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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

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.

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

C Name of organization
Midcoast Fishermens Association

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 223

City or town, state or country, and ZIP + 4
Port Clyde, ME 04855

D Employer identification number
13-4337702

E Telephone number
(207) 372-1058

F Group Exemption Number

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

G Accounting method: ☒ Cash ☐ Accrual
Other (specify):

I Website: mdcoastfishermen.org

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one): ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 39,372

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)			
Revenue	1	Contributions, gifts, grants, and similar amounts received	1 38,508
	2	Program service revenue including government fees and contracts	2
	3	Membership dues and assessments	3
	4	Investment income	4
	5a	Gross amount from sale of assets other than inventory	5c
	5b	Less cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐	6c
	6a	Gross revenue (not including \$ 2,789 of contributions reported on line 1)	
	6b	Less direct expenses other than fundraising expenses	
Expenses	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	0
	7a	Gross sales of inventory, less returns and allowances	7c
	7b	Less cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe)	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 38,508
	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 20,770
	13	Professional fees and other payments to independent contractors	13 12,260
Net Assets	14	Occupancy, rent, utilities, and maintenance	14 1,750
	15	Printing, publications, postage, and shipping	15 543
	16	Other expenses (describe)	16 10,279
	17	Total expenses. Add lines 10 through 16	17 45,602
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -7,094
	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 9,964
	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 2,870

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe)

25 Total assets

26 Total liabilities (describe)

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .

(A) Beginning of year

9,793

171

9,964

9,964

(B) End of year

6,668

131

6,799

3,929

2,870

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? The MFA is a conservation, education, and research organization committed to the restoration and preservation of the groundfish fishery, and to sustaining coastal fishing communities. The organization educates the public regarding sustainable fishing practices and other topics that may contribute to the restoration and conservation of the groundfish fishery. This education also strives to stimulate a public attitude and appreciation regarding the importance and management of this natural resource. The organization also partners with other organizations to conduct research about fishing gear. The organization seeks to preserve the groundfish fishery habitat for the benefit of the public at large and the coastal fishing communities whose existence is dependent on the fishery for their way of life.			
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, and other relevant information for each program title.			
28 With the Island Institute and other organizations, MFA conducted research into fishing gear and methods and the impact on fishing stocks. Research concentrated on fishing net mesh sizes. (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	
29 In collaboration with other exempt organizations, the MFA explored options for the formation of a 501(c)(5) organization that would be dedicated to improving the sustainability and promoting conservation of the groundfish resource. An operations plan and environmental study were conducted. In 2010, this organization was formed as the Port Clyde Community Groundfish Sector. (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 The Chairman of the organization spoke publicly at conferences and meetings throughout the United States to educate people about sustainable fishing methods, and the importance of the restoration and conservation of the fishery to the coastal fishing communities of Maine. Also in 2009, the organization partnered with another exempt organization to sponsor the production of a movie about sustainable fishing practices and the preservation of the fishery and the community. The film will be shown to the public to educate them and stimulate public appreciation and understanding regarding the management of the fishery resource. (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	

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

Part VOther Information (Note the statement requirements in the instructions 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 	33	Yes	
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
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			
a	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		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 	37a		
b	Did the organization file Form 1120-POL for this year?	37b		No
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?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9	39a		0
b	Gross receipts, included on line 9, for public use of club facilities	39b		0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955 			
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			40b
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			40e
41	List the states with which a copy of this return is filed  ME			
42a	The organization's books are in care of  Bethany Smith Telephone no  (207) 372-1058 PO Box 223 Located at  Port Clyde, ME ZIP + 4  04855			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			Yes No
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 			42c
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
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.			Yes No
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.			No

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.

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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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 & deferred compensation	(e) Expense account and other allowances
NONE				

50(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
NONE		

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

Please 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.				
	Signature of officer *****		Date 2010-11-15		
Paid Preparer's Use Only	Preparer's signature David R Williams		Date	Check if self-employed ☐	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Williams CPA Group LLC 350 Commercial/PO BOX 839 Rockport, ME 048560839				EIN ▶
					Phone no ▶ (207) 236-8781
	May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No				

TY 2009 Other Assets Schedule

Name: Midcoast Fishermens Association

EIN: 13-4337702

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Due from MFC	171	131

TY 2009 Other Expenses Schedule**Name:** Midcoast Fishermens Association**EIN:** 13-4337702**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Amount
Travel	6,754
Telephone	1,663
Supplies	100
Penalties	120
Office Expenses	1,117
Conferences, Conventions, and Meetings	525

TY 2009 Other Liabilities Schedule**Name:** Midcoast Fishermens Association**EIN:** 13-4337702**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Payroll tax liabilities		3,929

Additional Data

Software ID:
Software Version:
EIN: 13-4337702
Name: Midcoast Fishermens Association

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
Travis Thorbjornson 82 Erin St Thomaston, ME 04861	Director 0 50	0		
Roger Libby PO Box 182 Port Clyde, ME 04855	Director 0 50	0		
Justin Libby PO Box 182 Port Clyde, ME 04855	Director 0 50	0		
Edward Thorbjornson Sr PO Box 80 Tenants Harbor, ME 04860	Director 0 50	0		
Matt Thompson PO Box 64 Monhegan Island, ME 04852	Director 0 50	0		
Jim Frank 419 Old County Road Washington, ME 04574	Director 0 50	0		
Glenn Hall PO Box 65 Tenants Harbor, ME 04860	Director 0 50	0		
Donald Paulsen 824 Cushing Rd Cushing, ME 04563	Director 0 50	0		
Steve Benner 258 Davey Road Warren, ME 04864	Director 0 50	0		
Gary Libby PO Box 91 Port Clyde, ME 04855	Secretary 0 50	0		
Gerald Cushman PO Box 381 Port Clyde, ME 04855	Treasurer 0 50	0		
Randy Cushman PO Box 356 Port Clyde, ME 04855	Vice Chairman 0 50	0		
Glen Libby PO Box 172 Tenants Harbor, ME 04860	Chairman 12 00	18,769		