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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For the	2009 cal	endar y	ar, or tax year begin	nning	, 200	9, and en	ding		•	
В	_ Check if a	Blace						D Emp	imployer identification number		
	Address cl	Address change Please LOCAL S6 COMMUNITY SERVICES					01	01-0517546			
	Name cha	Name to the label of Labor 123 GUTAYOMON, OMDERN						Telephone number			
<u>_</u>	Initial retui	rn j	type See	BATH, ME 0453	30						
ļ	Terminatio	on I	Specific						 -		
-	Amended Application	1610111 K	Instruc- tions							up Ex nber	emption ►
	• :	Section 5	01(c)(3 ust atta	organizations and 4 h a completed Sche	1947(a)(1) nonexemp edule A (Form 990 or	t charitable trusts 990-EZ).		G Accounting Other (spec		. [X]	Cash Accrual
_	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ► H Check ► X										anization is not
1	Website: ► N/A required to attach									Sched	
<u>1</u>					(<u>4</u>) ◄ (insert no) tion 509(a)(3) suppor	4947(a)(1) or	527				
	\$25,000) A Form	1 990-E	or Form 990 return	is not required, but	if the organization	chooses	to file a return,	be sure	e to fil	e a complete return.
L	L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ									▶\$	27.
P	Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions f										ns for Part I.)
	1 C	ontributio	ons, gif	, grants, and similar	r amounts received			•		1	
	2 Pi	2 Program service revenue including government fees and contracts								2	
	3 M	lembersh	np due:	and assessments						3	
		ivestmen								4	27.
	5a G	ross amo	ount fro	n sale of assets othe	er than inventory		5a				
	b Le	ess cost	or oth	basis and sales exp	penses		5 b				
R	₹ c Ga	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)							L	5с	
R E N	🛂 6 Sp	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here									
Ň	a G	a Gross revenue (not including \$ of contributions									
Ē	É re	reported on line 1)							1		
	b Le	b Less, direct expenses other than fundraising expenses 6b									
	c Ne	c Net income of (loss) from special events and activities (Subtract line 6b from line 6a)								6c	
₽	7a G	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns arrow lowances 7a									
2010	b Le	b Less cost of goods sold 1 9 2010									
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)								7 c	
9	8 0t									8	
	9 T									9	27.
DEC -										10	
	11 B		_	for members						11	
CANNED	E 12 S	12 Salaries, other compensation, and employee benefits								12	
₩ :	13 P	13 Professional fees and other payments to independent contractors							-	13	
	م مد ۱۸	14 Occupancy, rent, utilities, and maintenance)- -	14	
Ž,	E 15 P	15 Printing, publications, postage, and shipping)—	15	
S S				e ► SEE STATE						16	183.
(L)	1							· ·	17	183.	
_					act line 17 from line 9						
	Α .		•			•			, i	18	156.
N E T	s 19 N	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)							year	19	2,695.
•	TI 20 O	ther cha	nges in	et assets or fund ba	alances (attach expla	anation)			T	20	
	s 21 N	et assets	s or fur	balances at end of	year Combine lines	18 through 20			-	21	2,539.
P	art II	Balai	nce S	eets. If Total asset	s on line 25, column	(B) are \$1,250,00	00 or more	e, file Form 990	instead	of Fo	
-				(See the instruct				(A) Beginning			(B) End of year
2	22 Cash,	, savings	, and ii	estments	,				, 695.	22	2,539.
2	23 Land	and build	dings	•				•		23	
2		assets (-	•)				24	
2		assets				·		2	, 695.	25	2,539.
2	26 Total	liabilities	desc (desc	oe ►)			0.	26	0.
. 2	27 Net as	ssets or	fund ba	ances (line 27 of col	lumn (B) must agree	with line 21)	_	2	, 695.	27	2,539.

	<u> 1990-EZ (2009) LOCAL S6 COMMU</u>				-051	L7546 Page 2
Par			s (See the instructi	ons.)	(D	Expenses
	is the organization's primary exempt purpose? S				Keg 5017	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Desc	cribe what was achieved in carrying out to	he organization's exempt purpo	oses In a clear and con	ncise manner,	orgai	nizations and section
progr	ram title	or persons benefited, or other n	elevant information for t	eacn	4947 for o	(a)(1) trusts, optional lhers)
	GRANT TO AREA FAMILIES F	PROVIDING FOOD, UTIL	ITIES AND HOUS	TNG	-	
	ASSISTANCE	<u> </u>			1	
					1	
	/O					
	(Grants \$) If	this amount includes foreign gr	ants, cneck nere		28 a	
29						
				 -		
	(Grants \$) If	this amount includes foreign gr	ants, check here	▶ □	29 a	
30						
					1	
					İ	
	(Grants \$) If	this amount includes foreign gr	ants, check here		30 a	
31	Other program services (attach schedu			<u> </u>	-	
	, ,	this amount includes foreign gr	ants, check here	▶ □	31 a	
32	Total program service expenses (add I		and, and and	-	32	
	rt IV List of Officers, Director		inlovees. List each o	ne even if not cor		ated (See the instra)
	, ,	(b) Title and average hours		(d) Contributions		(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	
		to position		deferred compensa	tion	-
<u>DAV</u>	VID_SPARKS	_ CHAIRMAN	0.	1	0.	0.
		1.00		1		
BOW	WDOINHAM, ME 04008					
JAY	Y R WADLEIGH	VICE PRESIDENT	0.		0.	0.
40	WADLEIGH WAY	1.00				
	LGRADE, ME 04917	1				
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			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 34		$\frac{X}{X}$
	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		
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			
ā	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?	35a		Х
Ł	o If 'Yes,' has it filed a tax return on Form 990-T for this year?	35b		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the			v
37:	year? If 'Yes,' complete applicable parts of Schedule N a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	36		<u>X</u>
	D Did the organization file Form 1120-POL for this year?	37b		Χ
38 a	a 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?	38 a		X
ı	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9 39a N/A	•		
	Gross receipts, included on line 9, for public use of club facilities. N/A			
407	a 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			
	b 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	40 b		Х
•	c 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			,
•	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.			
,	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	40 e		Х
41	List the states with which a copy of this return is filed NONE			
42	a The organization's			
	books are in care of ► DAVID SPARKS Located at ► 722 WASHINGTON STREET BATH ME Telephone no ► 207-4	13-5	566_	
		. – – . 1		
	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	Yes	No X
	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 a Foreign Bank and Financial Accounts			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		_ <u>X</u> _
	If 'Yes,' enter the name of the foreign country			
ΑO	Section 4947/a)(1) popovomat charitable trusts filing Form 990 E7 in hour of Forms 1941. Charle have		▶ □	NT / 7
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year			N/A N/A
			Yes	
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		162	No
~**	of Form 990-EZ	44_		Х
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

	46-49b and complete the table:	s for lines 50 and 5	1.		9-5-6		
46 Did ti	he organization engage in direct or indirec	t political campaign activ	vities on behalf of or i	n opposition to candidates	46	Yes	No
•	for public office? If 'Yes,' complete Schedule C, Part I Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II						
	ne organization engage in lobbyling activiti e organization a school as described in se			dula F	47 48		
	he organization make any transfers to an e		•	uule L	49 a		
	es,' was the related organization a section		natou organization.		49 b		
	plete this table for the organization's five h		inlovees (other than a	officers directors trustages	nd key		
	oyees) who each received more than \$100						
(а) 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) Ex accour other all		s
f Tota	I number of other employees paid over \$1	00.000					
	(a) Name and address of each independent conti	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	n
d Tota	I number of other independent contractors	each receiving over \$10	00,000	-			
	Under penalties of perjury, I declare that I have exan true, correct and complete Opclaration of preparer	nined this return, including acco	mpanying schedules and sta	atements, and to the best of my kno	wledge and	belief, it	i is
	true, correct, and complete Declaration of preparer	other than officer) is based on a	all information of which prep	parer has any knowledge	-		
Sign	Land K. Sm. 19	//		11/8/11			
Here	Signature of officer			Date			
	Type or print name and title	5 2/					
	Preparer's Ruhal Ath	11	Date / /	Check if Prep	arer's Identit	yıng Nu	ımber
Paid			ואבלונו		20010-	_	
Pre-	signature RICHARD A. CHAB		11/8/10		000121	7	
Pre- parer's	signature RICHARD A. CHABO Firm's name (or yours if self yours of yours o		11/8/16	Ø employed ► P0			
parer's Use	Firm's name (or yours if self employed). RICHARD A CHABO RICHARD A CHABO 795 MIDDLE ST		11/8/10	EIN ► 2	6-1402	188	
Pre- parer's Use Only	signature RICHARD A. CHABO Firm's name (or yours if self yours of yours o	I CPA PC	11/8/10	EIN PO	6-1402	188 8680) No

2009 ->

FEDERAL STATEMENTS

PAGE 1

LOCAL S6 COMMUNITY SERVICES

01-0517546

STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

INSURANCE

TOTAL \$ 183. \$ 183.

STATEMENT 2 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

GRANT TO AREA FAMILIES PROVIDING FOOD, UTILITIES AND HOUSING ASSISTANCE