Sh	12,462	-
-	440 00	Nokia Corp Sponsored ADR	-	6,415
125 00		Pepsico Inc	7,949	-
970 87	970 87	Pimco Low Duration Fund Instl #36	9,709	9,573
-	185 00	Pitney Bowes	-	4,057
-	510 00	Pfizer Inc	-	7,650
240 00		Plum Creek Timber Co	10,250	-
250 00	250 00	Power Shares Water Resources	5,178	3,680
247 00		Procter & Gamble Co	15,020	-
1,290 11	1,290 11	Royce Pennsylvania Mutual Investment	13,275	9,689
-	440 00	Schwab Charles Corp	-	7,718
-	300 00	Spdr S&P 500 Eft	-	27,585
367 00		Staples Inc	8,716	-
-	170 00	State Street Corp	-	8,024
-	220 00	Stryker Corp	-	8,743
240 00	175 00	Suncor Energy Inc	13,949	5,310

Old Town / Orono YMCA Foundation  
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 Investment Portfolio  
 Form 990-EZ, part II, page 1, line 22  
 6/30/2009

Beginning Shares	Ending Shares	Investment Description	Beginning Market	Ending Market
165 00		Sysco Corp	4,539	-
125 00		T Rowe Price Group, Inc	7,059	-
271 58	271 58	T Rowe Price Media & Telecommunications Fund	11,051	8,387
200 00		Teva Pharmaceutical Industry ADR	9,160	-
250 00		Texas Instruments	7,040	-
80 00	80 00	Transocean Inc New	12,191	5,943
-	95 00	United Parcel Svc Inc	-	4,749
110 00	90 00	United Technologies Corp	6,787	4,676
3,946 77	4,438 42	Vanguard Admiral GNMA Fund	40,492	47,092
250 00		Vanguard Emerging Markets Etf	11,700	-
-	180 00	Verizon Communications	-	5,531
-	160 00	Wal-Mart Stores Inc	-	7,750
400 00	280 00	Wells Fargo & Co New	9,500	6,792
		<b>Total for Merrill Merchants</b>	<b>622,587</b>	<b>533,868</b>
<b>RBC Dain Rauscher Investments</b>				
		Cash	74,243	28,910
340 00	340 00	Allstate Corp	15,501	8,296
187 00	187 00	Am International Group Inc	4,948	217
290 00	290 00	Amgen Inc	13,676	15,353
340 00	340 00	Citigroup Inc	5,698	1,010
800 00	800 00	ExxonMobil	70,504	55,928
9 00	9 00	Fairpoint Communications	65	5
1,500 00	1,500 00	General Electric	40,035	17,580
500 00	500 00	Intel Corp	10,740	8,275
666 00	666 00	JP Morgan	22,850	22,717
500 00	500 00	Lockheed Martin Corp	49,330	40,325
550 00	550 00	Microsoft Corporation	15,131	13,074
576 00	576 00	Nisource Inc (Bay State Gas)	10,322	6,716
2,571 00	2,571 00	Peoples Utd Finl Inc	40,108	38,668
450 00	450 00	Pfizer Incorporated	7,862	6,750
800 00	800 00	Proctor & Gamble	48,648	40,880
380 00	380 00	Schlumberger Ltd	40,823	20,562
500 00	500 00	Verizon Communications	17,700	15,365
300 00	300 00	Wal-Mart Stores Inc	16,860	14,532
70 00	70 00	Zimmer Holdings Inc	4,764	2,982
609 21	628 70	Capital World Growth and Income Fund Inc CL C	23,869	17,365
1,000 00	1,000 00	Royal Bank of Scotland 6 6%	18,620	11,200
40,000 00	40,000 00	Ford Motor Credit Co	22,516	23,418
25,000 00	25,000 00	General Mtrs Accep Corp 7 375% - 11/15/04	12,712	15,657
		<b>Total for RBC Dain Rauscher Investments</b>	<b>587,525</b>	<b>425,785</b>
<b>RBC Dain Rauscher - Coe Account</b>				
		Cash	8,217	26,899
915 40	915 40	Calamos Conv & Hi Income Fund	12,129	9,355
1,500 00	1,500 00	Nuveen Quality Preferred	15,030	9,360
380 00	380 00	Bank One Capital TR VI 7 2% - 10/15/06	8,892	8,774
20,000 00	-	General Motors Accep Smartnotes	19,954	-
35,000 00	35,000 00	FHMLC 6 135% - 2/15/11	37,385	37,843
		<b>Total for RBC Dain Rauscher - Coe Account</b>	<b>101,607</b>	<b>92,231</b>
<b>RBC Dain Rauscher - Herb Sargent Account</b>				
		Cash	17,156	22,906
260,000 00	260,000 00	US Treasury Bonds	309,420	316,794
		<b>Total for RBC Dain Rauscher - Herb Sargent Account</b>	<b>326,576</b>	<b>339,700</b>
<b>RBC Dain Rauscher - Energy Conservation Fund</b>				
		Cash	317,294	95,794
<b>RBC Dain Rauscher - One Hundred A Month Club</b>				
		Cash	4,856	6,102
		<b>Total Investments</b>	<b>\$ 1,960,445</b>	<b>\$ 1,493,480</b>

2008

## FEDERAL STATEMENTS

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OLD TOWN/ ORONO YMCA FOUNDATION

22-3160786

2/02/10

02 09PM

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 5C  
NET GAIN (LOSS) FROM NONINVENTORY SALES**PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 190,721.  
COST OR OTHER BASIS: 204,219.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -13,498.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -13,498.**STATEMENT 2  
FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE**

INT INCOME - NOTE REC.

TOTAL \$ 899.  
\$ 899.**STATEMENT 3  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME: OLD TOWN / ORONO YMCA  
DONEE'S ADDRESS: STILLWATER AVE  
OLD TOWN, ME 04468  
RELATIONSHIP OF DONEE: AFFILIATE  
CASH AMOUNT GIVEN: \$ 315,030.

**STATEMENT 4  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

FOREIGN TAXES

TOTAL \$ 81.  
\$ 81.**STATEMENT 5  
FORM 990-EZ, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS

TOTAL \$ -208,249.  
\$ -208,249.

2008

## FEDERAL STATEMENTS

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OLD TOWN/ ORONO YMCA FOUNDATION

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**STATEMENT 6  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCRUED INVESTMENT INCOME	\$ 8,566.	\$ 8,020.
NOTES AND LOANS RECEIVABLE	18,740.	5,706.
<b>TOTAL</b>	<b><u>\$ 27,306.</u></b>	<b><u>\$ 13,726.</u></b>

**STATEMENT 7  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 1,200.	\$ 1,200.
<b>TOTAL</b>	<b><u>\$ 1,200.</u></b>	<b><u>\$ 1,200.</u></b>

**STATEMENT 8  
FORM 990-EZ, PART III  
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROVIDING FINANCIAL SUPPORT FOR ACTIVITIES INVOLVING ALL MEMBERS OF THE OLD TOWN / ORONO YMCA.

**STATEMENT 9  
FORM 990-EZ, PART VI  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## **Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	Old Town/ Orono YMCA Foundation	22-3160786
	Number, street, and room or suite number. If a P.O. box, see instructions	
	501 Stillwater Avenue	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Old Town, ME 04468	

### **Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► Ben Smith

Telephone No ► 207-942-8257

FAX No ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above

The extension is for the organization's return for:

- ☐ calendar year 20\_\_ or
- ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09

**2** If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev 4-2009)