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Short Form  
Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2008

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning AUG 1, 2008 and ending JUL 31, 2009

B Check if applicable

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

C Name of organization

Please use IRS label or print or type  
See Specific Instructions

MAINE TELECOMMUNICATIONS USERS GROUP

01-0520454

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

PO BOX 8549

207-773-0375

City or town, state or country, and ZIP + 4

F Group Exemption

PORTLAND, ME 04104-8549

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: ► WWW.MTUG.ORG

J Organization type (check only one) —  501(c) ( 6 ) (insert no.)  4947(a)(1) or  527K 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 ► \$ 68177.36

## 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	
2	Program service revenue including government fees and contracts	2	68170.00
3	Membership dues and assessments	3	
4	Investment income	4	7.36
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6	
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 ► )	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	68177.36
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	30855.08
13	Professional fees and other payments to independent contractors	13	480.00
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	1596.64
16	Other expenses (describe ► )	16	25205.04
17	Total expenses. Add lines 10 through 16	17	58136.76
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10040.60
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	83580.62
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	93621.22

## 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	82368.84	92665.33
23 Land and buildings	23	
24 Other assets (describe ► )	1211.78	955.89
25 Total assets	83580.62	93621.22
26 Total liabilities (describe ► )	0.00	0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	83580.62	93621.22

832171  
12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

Expenses

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

What is the organization's primary exempt purpose? See Statement 4

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.

**28 ANNUAL TRADE SHOW WHICH PROVIDES EDUCATIONAL WORKSHOPS AND VENDOR DISPLAYS**(Grants \$  If this amount includes foreign grants, check here ►  28a 53510.76

29

(Grants \$  If this amount includes foreign grants, check here ►  29a

30

(Grants \$  If this amount includes foreign grants, check here ►  30a

31 Other program services (attach schedule)

(Grants \$  If this amount includes foreign grants, check here ►  31a

32 Total program service expenses (add lines 28a through 31a)

►  32 53510.76**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(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 & deferred compensation	(e) Expense account and other allowances
MARGE STOCKFORD SEE ORGANIZATION ADDRESS	EXECUTIVE DIRECTOR 20.00	30855.08	0.00	0.00
AL BAKUTIS SEE ORGANIZATION ADDRESS	DIRECTOR 1.00	0.00	0.00	0.00
LANCE BELL SEE ORGANIZATION ADDRESS	DIRECTOR 1.00	0.00	0.00	0.00
RON BROWN SEE ORGANIZATION ADDRESS	DIRECTOR 1.00	0.00	0.00	0.00
DICK CURRY SEE ORGANIZATION ADDRESS	TREASURER 2.00	0.00	0.00	0.00
SAM HAFFORD SEE ORGANIZATION ADDRESS	DIRECTOR 1.00	0.00	0.00	0.00
STEVE HAND SEE ORGANIZATION ADDRESS	DIRECTOR 1.00	0.00	0.00	0.00
KEVIN HEATLEY SEE ORGANIZATION ADDRESS	DIRECTOR 1.00	0.00	0.00	0.00
NORM HOULE SEE ORGANIZATION ADDRESS	PRESIDENT 2.00	0.00	0.00	0.00
DICK HULSEY SEE ORGANIZATION ADDRESS	VICE PRESIDENT 2.00	0.00	0.00	0.00
GAYLE LANGIS SEE ORGANIZATION ADDRESS	DIRECTOR 1.00	0.00	0.00	0.00
CHUCK MCALLISTER SEE ORGANIZATION ADDRESS	DIRECTOR 1.00	0.00	0.00	0.00
LINDA OLLEN SEE ORGANIZATION ADDRESS	DIRECTOR 1.00	0.00	0.00	0.00
LOUISE ROBERTSON SEE ORGANIZATION ADDRESS	DIRECTOR 1.00	0.00	0.00	0.00
CURT SWEET SEE ORGANIZATION ADDRESS	DIRECTOR 1.00	0.00	0.00	0.00

## Part V | Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.00		
b Did the organization file Form 1120-POL for this year?	37b	X
38a 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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A	40b	N/A
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
► 0.00		
d Enter amount of tax on line 40c reimbursed by the organization		
► 0.00	40e	X
e 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		
41 List the states with which a copy of this return is filed. ► ME		
42a The books are in care of ► The Organization Located at ► PO BOX 8549, PORTLAND, ME	Telephone no. ► 207-773-0375	
	ZIP + 4 ► 04104-8549	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country. ►	42c	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		
If "Yes," enter the name of the foreign country. ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	► 43 N/A	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2008)

**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.

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
46			
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	Yes	No
47			
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Yes	No
48			
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes	No
49a			
b	If "Yes," was the related organization(s) a section 527 organization?	Yes	No
49b			
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."	Yes	No

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".

N/A

Total number of other independent contractors each receiving over \$100,000

0

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.

knowledge and belief, it is true,  
1 June 15 2010

Here \_\_\_\_\_ Signature of officer MARVIN A STACHEK Greenville

<input type="checkbox"/> <b>Type or print name and title</b>				
<b>Paid Preparer's Use Only</b>	<b>Preparer's signature</b>	<b>Date</b>	<b>Check if self-employed</b>	<b>Preparer's Identifying Number (See instr.)</b>
		<b>06/14/10</b>	<input type="checkbox"/>	<b>EIN</b>
	<b>Firm's name (or yours if self-employed), address, and ZIP + 4</b>	<b>Phone</b> <b>no.</b> <b>(207) 854-1811</b>		
	<b>Keirstead &amp; Fox, P.A.</b> <b>2 Church Street</b> <b>Westbrook, Maine 04092</b>			

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

Form 990-EZ (2008)

Form 550-EZ (2000)

Form 990-EZ

Other Expenses

Statement 1

Description	Amount
TRADE SHOW	18761.04
BOARD EXPENSES	2398.24
INSURANCE	1125.00
TRAVEL	1678.67
INTERNET/COMPUTER	279.88
SUPPLIES	485.32
BANK FEES	21.00
DEPRECIATION	455.89
Total to Form 990-EZ, line 16	25205.04

Form 990-EZ

Other Assets

Statement 2

Description	Beg. of Year	End of Year
DEPOSIT	300.00	500.00
Other Depreciable Assets	911.78	455.89
Total to Form 990-EZ, line 24	1211.78	955.89

FORM 990-EZ

Information Regarding Transfers  
Associated with Personal Benefit Contracts

Statement 3

A) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . [ ] Yes [X] No

B) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . [ ] Yes [X] No

M.T.U.G.'S MISSION IS TO ADVANCE THE UNDERSTANDING OF M.T.U.G. MEMBERS OF THE TECHNICAL AND REGULATORY TELECOMMUNICATIONS ISSUES THROUGHOUT THE STATE IN AN EDUCATIONAL ENVIRONMENT. TO PROVIDE ECONOMIC AND SOCIAL BENEFITS TO THE M.T.U.G. MEMBERS, MAINE BUSINESSES AND RESIDENTS BY WORKING WITH TELECOMMUNICATION SERVICE PROVIDERS AND LEGISLATIVE AND REGULATORY AGENCIES TO ENHANCE THE TELECOMMUNICATIONS INFRASTRUCTURE AND SERVICES IN MAINE.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of Exempt Organization MAINE TELECOMMUNICATIONS USERS GROUP	Employer identification number 01-0520454
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions P. O. BOX 8549	For IRS use only
	City, town or post office, state and ZIP code. For a foreign address see instructions PORTLAND, ME 04104-8549	

**Check type of return to be filed** (File a separate application for each return)

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

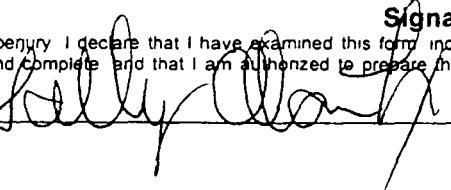
- The books are in the care of ► **RICHARD CURRY** Telephone No ► **(207) 822-8474** FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If 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 is for

- I request an additional 3-month extension of time until **MAY 15 2010**
- For calendar year **2008**, or other tax year beginning **AUGUST 1 2008**, and ending **JULY 31 2009**
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- State in detail why you need the extension

8a	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	8a \$ <b>0.00</b>
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$ <b>0.00</b>
c	<b>Balance Due.</b> Subtract line 8b from line 8a. 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	8c \$ <b>0.00</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► **CPA** Date ► **3-15-10**  
Form 8868 (Rev. 4-2009)