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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

Open to Public Inspection

			gamzadon may nave to ase	a copy or ano rotain to	oundry ounte report	mg roden ementer			
	For the	2008 calendar year, or tax year	ar beginning 7/01	L , 2	008, and endin	g 6/30		, 2009	
В	Check if	applicable	-			D Emp	loyer Identi	fication Number	
	Add	ress change Please use MAINE	MATHEMATICS 8	SCIENCE AL	LIANCE	22	-31816	644	
	Nan	ne change or print P.O.	BOX 5359				ohone numb		
	$\boldsymbol{\vdash}$	Sée AUGUS'	TA, ME 04332-5	5359		20	7-287-	-5881	
	\vdash	Instruc-				<u> </u>		3001	
	H	ended return		2 027	001				
	\vdash	-	of proposal efficacy TAN	ICE MOKROS	T	H(a) Is this a group re	s receipts \$		
	App	lication pending F Name and address SAME AS C A		ILCE MORKOS		H(b) Are all affiliates i		₩ `**	
_				1047()(1)		If 'No,' attach a li		tructions) Yes	∐ No
<u>+</u>		exempt status X 501(c) (3)	4947(a)(1) o	r 527		_		
"		site: ► WWW.MMSA.ORG	. —		1.	H(c) Group exemption			
K		, * 	rust Association	Other ►	L Year of Format	ion 1992 N	State of le	egal domicile ME	<u>. </u>
Pa	ırt l	Summary	 					 	
		Briefly describe the organization							
9		DEVELOPMENT, AND IMP							
Activities & Governance] -	SUPPORT EXCELLENCE_I	IN_STEM_CURRIC	ULUM, LINSTRU	ICTION_ AN	D ASSESSMEI	_IIIV_	SCHOOLS_	7ND
Ž.		DISTRICTS_FOR_EDUCAT							
ĝ			anization discontinue		disposed of mo	re than 25% of it	s assets.	•	1 -
ಳ		lumber of voting members of the lumber of independent voting in the lumber of independent voting in the lumber of independent voting in the lumber of the lu			lino 1b)		4		15
ties		otal number of employees (Pai		rillig body (Fart VI,	iiile ib)		5		14 45
		otal number of volunteers (esti					6		0
¥		otal gross unrelated business r		I. line 12. column (C)		7a		0.
		let unrelated business taxable i			-,		7b		0.
				₹ %		Prior Yea		Current Y	
	8 0	Contributions and grants (Part V	/III. line 1h)	18		3,129,		2,753	
Ę		rogram service revenue (Part \		292.		,854.			
Revenue		nvestment income (Part VIII, co	7.	and 7d)	*		631.		,507.
æ		Other revenue (Part VIII, column			÷		553.		,368.
		otal revenue – add lines 8 thro), line 12)	3,352,		2,932	•
		Grants and similar amounts paid				785,			,417
	l	senefits paid to or for members				,			
	1	alaries, other compensation, e	1,750,	911	1,729	330			
3e3	l	rofessional fundraising fees (P				<u>, 550 .</u>			
Expenses	l		who will write		Her	3 E			
Ω̈́	l	otal fundraising expenses (Par						Jacobin (77)	
		Other expenses (Part IX, column					203.		<u>,365.</u>
		otal expenses. Add lines 13-17			5)	3,281,		3,079	
_	19 F	Revenue less expenses Subtrac	ct line 18 from line 12	<u> </u>		ļ <u>71,</u>	077.		<u>,346.</u>
Net Assets or Fund Balancos						Beginning of	Year	End of Ye	ar
30.00		otal assets (Part X, line 16)				1,130,			,709.
A P	21 T	otal liabilities (Part X, line 26)	•			392,	607.	360	,855.
	22 N	let assets or fund balances Su	btract line 21 from lin	e 20		738,	200.	591	,854.
Pa	rt II	Signature Block							
_		Under penalties of perjury, I declare that true, correct, and complete Declaration	t I have examined this return	, including accompanying	schedules and state	ements, and to the bes	t of my kno	wledge and belief,	it is
Ξ		true, corect, and complete treclarator	of preparer (other than office	er) is based on all informa	ation of which prepa	rer has any knowledge			
Sig	jπ	2 Mm /100/9				2	- 16-1	0	
Ήe	re	Signature of officer				Date			
*		JANICE MOKROS				EXECUTIVE	DIREC	CTOR	
		Type or print name and title							
					Date	Check if	Pre (se	parer's identifying e instructions)	number
Pai		Preparer's			11	self- employed	► \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Pre		signature • allum	E. Hulest	cfa	2/11/20	10	P	00340718	
pa: Us	rer's	Firm's name (or MACDONATO			• • •			- <u></u>	
On		yours if self- employed), > 227 WATER		OX 2749		EIN ►	01-02	42373	
V 11	·J	addrage and ———	ME 04338				<u>► (207</u>		
May	the IR	S discuss this return with the p		? (see instructions)	•		,=-,	X Yes	No

1 a

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes, 'complete Schedule C, Part II	4		X
5	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	5		
	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		Х
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, VIII, IX, or X as applicable	11	Х	
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II .	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	<u> 17 -</u>	~	Х
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		Х
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 1? If 'Yes,' complete Schedule I, Parts I and II .	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 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		Х
24 a	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, and 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
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
	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		Х
t	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If</i> 'Yes,' complete Schedule L, Part III	27		х
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Part 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.			
	a 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	3,	,	
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
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		Х
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		Х
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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
BA		Form	990 ((2008)

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Form 990 (2008)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 43 1a Information Returns. Enter -0- if not applicable 1b 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 45 calendar year ending with or within the year covered by this return Х 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х this return 3a 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . 5a 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a 6a Did the organization solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7 a 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Form 82827 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year. . . e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? -7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 彩 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have 8 excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9b b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a 3 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b ì. Ž, 11 Section 501(c)(12) organizations. Enter. 11 a a Gross income from other members or shareholders. 800 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2008) MAINE MATHEMATICS & SCIENCE ALLIANCE

Part VI

Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

se	ction A.	Governing Body and Management									
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below s, or changes in Schedule O. See instructions.	, describe the circumstances,		Yes	No					
1	a Enter the	number of voting members of the governing body	1a 15		l						
	b Enter the	number of voting members that are independent	1b 14		***************************************						
2	Did any o officer, di	fficer, director, trustee, or key employee have a family relationship or a business rector, trustee or key employee?	relationship with any other	2	46-	X					
3	Did the o	ganization delegate control over management duties customarily performed by or s, directors or trustees, or key employees to a management company or other per	under the direct supervision son?	3		Х					
4		ganization make any significant changes to its organizational documents		4		X					
	since the	prior Form 990 was filed?									
5	Did the o	ganization become aware during the year of a material diversion of the organizati	on's assets?	5		<u>X</u>					
6	Does the	organization have members or stockholders?		6		<u>X</u>					
7	a Does the governing	organization have members, stockholders, or other persons who may elect one or body?	more members of the	7a 7b		X					
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?										
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
	a The gove	rning body?		8a	Х						
	b Each con	ımıttee with authority to act on behalf of the governing body?		8b	Х						
9	a Does the	organization have local chapters, branches, or affiliates?		9a		X					
	b If 'Yes,' d and brand	oes the organization have written policies and procedures governing the activities the characteristic operations are consistent with those of the organization?	of such chapters, affiliates,	9ь							
10	Was a co describe	by of the Form 990 provided to the organization's governing body before it was file in Schedule O the process, if any, the organization uses to review the Form 990	ed? All organizations must SEE SCHEDULE O	10	х						
	organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who con's mailing address? If 'Yes,' provide the names and addresses in Schedule Q	annot be reached at the	11	;	х					
Sec	ction B.	Policies									
					Yes	No					
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Х						
	b _Are_office to conflic	rs, directors or trustees, and key employees required to disclose annually interest s?	s that could give rise	.12b	_ X_	<u> </u>					
	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the p O how this is done SEE SCHEDULE Q	oolicy? If 'Yes,' describe in	12c	х						
13	Does the	organization have a written whistleblower policy?		13	Х						
14	Does the	organization have a written document retention and destruction policy?		14	Х						
15	Did the properties,	ocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and d	d approval by independent ecision	37	`.''	illy.					
		nization's CEO, Executive Director, or top management official?		15a	Х						
	b Other offi	cers of key employees of the organization? SEE SCHEDULE O		15 b		<u>X</u>					
	Describe	the process in Schedule O. (see instructions)		Y.,c		12.					
16	a Did the oi entity dur	ganization invest in, contribute assets to, or participate in a joint venture or similaing the year?	ar arrangement with a taxable	16a		X					
	in joint ve	as the organization adopted a written policy or procedure requiring the organization inture arrangements under applicable federal tax law, and taken steps to safeguar	on to evaluate its participation d the organization's exempt		754						
-		h respect to such arrangements?	•	16b							
		Disclosures									
17 		ates with which a copy of this Form 990 is required to be filed NONE									
18		104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, i. Indicate how you make these available Check all that apply website X Another's website X Upon request	and 990-T (501(c)(3)s only) a	vaılabl	le for p	oublic					
	i i Own	NEUSUE TA L'AUDITIELS WEDSTE LA L'UDOD FERTIEST									
	<u> </u>	E whether a measure									
19		in Schedule O whether (and if so, how) the organization makes its governing docus available to the public. SEE SCHEDULE O name, physical address, and telephone number of the person who possesses the				incial					

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

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

- 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) or 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)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week	individual trustee or director	institutional trustee	check Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
FRANCIS Q. EBERLE										
EXECUTIVE DIREC	40			Х		<u> </u>		70,370.	0.	18,952.
JANICE MOKROS	-							20.545	2	2 006
EXECUTIVE DIREC	45			X			1	30,646.	0.	3,026.
TERRY SUTTON										•
VICE CHAIR	0.5	X		Х		<u>. </u>	ļ	0.	0.	0.
CHARLIE MERCER	4									
TREASURER	0.5	X		Х		<u> </u>		0.	0.	0.
TOM BERGER	<u> </u>		_							•
DIRECTOR	0.5	X	ļ		ļ	<u> </u>	1	855.	0.	0.
ALLYSON HUGHES - HANDLEY					l			_ [
CHAIRPERSON	0.5	Х			_	<u> </u>	_	0.	0.	0.
SUSAN_HUNTER	4								•	
DIRECTOR	0.5	X	_		_	ļ		0.	0.	0.
JANET_SORTER									•	
DIRECTOR	0.5	X	ļ		_	<u> </u>	 	0.	0.	0.
TERRY THEODORE				İ					•	•
DIRECTOR	0.5	X	<u> </u>	_	ļ		├	0.	0.	0.
JOHN WRIGHT	٠	١							•	•
DIRECTOR	0.5	X			_	ļ	-	0.	0.	0
MELANIE ARSENAULT	٠, ـ	١.,							0	0
DIRECTOR	0.5	X			<u> </u>	-	 	0.	0.	0
ANITA BERNHARDT	٠, ـ	١.,							0	0
DIRECTOR	0.5	X			-		1	0.	0.	0
JAMES_CARIGAN	٠, ـ	١							0	•
DIRECTOR	0.5	X				ļ	├	0.	0.	0
SUSAN_GENDRON		۱					İ		•	_
DIRECTOR	0.5	X	-		-	 	╄	0.	0.	0
TAD JOHNSTON	ا ر -	.,							•	^
DIRECTOR CACADATUS	0.5	X	-	<u> </u>		-	┼	0.	0.	0_
KATHY CASPARIUS	٠ - ١	1,							•	_
SECRETARY	0.5	X	├		<u> </u>	 		0.	0.	0
MICHAEL WILHELM		.,			1				•	_
DIRECTOR BAA	0.5	<u> </u>	<u> </u>			 1/24/09	L	0.	0.	0 Form 990 (2008

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	En	ıplo	ye	es,	an	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours	Posi	tion ((check	k all t	hat a	pply)		Reportable compensation from	Estimated amount of other
	per week	or dir	Institutional trustee	Officer	Key employee	Highest compensate	orm	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		ector dual	ş	4) j	st co	ਕ			organization and related
		L EST	al tr		yee	mpe				organizations
		8	stee			nsati				
						ted		}		
RAYMOND POULIN	·	ļ								
EDUCATION CONSULT.	23					Х		127,868.	0.	0.
NORMAN HIGGINS										
EDUCATION CONSULT.	23	_	<u> </u>	_	ļ	X		107,030.	0.	0.
	<u> </u>	\vdash		-		\vdash				
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					_			_ ~		
1 b Total	<u> </u>		L		<u> </u>	ا ا	•	336,769.	0.	21,978.
2 Total number of individuals (including those in 1a) v	vho rece	PIVE	d me	ore t	han	\$10				
organization ► 2	1110 1001		_ ,,,,			Ψι	,0,0	oo iii reportable e	ompensation from	uic
										Yes No
3 Did the organization list any former officer, director	or trusti	ee k	(ev	emo	ilove	ър (ır hı	ahest compensate	ed employee	
on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdua	ıl	_		-					3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater ti	portable	cor	npe	nsat	ion	and	oth	er compensation	from	\$ 3
individual .	nan yış	,0,00	.0-		cs ·	COIII	pici	e ochedule o lor s		4 X
5 Did any person listed on line 1a receive or accrue c	ompens	atio	n fro	om a	anv	unre	late	d organization for	services	5-5-10,
rendered to the organization? If 'Yes,' complete Sch	nedule J	for	suc	h pe	rso	n			· · · · · · · · · · · · · · · · · · ·	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensate	ad inda	0000	tont	con	trac	tore	tha	t received more th	222 \$100 000 of	
compensation from the organization	eu mue	penc	Jent	COI	illac	,1015	uia	t received more ti	1811 \$100,000 01	
(A)								(B)	1	(C)
Name and business addres	s							Description of	f Services	Compensation
										
								-		
2 Total number of independent contractors (including	those in	1 1)	who	rec	eive	d m	ore	than \$100,000 in		
compensation from the organization > 0										

Pai	t VIII Statement of Revenue	· · · · · · · · · · · · · · · · · · ·			
	y 1 .*	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
IS, GRANTS AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c	to 1		- (74
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1d 2,753,037.	a.		tagen of the	in the state of th
AND O	g Noncash contribns included in lns 1a-1f: \$ h Total. Add lines 1a-1f	2,753,037.		i iii	\$ \$55°
필	Business Code	15,00			***
Ę,	2a CONSULTING & CONFERENCES 611710	149,854.	149,854.	······································	
<u>ڇ</u>		115,001.	215,001.		
핑		-			
Ž.	<u></u>				
JS	a	 			
PROGRAM SERVICE REVENUE	e				
8	f All other program service revenue.				
<u> </u>	g Total. Add lines 2a-2f	149,854.	,		,
	3 Investment income (including dividends, interest and other similar amounts)	9,851.			9,851.
	4 Income from investment of tax-exempt bond proceeds ▶	•			
	5 Royalties	10,806.			10,806.
	(i) Real (ii) Personal			, č	
	6a Gross Rents		, i		L. May 10.
-	b Less: rental expenses	1 1 1	3 135		
1	,	1	And the second		à , , , à
	c Rental income or (loss)				المتعلقة المتعادث المتعادث المت
	d Net rental income or (loss)	<u> </u>	<u></u>	, , , , , , , , , , , , , , , , , , , ,	
	7a Gross amount from sales of assets other than inventory		War The Co	The Sign of	
	b Less: cost or other basis and sales expenses 3,019.	Sharper of the safety		and the second	March March Sept. 1
	c Gain or (loss) -2,344.	1			
	d Net gain or (loss)	-2,344.	-2,344.		
ш	8a Gross income from fundraising events	2,511.	Sec. 3		· · · · · · · · · · · · · · · · · · ·
OTHER REVENU	of contributions reported on line 1c).	***			
జ	See Part IV, line 18 a		Marian Com	r	[*
풀	b Less direct expenses . b			1	27 7
0	c Net income or (loss) from fundraising events	•			
	9a Gross income from gaming activities. See Part IV, line 19	enser" - " " " " " " " " " " " " " " " " " "	THE THE PERSON OF THE PERSON O	. ************************************	
	b Less: direct expenses b		٠ چاپ رواند		i
	•			-	8-4-1-1-
1	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances 2,007.	,		Agri ,	, »
	b Less ⁻ cost of goods sold b 2,016.		<u></u>	<u> </u>	<u> </u>
	c Net income or (loss) from sales of inventory	-9.	-9 <u>.</u>		
İ	Miscellaneous Revenue Business Code				
İ	11a MISCELLANEOUS 611710	11,571.	11,571.		
	b	· · · · · · · · · · · · · · · · · · ·			
	c				
	d All other revenue	·		 	
1	e Total. Add lines 11a-11d	11 571	 		
		11,571.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	2,932,766.	159,072.	0.	20,657.

Form **990** (2008)

Page 10

All other organizations must complete column (A) but are not required to complete columns (B), (C), an
--

Do	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	7b, 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	667,987.	667,987.	r 184	,
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	120,430.	120,430.	And the second s	<u> </u>
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			e Co	> 1,°
4	Benefits paid to or for members				<i>)</i> ,
5	Compensation of current officers, directors, trustees, and key employees	108,782.	51,191.	57,591.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,208,306.	1,130,299.	78,007.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	167,759.	149,209.	18,550.	
9	Other employee benefits	137,650.	92,786.	44,864.	
10	Payroll taxes	106,833.	88,676.	18,157.	
11	Fees for services (non-employees)				
	a Management				
ı	b Legal	2,085.		2,085.	
	c Accounting	20,950.	20,950.		
	d Lobbying.	,			
	e Prof fundraising svcs See Part IV, In 17		, ×.,,	Ř	
1	Investment management fees				
•	g Other	4,436.	3,156.	1,280.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	54,608.		54,608.	
17	Travel	113,792.	102,399.	11,393.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	90,524.	87,186.	3,338.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,427.	9,150.	1,277.	
23		9,187.	7,675.	1,512.	t.
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)	" [*] 2> ·	·		· W
;	a SUPPLIES	96,191.	91,023.	5,168.	
1	b PAYMENTS TO CONTRACTORS	85,630.	85,630.		
	c PRINTING AND PUBLICATIONS	36,425.	32,245.	4,180.	
	d EQUIPMENT RENTAL & MAINTENANCE	17,314.	9,324.	7,990.	
(e_TELEPHONE	9,877.	3,376.	6,501.	
1	f All other expenses	9,919.	6,110.	3,809.	
	Total functional expenses. Add lines 1 through 24f	3,079,112.	2,758,802.	320,310.	0.
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				
BAA		1			Form 990 (2008)

Pa	in x	Balance Sneet							
					(A) Beginning of year		End o	B) of year	•
	1	Cash – non-interest-bearing .			88,430.	1		45,3	331.
	2	Savings and temporary cash investments			539,222.	2	5	45,7	148.
	3	Pledges and grants receivable, net		•	402,792.	3	2	79,9	}67.
	4	Accounts receivable, net			19,188.	4	-	37,2	247.
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	rs, trus L	stees, key employees,		5			
	6	Receivables from other disqualified persons (as defin	ed und	der section 4958(f)(1))		,			
		and persons described in section 4958(c)(3)(B). Com	plete F	Part II of Schedule L		6			
A S S E T S	7	Notes and loans receivable, net				7			
Ē	8	Inventories for sale or use .				8		1,7	742.
s	9	Prepaid expenses and deferred charges			25,055.	9	<u> </u>		
	10 a	Land, buildings, and equipment cost basis .	10a	89,821.	Much Bur - M		ال الريادة والدلاء	·\$	1. 48
	b	Less accumulated depreciation Complete Part VI of					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- 6	
		Schedule D	10Ь	47,147.	56,120.	10 c		42,6	574.
	11	Investments — publicly-traded securities				11			
	12	Investments – other securities. See Part IV, line 11				12			
	13	Investments - program-related. See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11				15			
	16	Total assets. Add lines 1 through 15 (must equal line	34)		1,130,807.	16	9	52,7	<i>1</i> 09.
	17	Accounts payable and accrued expenses			54,999.	17		49,2	<u> 216.</u>
	18	Grants payable			146,238.	18	1	.09,9	}89.
	19	Deferred revenue .			76,586.	19	1	16,9	} 23.
Ļ	20	Tax-exempt bond liabilities				20			
B	21	Escrow account liability. Complete Part IV of Schedul	e D			21			
l L T	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, rsons.	key employees, Complete Part II	rgarten inn Barth	. After			· •
- 1		of Schedule L				22	ļ		
E S	23	Secured mortgages and notes payable to unrelated the	nird pa	arties		23			
-	24	-Unsecured-notes and-loans payable	•			24	ļ <u>.</u>		
	25	Other liabilities Complete Part X of Schedule D			114,784.	25		84,7	
	26	Total liabilities. Add lines 17 through 25			392,607.	26		60,8	
Ĕ		Organizations that follow SFAS 117, check here	X aı	nd complete lines		1 1	Tylen I at I	ngharsh	/ I''
T		27 through 29 and lines 33 and 34.				سسست	. She Line	414	
ş	27	Unrestricted net assets .			738,200.	27	5	91,8	<u> 354.</u>
Ē	28	Temporarily restricted net assets				28			
	29	Permanently restricted net assets .	•		, , , , , , , , , , , , , , , , , , , ,	29		,	÷n ,
Q F U		Organizations that do not follow SFAS 117, check he lines 30 through 34.	ere ►	and complete		è		- 1,4	ny j
FUZD	30	Capital stock or trust principal, or current funds				30			
ΒĀ	31	Paid-in or capital surplus, or land, building, and equip	ment	fund		31	_		
日々しく こくしゅう	32	Retained earnings, endowment, accumulated income	, or ot	her funds		32			
Š	33	Total net assets or fund balances.			738,200.	33	5	91,8	354.
	34	Total liabilities and net assets/fund balances.			1,130,807.	34	9	52,7	709.
Pa	nt X	Financial Statements and Reporting							
1	۸۵	counting method used to prepare the Form 990	`aah	X Accrual	Other			Yes	No
		re the organization's financial statements compiled or	Cash				2a		X
•		re the organization's financial statements complied or		•	accountant.		2 b	Х	
		•		•	ity for aversight of the a	u idi+	20	- A	\vdash
		Yes' to 2a or 2b, does the organization have a commiti iew, or compilation of its financial statements and sele a result of a federal award, was the organization requi					2c	X	-
3	Au	dit Act and OMB Circular A-133?	160 IO	undergo an addit of a	uuita aa aet ivitti iii tile	Jiriyi	е За	X	
	b If "	Yes,' did the organization undergo the required audit o	r audıl	ts?			3b		
BA		· · · · · · · · · · · · · · · · · · ·			•		Form	990 ((2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	of the o	organization				-					ion number		
MAI	NE	MATHEMATICS	& SCIENCE ALL	IANCE					22-31	81644	:		
Part	1	Reason for Pul	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	(see II	nstruct	ions)		
The o	rgan	ization is not a priv	vate foundation becau	se it is. (Please check of	nly one	organiza	ation.)						
1	\Box	A church, convention	on of churches or asso	ociation of churches desc	cribed in	section	170(b)(1)(A)(i).	•				
2	\square	A school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule E	Ε.)								
3	A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)												
4	\square	A medical research	organization operate	d in conjunction with a h	ospital d	describe	d in sec	tion 170	0(b)(1)(A)(iii) . En	iter the ho	spital's	5
	name, city, and state												
5	170(b)(1)(A)(iv). (Complete Part II)												
6	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													
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				exclusively to test for pu									
11	ш,	more nublicly supp	orted, organizations d	exclusively for the beneficial escribed in section 509(station and complete lines	a)(1) or	section.	509(a)(2	ctions o	of, or car section	ry out th 509(a)(3	ne purpose). Check t	s of o	ne or k 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												
е	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 check this box	received a written det	ermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting (organizatio	n,	
g	:	Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	oution fro	om any	of the fo	ollowing	persons	?		,
												Yes	No
		(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or upported organization?	together	with pe	rsons do	escribed	d ın (ıı) a	and (III)	_11 g_(i)	_	
		(ii) a family mem	ber of a person desc	ribed in (i) above?							11 g (ii)		
		(iii) a 35% contro	lled entity of a person	described in (i) or (ii) a	bove?						11 g (iii		
h		Provide the following	ng information about t	he organizations the org	janizatio	n suppo	rts						
	(i)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in cold in your erning ment?		ızatıon in (i) of	(vi) li organizati (i) organiz U S	on in cot I	(viı) Amou	nt of Sup	oport
					Yes	No	Yes	No	Yes	No			
						1							
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							1						
					ļ	<u> </u>		ļ					
Total				å ,≻	1	<u> </u>			<u> </u>				

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 MAINE MATHEMATICS & SCIENCE ALLIANCE Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) È Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') 3,021,765. 2,882,945. 3,129,457. 4,243,843. 2,753,037 16,031,047. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. 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 Total. Add lines 1-3 4,243,843 3,021, 765 2,882,945 3,129,457 753,037 16,031,047. The portion of total -7 **%**, g 🔆 800 contributions by each person (other than a governmental unit or publicly supported , Ye ú À PEC) 44 organization) included on line 1 that exceeds 2% of the amount 4 11 shown on line 11, column (f) 0. å Public support. Subtract line 5 هُديٌ ' iA. 11.65 ***** from line 4 16,031,047. Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 4,243,843 3,021,765 7 Amounts from line 4 2,882,945 ,129,457 2,753,037 16,031,047. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 10,259 22,353 similar sources 20,518 11,621 9,851 74,602. Net_income_form_unrelated business activities, whether or not the business is regularly carried on 0. Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.) 0. Total support. Add lines 7 through 10 16,105,649. Gross receipts from related activities, etc. (see instructions) 12 1,297,246. First five years. 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 Section C. Computation of Public Support Percentage 99.5% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 99.2% 16a 33-1/3 support test − 2008. 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. b 33-1/3 support test – 2007. 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 17a 10%-facts-and-circumstances test — 2008. 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. b 10%-facts-and-circumstances test - 2007. 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.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 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 (d) 2007 Calendar year (or fiscal yr beginning in)► (a) 2004 **(b)** 2005 (c) 2006 (f) Total (e) 2008 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1. 2. 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 Public support (Subtract line 7c from line 6.1 ',1 Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2004 **(b)** 2005 (d) 2007 (c) 2006(e) 2008 (f) Total 9_Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form 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 inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12) 1.12 1 11/3 First five years. 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 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 .

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

Part IV	Supplent Part II, II	or 990-E2 nental In ne 17a (formatio or 17b; o	n. Comp r Part III	lete this , line 12.	part to pi Provide	rovide the any other	explanation additional i	n required b information.	y Part II, lir (see instru	ne 10; ctions)
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Name	of the organization			Employer Identification number
MA]	NE MATHEMATICS & SCIENCE ALLI	ANCE		22-3181644
Par	tl Organizations Maintaining Donor the organization answered 'Yes' to	r Advised Funds or Other Similar Fund o Form 990, Part IV, line 6.	ds or Acco	ounts Complete if
		(a) Donor advised funds	(b) Fu	unds and other accounts
1	Total number at end of year		-	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in do to the organization's exclusive legal control?	nor advised	Yes No
6	used only for charitable purposes and not for impermissible private benefit??	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or other	er	Yes No
Par	til Conservation Easements Comple	ete if the organization answered 'Yes' t	o Form 99	0, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)		
	Preservation of land for public use (e.g., r	ecreation or pleasure) Preservation o	f an historica	illy important land area
	Protection of natural habitat	Preservation o	f certified his	toric structure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held of the tax year.	a qualified conservation contribution in the form	of a conserv	vation easement on the last day
			\$ · · \$	Held at the End of the Year
a	Total number of conservation easements		2a	-
t	Total acreage restricted by conservation ease	ments	2 b	
	Number of conservation easements on a certi		2c	
c	Number of conservation easements included i	n (c) acquired after 8/17/06	2d	
3		transferred, released, extinguished, or terminat	ed by the org	ganization during the taxable
_	year ►			
4	Number of states where property subject to co		 -	
5	enforcement of the conservation easement it			Yes No
6	_	, inspecting, and enforcing easements during the		
7	Amount of expenses incurred in monitoring, in	especting, and enforcing easements during the	year ► \$	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	ction	Yes No
9		s conservation easements in its revenue and expen- to the organization's financial statements that d		
Rai	t.III., Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line 8	Other Sim 8.	ilar Assets
1 a	If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	r SFAS 116, not to report in its revenue stateme lic exhibition, education, or research in furtheral ents that describes these items.	ent and balar nce of public	nce sheet works of art, historical service, provide, in Part XIV,
t	If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	r SFAS 116, not to report in its revenue stateme lic exhibition, education, or research in furtheral	ent and balar nce of public	nce sheet works of art, historical service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		* \$
	(ii) Assets included in Form 990, Part X.			► \$
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items:	or financial g	ain, provide the following
	Revenues included in Form 990, Part VIII, line			► \$
Ł	Assets included in Form 990, Part X			▶ \$

Schedule D (Form 990) 2008 MAINE Part III Organizations Mainta				es, or O		3181644 Assets <i>(c</i>		Page 2 ed)
Using the organization's accessic that apply)	on and other records,	check any of the	e following that a	are a signi	ficant use of its	collection it	ems (cl	heck all
a Public exhibition		d Loan d	r exchange prog	grams -				
b Scholarly research		e Other						
c Preservation for future gener	ations				<u> </u>			
4 Provide a description of the orga Part XIV.	nization's collections	and explain how	they further the	organiza	tion's exempt pu	irpose in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be mai	ntained as part o	f the organizatio	n's collec	tion?	Yes		No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arranger	nents Comple	ete if organiza X line 21	ation ans	swered 'Yes'	to Form 9	90, Pa	art
1a Is the organization an agent, trus included on Form 990, Part X?	<u>—</u>	· · · · · · · · · · · · · · · · · · ·		or other	assets not	Yes	——	—— ∏No
b If 'Yes,' explain the arrangement								
, ,		,	3		i i	Amoun	t	
c Beginning balance					1 c			
d Additions during the year .				•	1 d			
e Distributions during the year .					1 e	·,		
f Ending balance	••				1f			
2a Did the organization include an amount on Form 990, Part X, line 21?								No
b If 'Yes,' explain the arrangement in Part XIV.								
Part V Endowment Funds Co		ation answere	d 'Yes' to Fo	rm 990	Part IV June	10		
Tart V Elidowillent Lunds Co	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years b		Four years	e back
1 a Bagungung of ways balance	(a) Current year	(b) Filol year	(c) Iwo ye	ars back	(u) Tillee years I	Jack (e)	-our years	S Dack
1 a Beginning of year balance .				ाः सद्द्रिके ५ अङ्ग्रेस	2 1 2 4 3	\$\frac{1}{2} \frac{1}{2} \frac	<u>a</u>	
b Contributions		*	. 1881	· <u>·</u>				- F17
c Investment earnings or losses.		** ***		ζ,		۵,	1	100 %
d Grants or scholarships		4,					, , , , , ,	
e Other expenditures for facilities and programs		* 4			x 1/9 (\$7.7)		- ¹ -2	
f Administrative expenses .			87 6 1986 9	77 - 288				
g End of year balance				``````````````````````````````````````	,^ ,**		; ; 🔅	
2 Provide the estimated percentage		ance held as:						
a Board designated or quasi-endow	vment ►	%						_
b Permanent endowment	%							
c Term endowment ►	%							
3a Are there endowment funds not a organization by.	n the possession of	the organization	that are held and	d administ	ered for the	[Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations	•					3a(ii)		
b If 'Yes' to 3a(ii), are the related of	organizations listed a	s required on Sc	hedule R?			3b		
4 Describe in Part XIV the intended	d uses of the organiz	ation's endowme	nt funds					
Part VI Investments-Land, B	uildings, and Eq	uipment. See	Form 990, P	art X, Iır	ne 10.		,	
Description of investment	(a) Cos	t or other basis evestment)	(b) Cost or oth basis (other	ner	(c) Depreciation	(d) E	Book Va	alue
1a Land				1	\$0.4 xX+			
b Buildings								
c Leasehold improvements .			29,5	525.	4,24	4.	25.	281.
d Equipment.		·	40,2		25,40			883.
e Other			20,0		17,49			510.
Total. Add lines 1a-1e (Column (d) sho	ould equal Form 990.	Part X. column		1	,	•		674.
BAA	, , , , , , , , , , , , , , , , , , , ,				Sc	hedule D (F		

TEEA3302L 12/23/08

(a) Description of security or category (collection and security) Financial derivatives and other Inancial products Closely-held equity interests Other Total (Column (b) should equal from 390 Part X, col. (b) final 12) Feart VIII, Investments—Program Related (See Form 990, Part X, line 13) Total (column (b) should equal from 390 Part X, col. (b) final 12) Feart VIII, Investments—Program Related (See Form 990, Part X, line 13) Total (column (b) should equal from 390 Part X, col. (b) final 12) Feart VIII, Investments—Program Related (See Form 990, Part X, line 13) Total (column (b) final (should equal from 390 Part X, col. (b) final 13) Feart, IXA Other Assets (See Form 990, Part X, line 15) Total Column (b) Total (should equal from 590, Part X, col. (b), line 15) Feart, IXA Other Laibilities (See Form 990, Part X, line 25) (b) Description Total Column (b) Total (should equal from 590, Part X, line 25) (c) Description Total Column (b) Total (should equal from 590, Part X, line 25) (d) Description (b) Fart X (b) Fart X (c) (b) Amount (c) Part X (c) (c) A	Part VII	Investments-Other Securities See F	orm 990, Part X, Iir	ne 12. <u>N/A</u>	
Closely-held equity interests Other Total. (Column (b) Stockid equal Form 590 Part X, col. (b) line 12) - Part VIII. Investments—Program Related (See Form 990, Part X, line 13) Total. (Column (b) Stockid equal Form 590 Part X, col. (b) line 13) - Total. (Column (b) Total (should equal Form 990, Part X, col. (b) line 15) Part XIV. Other Labilities (See Form 990, Part X, line 15) Total. Column (b) Total (should equal Form 990, Part X, col. (b) line 15) Federal Income Taxes ACCRUED PAYROLL & VACATION 84, 727. Total. Column (b) Total (should equal Form 990, Part X, line 25) - Part XIV. Other Labilities (See Form 990, Part X, line 25) Federal Income Taxes ACCRUED PAYROLL & VACATION 84, 727.		(a) Description of security or category (including name of security)		(c) Method of value	ation rket value
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In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax					
In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax					
In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48	Total. Colum	nn (b) Total (should equal Form 990, Part X, col. (B) line 25)	▶ 84,72	27.	
	In Part XI'	V, provide the text of the footnote to the organia under FIN 48	zation's financial stateme	ents that reports the organization's liab	ulity for uncertain tax

Schedule D (Form 990) 2008 MAINE MATHEMATICS & SCIENCE ALLIANCE

22-3181644

Page 3

Sch	edule D (Form 990) 2008 MAINE MATHEMATICS & SCIENCE ALLIANCE 22	-3181644	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		2,932,766.
2	Total expenses (Form 990, Part IX, column (A), line 25)		3,079,112.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-146,346.
4	Net unrealized gains (losses) on investments .		
5	Donated services and use of facilities	,	
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV).		
9	Total adjustments (net) Add lines 4-8 .		
10			-146,346.
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	-
1	Total revenue, gains, and other support per audited financial statements	1	2,932,766.
2	1	, <u>*</u> , ,	
	a Net unrealized gains on investments . 2a		
1	b Donated services and use of facilities.	X	
	c Recoveries of prior year grants	<u> </u>	
	d Other (Describe in Part XIV) 2d	<u> </u>	
•	e Add lines 2a through 2d .	2e	
3	Subtract line 2e from line 1	3	2,932,766.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investments expenses not included on Form 990, Part VIII, line 7b	`	
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		<u>2,932,766.</u>
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	2 070 110
1	Total expenses and losses per audited financial statements	1	3,079,112.
2		4	
	a Donated services and use of facilities.		
	b Prior year adjustments 2b	45 A	
	c Losses reported on Form 990, Part IX, line 25	^	
	d Other (Describe in Part XIV)		
_ '	e Add lines 2a through 2d	2e	2 070 110
3	Subtract line 2e from line 1	3	3,079,112.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	- 100mm regioner	
	b Other (Describe in Part XIV)	 	
	c Add lines 4a and 4b	4c	2 070 112
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18.) rt XIV Supplemental Information	5	3,079,112.
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	, lines 1b an	d 2b, Part V,
			-

Scheaule D	(FOITH 990) 2008	Page :
Part XIV	Supplemental Information (continued)	
		_ _
		- - - -
		
 _		
		_ .
		
		-

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S. Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

OMB No 1545-0047 2008

Open to Public Inspection

Employer identification number 22-3181644

2

X

Part I General Information on Grants and Assistance MAINE MATHEMATICS & SCIENCE ALLIANCE

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

990, Part IV, line 21 for any recipient that received more triain \$5,000. Others had box if no other received more triain \$5,000. Osci Part IV and Schedule 1-1 (Form 990) if additional space is needed	ly recipient tnat re Form 990) if addit	eceived more till Ilonal space is n	eeded	ills box ii ilo olle i	acipielit leceived		A
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AAAS	53-0196568	501 (C) (3)	144,496.	.0			SEE PART IV
AUBURN SCHOOL DEPARTMENT P O BOX 800 AUBURN, ME 04212		GOVERNMENT	17,949.	0			SEE PART IV
BOSTON MUSEUM OF SCIENCE SCIENCE SCIENCE PARK BOSTON, MA 02114	04-2103916		35,112.	0			SEE PART IV
1CST	04-3353088		168,480.	0.			SEE PART IV
INSTITUTE FOR BROADENING PARTICIPATION P O BOX 607 DAMARISCOTTA. ME 04543	ION 20-1891162		16,220.	0.			SEE PART IV
MAINE SAD 60	01-0277321	GOVERNMENT	16,215.	0			SEE PART IV
MID MAINE TECHNICAL CENTER 3 BROOKLYN AVE 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	36-4653682	501 (C) (3)	5,163.	0.			SEE PART IV
THE CONCORD CONSORTIUM 25 LOVE LANE CONCORD MA 01742	04-3254131		59,750.	0			SEE PART IV
(2)(2)(0)	o too make the control of	000000000000000000000000000000000000000					. 11

2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations

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

TEEA3901L 12/19/08

Schedule I (Form 990) 2008

Schedule I (Form 990) 2008 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) UNIVERSITY OF ME FARMINGTON - TO ASSIST IN CREATING MATHEMATICS CONTENT EXPERTISE BOSTON MUSEUM OF SCIENCE - TO ASSIST IN THE PROFESSIONAL DEVELOPMENT OF TEACHERS. INSTITUTE FOR BROADENING PARTICIPATION - WEB PAGE DEVELOPMENT FOR STEM IN MAINE MID MAINE TECHNICAL CENTER - TO ASSIST WITH THE SUSTAINABLE WINDPOWER PROJECT AAAS - CREATE SPECIALIZED WEB SITE FOR MIDDLE SCHOOL TEACHERS & STUDENTS (d) Amount of non-cash assistance THE CONCORD CONSORTIUM - SPECIALIZED COMPUTER SKILLS FOR CURRICULUM THE JACKSON LABORATORY - SPECIALIZED SCIENCE SKILLS FOR CURRICULUM 200 75,230 (c) Amount of cash grant 45, __ICST -_TO SUPPORT STATEWIDE LONGITUDINAL DATA SYSTEMS Use Schedule I-1 (Form 990) if additional space is needed AUBURN SCHOOL DEPT - TEACHER STIPENDS & SUPPLIES PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION MAINE SAD 60 - TEACHER STIPENDS AND SUPPLIES 79 137 (b) Number of recipients ASSISTANCE TO TEACHERS FOR SCHOOL BASED INITIATIVES TEACHERS FOR PROFESSIONAL DEVELOPMENT (a) Type of grant or assistance ဥ ASSITANCE Part III

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MAINE MATHEMATICS & SCIENCE ALLIANCE

Schedule I (Form 990) 2008

2008

SCHEDULE I, PART IV - SUPPLEMENTAL INFORMATION

PAGE 3

MAINE MATHEMATICS & SCIENCE ALLIANCE

22-3181644

PART IV - ADDITIONAL SUPPLEMENTAL	. INFORMATION ((CONTINUED)
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UNIVERSIT	Y OF	SOUTHERN	MAI	NE -	- TO	ASS:	IST	IN	THE	ADMINISTRATION	OF	NOYCE	SCHOLARSHIP
WESTED -	COLL	ABORATION	ON	DEVI	ELOPI	MENT	OF	TEA	ACHER	RESOURCES			

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

2008

OMB No 1545-0047

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organization							n number
MAINE MATHEMATICS & SCIENCE	ALLIANCE					22-3181644	
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990)	JOther Assistand	ce to Governments	and Organizations	s in the U.S. (Sched	Jule I (Form 990		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JACKSON LABORATORY	01-0211513		29, 686.				SEE PART IV
UNIVERSITY OF MAINE AT FARMINGTO 111 SOUTH STREET FARMINGTON, ME 04938	01-6000769	GOVERNMENT	43,815.				SEE PART IV
<u>UNIVERSITY OF SOUTHERN MAINE</u> P.O. BOX 9300 PORTLAND, ME 04104	01-6000769	GOVERNMENT	6,781.				SEE PART IV
WESTED AVE AVE LAMPSON AVE LOS ALAMITOS , CA 90720	94-3233542		80,898.				SEE PART IV
							ļ
2 Enter total number of Section 501(c)(3) and government organizations3 Enter total number of other organizations) and government orgons	ganizations					

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TEEA4001L 12/17/08

Schedule I-1 (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

MATN	E MAIHEMAILCS & SCIENCE ALLIANCE 22-3161644
F.	ORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS
T	HE DIRECTOR OF FINANCE AND OPERATIONS REVIEWS THE 990 WITH THE BOARD HIGHLIGHTING
K	EY POINTS. ASSISTANCE FROM INDEPENDENT AUDITORS IS PROVIDED ON AN AS-NEEDED BASIS.
F	ORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C
0	N_AN_ANNUAL BASIS BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST
S	TATEMENT STATING THEY HAVE READ THE CONFLICT OF INTEREST POLICY, ARE NOT ENGAGED IN
A	NY TRANSACTIONS THAT VIOLATE THE POLICY, AND DO NOT INTEND TO ENGAGE IN ANY
T	RANSACTIONS THAT WOULD VIOLATE THE POLICY. THE DIRECTOR OF FINANCE AND OPERATIONS
M	ONITORS THE SIGNED STATEMENTS TO ENSURE COMPLIANCE ON AN ANNUAL BASIS.
F	ORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES
E	XECUTIVE DIRECTOR COMPENSATION ESTABLISHED AT TIME OF APPOINTMENT THROUGH AUTHORITY
0	F CHAIR. ANNUAL COLAS ARE INCORPORATED INTO THE OVERALL ANNUAL BUDGET APPROVAL
P	ROCESS.
F	ORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
G	OVERNING DOCUMENTS, POLICIES, AND FINANICIAL STATEMENTS ARE KEPT IN A THREE RING
В	INDER AVAILABE TO ALL STAFF AND IS AVAILABLE TO THE PUBLIC UPON REQUEST. THE 990
Т	AX RETURN IS ALSO AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG.
. <u></u>	
	