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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>To Promote Scottish Heritage</u>		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)	
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	<u>Promotion of Scottish Heritage and Provide Scholarships to Study Scottish Music, Language and Culture.</u>		
	(Grants \$ <u>10,979.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	10,979.
29	-----		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	-----		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	10,979.

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
<u>Susan Mack</u> <u>44 Leighton Rd.</u> <u>Pownal ME 04069</u>	President 2.00	0.	0.	0.
<u>Bruce H. Davis</u> <u>700 Trillium Ln</u> <u>Clifton ME 04228</u>	Vice President 2.00	0.	0.	0.
<u>Cheryl Smith</u> <u>22 Wires Hill Rd</u> <u>Durham ME 04222</u>	Secretary 2.00	0.	0.	0.
<u>Ellen K. Kyder</u> <u>64 Norway Dr.</u> <u>Woolwich ME 04579</u>	Treasurer 4.00	0.	0.	0.
<u>Susan Mack</u> <u>44 Leighton Rd</u> <u>Pownal ME 04069</u>	Director 1.00	0.	0.	0.
<u>Ellen K. Kyder</u> <u>64 Norway Dr.</u> <u>Woolwich ME 04579</u>	Director 1.00	0.	0.	0.
<u>Cheryl Smith</u> <u>22 Wires Hill Rd</u> <u>Durham ME 04222</u>	Director 1.00	0.	0.	0.
<u>Bruce H. Davis</u> <u>700 Trillium Lane</u> <u>Clifton ME 04228</u>	Director 1.00	0.	0.	0.
<u>Raymond F. Gould</u> <u>432 East Jay Rd</u> <u>Jay ME 04239</u>	Director 1.00	0.	0.	0.
<u>Roy Murdoch</u> <u>142 U S Route 1</u> <u>Gouldsboro ME 04607</u>	Director 1.00	0.	0.	0.
<u>Robert Gray</u> <u>131 South Rd</u> <u>Fayette ME 04349</u>	Director 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs for Part V.)

		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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		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 why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u> <u>0.</u>		
37b	Did the organization file Form 1120-POL for this year?		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 outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39a	Section 501(c)(7) organizations Enter initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	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
41	List the states with which a copy of this return is filed ▶ <u>Maine</u>		

42a The organization's books are in care of **▶** Ellen K. Kyder Telephone no **▶** (207) 653-5247
 Located at **▶** 64 Norway Dr Woolwich ME ZIP + 4 **▶** 04579

		Yes	No
42b	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 ▶ _____		X
42c	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 ▶ _____		X

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 |

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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | Yes | No |
|------------|-----|----|
| 46 | | |
| 47 | | |
| 48 | | |
| 49a | | |
| 49b | | |
- 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
- 47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48** Is the organization 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 a section 527 organization?

50 Complete this table for the organization's 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

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's 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

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

Sign Here

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.

▶ *Ellen Kyder* Signature of officer ▶ 15-9-10 Date

▶ Ellen Kyder, Treasurer Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *Charles H. Crockett* Date 05/06/10 Check if self-employed Preparer's Identifying Number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Charles H. Crockett
79 Day Rd
Gorham ME 040381812 EIN ▶ _____ Phone no ▶ (207) 839-3543

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	Highland Games (event type)	(event type)	5 (total number)	(Add col (a) through col (c))	
1	Gross receipts	80,209.	13,880.	94,089.	
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	80,209.	13,880.	94,089.	
DIRECT EXPENSES	4	Cash prizes	1,240.	1,240.	
	5	Noncash prizes			
	6	Rent/facility costs	38,567.	38,567.	
	7	Food and beverages	11,476.	11,476.	
	8	Entertainment	18,994.	18,994.	
	9	Other direct expenses	20,810.	10,169.	30,979.
	10	Direct expense summary Add lines 4- through 9 in column (d)			101,256.
11	Net income summary Combine lines 3, column (d) and line 10			-7,167.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col (a) through col. (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)			
8	Net gaming income summary Combine lines 1, column (d) and line 7			

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' explain: ----- -----	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain: ----- -----	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a %

b An outside facility

13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ -----

Address: ▶ -----

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

15a

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address of the third party

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ -----

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

**Form 990-EZ
Part II**

Other Assets and Liabilities

2009

Name as Shown on Return
Saint Andrews Society of Maine

Employer Identification No.
01-0377828

Line 24 - Other Assets:	Beginning of Year	End of Year
Note Receivable - MPSP&DC Band	7,000.	4,000.
Note Receivable - Dunlap Band	1,000.	0.
Totals to Form 990-EZ, Part II, line 24	8,000.	4,000.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
Reserve for Raffle Winner	1,800.	1,800.
Totals to Form 990-EZ, Part II, line 26	1,800.	1,800.

Form 990-EZ, Part I, Line 8

Other Revenue Statement

Other revenue (describe)

Miscellaneous 182.
In Memoriam Scholarship 100.

Total 282.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

Office Supplies 71.
Bank Fees 212.
Miscellaneous 35.

Total 318.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>William C. McKeen</u> <u>35 Mosquito Ln.</u> <u>Whitefield ME 04353</u> Foreign city _____ Foreign country _____	Title <u>Director</u> Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Ronald Thurston</u> <u>90 Applegate Ln</u> <u>Falmouth ME 04105</u> Foreign city _____ Foreign country _____	Title <u>Director</u> Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Kevin Dowling</u> <u>64 Norway Dr</u> <u>Woolwich ME 04579</u> Foreign city _____ Foreign country _____	Title <u>Director</u> Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Arthur Dickson</u> <u>61 Cascade Rd</u> <u>Old Orchard Beach ME 04064</u> Foreign city _____ Foreign country _____	Title <u>Director</u> Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Page 2, Part IV

Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

(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
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Thomas Brown II P O Box 403 Andover ME 04216	Title Director			
Foreign city Foreign country	Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> John Mann 42 Magee Rd. Bowdoin ME 04287	Title Director			
Foreign city Foreign country	Hours/Week 1.00	0.	0.	0.
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> George Pulkkinen 15 Ocean View Rd. Scarborough ME 04074	Title Director			
Foreign city Foreign country	Hours/Week 1.00	0.	0.	0.

Form 990-EZ, Part I, Line 10

Grants and Similar Amounts Paid

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Andrew Adams 1000 Main St. St Johnsbury VT 05819	None	800.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	825.
	Ursa Beckford 123 Rebel Hill Rd Clifton ME 04428		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	825.
	Peter Beckford 123 Rebel Hill Rd Clifton ME 04428		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	600.
	Kathy Brownell 42 Parmenter Terrace China ME 04358		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Douglas Campbell 259 Ocean House Rd Cape Elizabeth ME 04107	None	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Thomas Campbell 259 Ocean House Rd. Cape Elizabeth ME 04107	None	500.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Peter Campbell 259 Ocean House Rd. Cape Elizabeth ME 04107	None	500.

If property other than cash was given, the following additional information needs to be provided.

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	750.
	John Daggett, Jr. 1467 Lewiston Rd. Litchfield ME 04350		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	500.
	Jane Gilbert 209 Litchfield Rd. Farmingdale ME 04344		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	500.
	Heather Gilbert 209 Litchfield Rd. Farmingdale ME 04344		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	750.
	James Gray P O Box 494 Southwest Harbor ME 04679		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	750.
	Chris Gray P O Box 494 Southwest Harbor ME 04679		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	500.
	Melanie Lee 494 Johnson Rd. Auburn ME 04201		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	929.
	Avens Ridgeway 982 Butler Rd. Union ME 04862		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	750.
	Melissa Romac P O Box 158 Belgrade Lakes ME 04918		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>	None	500.
	Bridget Smith 26 Brookview Terrace Bedford NH 03110		

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10

Continued

Grants and Similar Amounts Paid

Purpose of Payment Scottish Heritage Scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Scholarship</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Patricia Tillitson</u> <u>1464 Harpswell Neck Rd.</u> <u>Harpswell ME 04079</u>	<u>None</u>	<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined