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SCANNED JUL 08 2010

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)

2009

OMB No 1545-1150

Open to Public

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

Inspection

_	. or tile .	LUUJ CAICIIUAI	year, c	r tax year beginning	, 2009, and	u enaing				, 20
$\overline{}$	Check if ap		Please	C Name of organization			DE			ification number
$\overline{\Box}$	Address d	*	use IRS	MANECCS				20-32		
닏	Name cha	nge	label or print or	Number and street (or PO box, if mail is n	ot delivered to street address)	Room/sur	te E T	elephone	num	ber
\sqcup	Initial retur	n	type. See			•				
닏	Terminate	d	Specific	375 CHURCH STREET		L		(413)		
\sqsubseteq	Amended	retum	instruc- tions.	City or town, state or country, and ZIP + 4			F	Group Exe	mptic	on
	Application			NORTH ADAMS, MA 01247			١	lumber I	<u> </u>	
	Sec	tion 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt	charitable trusts must attach	•	G Account	ing Metho	d.	Cash X Accrual
			a cor	npleted Schedule A (Form 990 or 9	990-EZ).			pecify) 🕨		
		_				1		22		ganization is not
	Website –						-			edule B (Form 990,
_				ly one) - x 501(c) (3) ◀ (in		527		or 990-PF	_	
				ion is not a section 509(a)(3) suppo						n \$25,000. A
				urn is not required, but if the organ	·					
46		s 5b, 6b, and	7b, to li	ne 9 to determine gross receipts; if	\$500,000 or more, file Form 99	0 instead	d of Form 99	00-EZ ▶	\$	11,011
P	art I 👍	Revenu	<u>e, Ex</u> p	enses, and Changes in N	et Assets or Fund Bala	nces	(See the in	structions	for P	art I)
	1	Contributions	s, gıfts,	grants, and similar amounts receive	ed	• • • •		1		10,561
	2	Program ser	vice rev	enue including government fees ar	nd contracts	• • • •		2		
	3	3 Membership dues and assessments								450
	4	Investment ii						4		
	5a	Gross amou	nt from	sale of assets other than inventory	5a					
				easis and sales expenses	<u> </u>				۴ ۲	
R	c	Gain or (loss	s) from s	sale of assets other than inventory (Subtract line 5b from line 5a)			· · 5c		
e v	6	Special events a	and activit	es (complete applicable parts of Schedule G) If any amount is from gaming,	check here				
e n	a	a Gross revenue (not including \$ of contributions							r	
u	1	reported on l	line 1)	• • • • • • • • • • • • • • • • • • • •	6a	ı		!	*	
е	b	Less: direct	expense	es other than fundraising expenses	6b)			_	
	C	Net income of	or (loss)	from special events and activities	(Subtract line 6b from line 6a)	• • • •		· · 6c	:	
	7a	Gross sales	of inver	tory, less returns and allowances		ı				
	b	b Less cost of goods sold · · · · · · · · · · · · · · · · · · ·								
	c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							:	
	8	Other revenue (describe)								
	9	Total revenu	ie. Add	lines ₹ 2 ③ 2 Þø/, 6c Cc, and \$				▶ 9		11,011
	10			mounts paid (attach schedule) .						4,609
E	11	Benefits paid	to of the	or members				• • 11		
X	12	Salaries, oth	erco∮∰i	pensation, and employee benefits	• • • • • • • • • • • • • • • • • • • •			12	2	
p e	13			d other payments to independent o						916
n s	14			litie (): Gel Mattelle la						
e	15			s, postage, and shipping ····	• • • • • • • • • • • • • • • • • • • •			15		275
5	16	Other expen	ses (de	scribe > STM130) 16		4,415
	17			d lines 10 through 16 · · · · · ·					\perp	10,215
Δ	18	Excess or (d	eficit) fo	or the year (Subtract line 17 from lin	e 9) · · · · · · · · · · · · · · · · · ·		· · · · · ·	• • 18		796
NS e e	19			alances at beginning of year (from						
e s t t				eported on prior year's return)				19		21,247
¹t s		Other chang	es in ne	t assets or fund balances (attach e	xplanation) · · · · · · · ·			20		
_	21			alances at end of year Combine lii						22,043
P	<u>art II 📗</u>	Balance	Shee	ets. If Total assets on line 25, co	lumn (B) are \$1,250,000 or mor	re, file Fo	rm 990 inst	ead of For	m 99	00-EZ
				(See the instructions for Part II)			(A) Beginnin	g of year		(B) End of year
22				ments · · · · · · · · · · · · · · · · · · ·				21,247	22	22,043
23	Land	and buildings			• • • • • • • • • • • • • • • • • • • •	• •			23	
24	Othe	r assets (desc	ribe 🕨			_) [24	
25	Total	assets · ·				••		21,247	25	22,043
26	Total	liabilities (de	scribe	>		_) [26	
27	Net a	ssets or fund	balanc	es (line 27 of column (B) must agre	ee with line 21) · · · · ·	<u>··</u>		21,247	27	22,043
Fo	Privacy	Act and Pap	erwork	Reduction Act Notice, see the sep	arate instructions.	EE	Α			Form 990-EZ (2009)

Form 990-EZ (2009) MANECCS			20-3	3260634	Page 2
Part III Statement of Program Service Acco	mplishments (See the	instructions for Part III)		Expenses
What is the organization's primary exempt purpose? Canadia					ed for section
Describe what was achieved in carrying out the organization's	exempt purposes In a clear	and concise			3) and 501(c)(4)
manner, describe the services provided, the number of persons				1 -	ations and sectior (1) trusts, optiona
each program title				for othe	
28 See Attached Narrative					· · · · · · · · · · · · · · · · · · ·
	·-				
	, ,				
(Grants \$) If this amo	ount includes foreign grants	s. check here · · · ·	· · · · >	28a	(
29				1	
 					
	- · · · · · · · · · · · · · · · · · · ·				
(Grants \$) If this amo	ount includes foreign grants	s. check here · · · ·	•	29a	
30		<u>, , , , , , , , , , , , , , , , , , , </u>	<u>- </u>		··· <u>·</u> ···
(Grants \$) If this amo	ount includes foreign grants	s check here		30a	
31 Other program services (attach schedule) · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
, 3	ount includes foreign grants	check here		31a	
32 Total program service expenses (add lines 28a through 31		· · · · · · · · · · · · · · · · · · ·		32	
Part IV. List of Officers, Directors, Trustees, and Key En			_		Dort IV/
Part IV	(b) Title and average	(c) Compensation	(d) Contributions		(e) Expense
(a) Name and address	hours per week	(If not paid,	employee benefit pla	ans&	account and
ROBERT BOOKMILLER	devoted to position	enter -0)	deferred compens	ation	other allowances
	PAST PRESIDENT		j		
51 WEST FREDERICK STREET MILLERSVILLE, 175 HOWARD CODY	 			9	
	SECRETARY]		
229 NORTH STEVENS HALL ORONO ME, 04469	5			9	(
ROBERT BENCE	TREASURER]		_
72 PORTER STREET ROOM 11 NORTH ADAMS, 0124	· · · · · · · · · · · · · · · · · · ·	(q	
ANDREW HOLMAN	PRESIDENT				
236 TILINHAST HALL BRIDGEWATER MA, 02325	5	(q	
ROBERT TIMKO	ASSISTANT TREAS				
159 JOSEPH STREET BLOSSBURG PA, 16912	1			q	(
MARSHA ANN TATE	EXEC V-PRES - P		j		
222 BUCKHOUT LABORATORY UNIVERSITY PARK, 1	6802-4507 1	(1	q	(
ANTHONY CICERONE	VICE-PRESIDENT				
BRIDGEWATER STATE COLLEGE BRIDGEWATER, 023	25 1	(1	q	(
JOAN WHITMAN HOFF	VICE-PRESIDENT				
LOCK HAVEN UNIV 401 N FAIRVIEW LOCK HAVEN,	17745 1		·	q	(
	1			ĺ	
					
			<u> </u>		
				ļ	
	 				
		<u> </u>			
•					
					

Pa	Other Information (Note the statement requirements in the instructions for Part V)			<u> </u>
<u> </u>	t V Citici Information .		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		х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes · · · · · · · · · · · · · · · · · · ·	34		х
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			
а	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
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		Х
37 a	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		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	7	,	1
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	×	· P	7
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	*	25	
b	Gross receipts, included on line 9, for public use of club facilities		/ *	ı 🐃
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:		**	
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶		1 .5	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		1	
	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		X
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,	· «	İ	
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·	4	İ	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		ļ	
	reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		ŀ	
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed.			
42 a	The organization's books are in care of ▶ ROBERT BENCE Telephone no. ▶ 413-6	62-5	479	
	Located at ▶72 PORTER STREET ROOM 11 NORTH ADAMS, MA ZIP+4 ▶ 0124	17		
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		Yes	No
	account)?	42b		х
	If "Yes," enter the name of the foreign country			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1	1	
	and Financial Accounts.	,	ş:	🕺
c	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		X
	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			
			Yes	No
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
_				

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Form	990-EZ	(2009)

MANECCS

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Page 4

Par	Section 501(c)(3) organizations at 501(c)(3) organizations and section 4947(a)(1)	nd section 4947(a)(1) nonexempt ch	naritable trusts only.	All sectio	n	
	and complete the tables for lines 50 and 51.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
46	Did the organization engage in direct or indirect politi	cal campaign activities on I	pehalf of or in opposi	tion to		Yes	No
	candidates for public office? If "Yes," complete Sche				. 46		Х
47	Did the organization engage in lobbying activities? If	"Yes," complete Schedule	C, Part II · · · ·		. 47		X
48	Is the organization a school as described in section 1				. 48		X
49 a	Did the organization make any transfers to an exemp				· 49a		X
	If "Yes," was the related organization a section 527 of	_			· 49b		X
50	Complete this table for the organization's five highes	t compensated employees	other than officers, o	directors, trustees and key	L	1	
	employees) who each received more than \$100,000	of compensation from the o	organization If there	ıs none, enter "None "			
	(a) Name and address of each employee and more	(b) Title and average	(c) Compensation	(d) Contributions to		xpense	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		unt and lowance	s
NONE	<u> </u>	-					
-f	Total number of other employees paid over \$100,000) > 0	L				
51	Complete this table for the organization's five highes		t contractors who ea	ch received more than			
•	\$100,000 of compensation from the organization. If			cii received more than			
	Troopers of compensation from the organization.	uncre is none, enter 14one.					
	(a) Name and address of each independent contractor paid in	more than \$100 000	(b) Tur	ne of service	(c) Comper	neation	
		1010 1 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(6) 1)	NO OF SCIVICE	(c) Compe	1344011	
N	ONE						
d	Total number of other independent contractors each	receiving over \$100,000	· · · · >				
			<u>. </u>				
	Under pendities of pendity, I declare that I have exar and belief, this true, correct, and complete Declara	nined this retum, including accomp tion of preparer (other than officer)	anying schedules and stati is based on all information	ements, and to the best of my know of which preparer has any knowled	edge oe		
0:		. , , ,		15/13/201	-		
Sigr			· · · · · ·	Date 10/201	<u> </u>		
Here	ROBERT BENCE, TREASURER			Date			
	Type or print name and title	···-		 			
			Data (Check if Preparer's Ide	entrhung No	(\$00.100	
Paid	Preparer's signature	, ,	E 10 2010		1909		1)
Prepa	rer's Pearl Stree	7 7 7 7		EIN > 25-148		_	
Use C		pert PO Box 741	-		~ / // (
	address, and ZP+4 Wellsboro,	4A 18901		Phone no ► 570-72	4-7110		
May t	he IRS discuss this return with the preparer shown ab	ove See instructions .			Yes	X	No
			EEA		Form 99	0-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection

Employer identification number

MAN	ECC								L	260634			
Pa	rt I	Reason for	Public Charit	y Status (All organiz	ations mus	t complete	this part)	See instru	uctions				
The	orga			use it is (For lines 1 thro									
1		A church, convention	n of churches, or a	ssociation of churches d	lescribed ir	section 1	70(b)(1)(A))(i).					
2		A school described i	n section 170(b)(1)	(A)(ii). (Attach Schedule	€E)								
3		A hospital or a coope	erative hospital ser	vice organization descri	bed in sec	tion 170(b)	(1)(A)(iii).						
4		A medical research	organization opera	ted in conjunction with a	hospital d	escribed in	section 1	70(b)(1)(A)(iii). Enter	r the hospi	tal's nam	e,	
		city, and state											
5		An organization ope	rated for the benef	it of a college or univers	ity owned	or operated	by a gove	ernmental	unıt descri	bed in			
		section 170(b)(1)(A)	(iv). (Complete Par	rt II)									
6		A federal, state, or lo	ocal government or	governmental unit desc	ribed in se	ction 170(b)(1)(A)(v).	•					
7	X	An organization that	normally receives	a substantial part of its s	support fro	m a goverr	nmental un	it or from	the genera	ıl public			
		described in section	170(b)(1)(A)(vi). (0	Complete Part II.)									
8				170(b)(1)(A)(vi). (Comp									
9		An organization that	normally receives:	(1) more than 33 1/3%	of its supp	ort from co	ntributions	, member	ship fees, a	and gross			
		receipts from activition	es related to its exe	empt functions - subject	to certain o	exceptions	, and (2) n	o more tha	an 33 1/3%	of its			
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
	_	acquired by the orga	ınızatıon after June	30, 1975. See section	509(a)(2). (Complete	Part III.)						
10		An organization orga	anized and operate	ed exclusively to test for i	public safe	ty See se e	ction 509(a	a)(4).					
11				ed exclusively for the ber				-	•				
				orted organizations desc						section			
				s the type of supporting of	organizatio	n and com	plete lines	11e throu	gh 11h				
		a Type I	b Тур	L_		-Functiona			d	Type	III-Other		
е	Ш			organization is not contro		=			•				
				ers and other than one or	r more pub	licly suppo	rted organ	izations d	escribed in	section			
		509(a)(1) or section											
f				etermination from the IR					porting				
_		organization, check to											•
9		following persons?	oo, nas the organiz	zation accepted any gift	or contribu	tion from a	iny of the						
		~ .	tiroothy or indiroothy	controls sither alone of							ſ		
				controls, either alone oi y of the supported organ			· · · · ·					Yes	No
				cribed in (i) above? · ·							11g(i)		
		•	-	n described in (i) or (ii) a							11g(ii)		
h				t the supported organiza							11g(iii)		
	Δ N	Name of supported	(ii) EIN	1"			63.04		4.5	1. 4	(2)	.	
	₩.	organization	(4) 2114	(iii) Type of organization (described on lines 1-9	in col (i) li	organization sted in your	(v) Did ye the organ	-	organizat	Is the ion in col	1	Amount o upport)ī
				above or IRC section	governing	document?	∞l (i)	of your	(i) organiz	zed in the		•	
				(see instructions))	Yes	No	Yes	port?	Yes	S? No	1		
					1.03	1.00	163	1.40	163	110	 	<u> </u>	
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18

MANECCS 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 1) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 10,137 10,561 13,666 11,384 10,002 55,750 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities fumished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 10,137 13,666 11,384 10,002 10,561 55,750 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from In 4 55,750 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (d) 2008 (c) 2007(e) 2009 (f) Total Amounts from line 4 · · · · 10,137 13,666 11,384 10,002 10,561 55,750 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, 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.) Total support. Add lines 7 through 10 55,750 11 12 Gross receipts from related activities, etc. (see instructions) 13 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) $\triangleright x$ Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2008. 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 - 2009. 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 10%-facts-and-circumstances test - 2008. 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

20

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 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include Gross receipts from admissions, merchandise sold or services performed, or faclities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus. under sec 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 Total. Add lines 1 through 5 · · · · · · Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year · · c Add lines 7a and 7b · · · · · · · · · · Public support (Subtract line 7c from line 6.) - - - - - - - - - - - - - - - - -Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 Amounts from line 6 · · · · · Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b · · Net income from unrelated business activities not included in line 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.) Total support. (Add lines 9, 10c, 11, and 12.) 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) Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 17 Investment income percentage from 2008 Schedule A, Part III, line 17 % 33 1/3% support tests - 2009. 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 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Y	es." to Form 99). Part IV. line 4	. or Form 990-EZ	. Part VI. line	7 (Lobbying	Activities), ther
---------------------------------	-----------------	--------------------	------------------	-----------------	-------------	-------------------

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	: Complete Part III			
Na	me of organization	-		Employer idi	entification number
MA	NECCS			20-326	0634
Pa	rt I-A Complete if the organ	ization is exempt under secti	on 501(c) or i	s a section 527 orga	nization.
1	Provide a description of the organization				
2	Political expenditures · · · · · · · ·			· · · · · · • \$	
3	Volunteer hours			· · · · · · · · · · · · · · · · · · ·	
					· · · · · · · · · · · · · · · · ·
Pa	rt I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excise tax incur				
2	Enter the amount of any excise tax incur	red by organization managers under se	ction 4955 · · ·	· · · · · · • • • • • • • • • • • • • •	
3	If the organization incurred a section 495	5 tax, did it file Form 4720 for this year	,		· Yes No
4a	Was a correction made?				· Yes No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organ	ization is exempt under secti	on 501(c), exc	cept section 501(c)(3).
1	Enter the amount directly expended by the	ie filing organization for section 527 exe	empt function	•	•
	activities · · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • •	
2	Enter the amount of the filing organization	n's funds contributed to other organizat	ions for section		
	527 exempt function activities • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • •	
3	Total exempt function expenditures Add		•		•
	line 17b			▶ \$	
4	Did the filing organization file Form 1120	-POL for this year?			· Yes No
5	State the names, addresses and employ	er identification number (EIN) of all sec	tion 527 political o	rganizations to which paym	ents
	were made For each organization listed,	enter the amount paid from the organia	zation's funds. Alse	o enter the amount of politi	cal
	contributions received that were promptly	and directly delivered to a separate po	olitical organization	, such as a separate segre	gated
	fund or a political action committee (PAC) If additional space is needed, provide	e information in Pa	rt IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Traine	(b) Address	(6) 5114	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
		i	Į.	I	1

<u>S</u> che	dule C (Form 990 or 990-EZ) 2009 MANECCS				20-3260	634 Page 2
Pé	art II-A Complete if the organizati	on is exempt und	der section 50	1(c)(3) and filed	Form 5768 (ele	ction
	under section 501(h)).					
A	Check if the filing organization belongs	to an affiliated group				
В	Check ▶ ☐ if the filing organization checked	box A and "limited coi	ntrol" provisions ap	oply.		
		obying Expenditures			(a) Filing	(b) Affiliated
	(The term "expenditures" r				organization's totals	group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots lo	obbying) · · · ·			
b	roun loopying experientation to influence a logic	• •	, ,,			
C	Total lobbying expenditures (add lines 1a and	1b) • • • • • • • •				
d						
е	Total exempt purpose expenditures (add lines	1c and 1d)	• • • • • • • •			
f	Lobbying nontaxable amount Enter the amour					
	columns					
	If the amount on line 1e, column (a) or (b) is:	The lobbying n	ontaxable amount	is:		
	Not over \$500,000	20% of the amo	ount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5	5% of the excess of	over \$1,500,000.		
_	Over \$17,000,000	\$1,000,000				÷ .
g	Grassroots nontaxable amount (enter 25% of line 1f) · · · · · · · · · · · · · · · · · · ·					
h	Subtract line 1g from line 1a. If zero or less, enter -0-					
i	Subtract line 1f from line 1c If zero or less, ent	ter -0- · · · · · ·				
j	If there is an amount other than zero on either)				
	section 4911 tax for this year?				· · · · · · · · · · · ·	Yes No
	(Some organizations that	4-Year Averaging Peri made a section 501(h ow. See the instruction) election do not h	ave to complete all	of the five	
	Lobi	bying Expenditures Du	ıring 4-Year Avera	iging Period		
	Calendar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
	beginning in)	''		'====	(*/=***	(-)
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))			***	,* *	
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))		* *			_
f	Grassroots lobbying expenditures					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	iled I	orm	5768		
		(a)		(b)	
	, · ·	Yes	No	A	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers? · · · · · · · · · · · · · · · · · · ·		X	ļ		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
С	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?	<u> </u>	X			
е	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		Х			
9	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	<u> </u>	X			
i :	Other activities? If "Yes," describe in Part IV		X	-		
J			X	<u> </u>		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- \ (=\		<u> </u>		
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5),	or se	ection		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		•	3	l	<u> </u>
<u>Pa</u>	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, "Yes."				ed	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year · · · · · · · · · · · · · · · · · · ·		2a	l		
þ	Carryover from last year		2b			
С	Total · · · · · · · · · · · · · · · · · · ·		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			•
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	rt IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line , complete this part for any additional information	11				

Form. 4562

3

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

2009

Internal Revenue Service Name(s) shown on return

▶ See separate instructions.

Attachment Sequence No 67

Business or activity to which this form relates ldentifying number MANECC Part I

ECCS	FORM 990 -			20-32606	<u> 534</u>
Election To Expense Certain Property UNote: If you have any listed property, complete Part V				-	
Maximum amount. See the instructions for a higher limit for co	ertain businesses · · · · ·		1		
Total cost of section 179 property placed in service (see instru	uctions) · · · · · · ·		2		
Threshold cost of section 179 property before reduction in lim	3				
Reduction in limitation Subtract line 3 from line 2. If zero or le		4			
Dollar limitation for tax year Subtract line 4 from line 1. If zero	o or less, enter -0 If married f	iling			
separately, see instructions · · · · · · · · · · · · · · · · · · ·			5		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost			
				** **	^

	(a) Description of property	(b) Cost (business use	only)	(c) Elected cost			
6] '2" -	> **
7	Listed property. Enter the amount from line 29 · · · · · · ·		7]	
8	Total elected cost of section 179 property. Add amounts in column	n (c), lines 6 and 7			8		
9	Tentative deduction Enter the smaller of line 5 or line 8 $ \cdot \cdot \cdot \cdot$				9		
10	Carryover of disallowed deduction from line 13 of your 2008 Form	4562			10		
11	Business income limitation. Enter the smaller of business income	(not less than zero) or lir	e 5 (see instructions)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not er	nter more than line	11		12		,
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, les	ss line 12 🕠 🕨	13			è.	
Note:	Do not use Part II or Part III below for listed property, Instead, use	e Part V					

Par	TII Special Depreciation Allowance and Other Depreciation (Do not include listed pro	perty)	(See instructions)
14	Special depreciation allowance for qualified property (other than listed property) placed in service		
	during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election · · · · · · · · · · · · · · · · · · ·	15	
16	Other depreciation (including ACRS)	16	

MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general	- · · · · · · · · · · · · · · · · · · ·	
		,	

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery penod	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
ь	5-year property						
С	7-year property						
d	10-year property						
е	15-year property						
f	20-year property		*				-
g	25-year property	**		25 yrs		S/L	
h	Residential rental			27.5 yrs.	MM	S/L	
	property			27.5 yrs	ММ	S/L	
i	Nonresidential real			39 yrs.	ММ	S/L	
	property				MM	S/L	
	Section C - Ass	ets Placed in Servi	ce During 2009 Tax Year	Using the Al	ternative Depre	eciation Syste	em
20 a	Class life				T	C/I	

20 a	Class life				S/L	
b	12-year	4.7	12 yrs.		S/L	
С	40-year		40 yrs	MM	S/L	

Part IV Summary (see instructions)

	it isOuilinial y_\				
21	Listed property. Enter amount from line 28 · · · · · · · · · · · · · · · · · ·			21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), a	and lii	ne 21 Enter here		
	and on the appropriate lines of your return. Partnerships and S corporations - see ins	struction	ons · · · · ·	22	
23	For assets shown above and placed in service during the current year, enter the				
	portion of the basis attributable to section 263A costs	23			ĺ

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A - Dep	reciation and Ot	her Informat	ion (Cau	rtion: Sec	the ins	struction	s for lim	its for pas	senger	automo	biles)			
24a	Do you have evidence	to support the busine	ess/investment	use claime	d?	-	Yes	No	24b If "	Yes," ıs	the evid	ence wr	ritten?	Yes	No
T	(a) ype of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		(d) t or other basis		(e) is for depr siness/inve use on	estment	(f) Recovery penod	Me	(g) thod/ ention		(h) reciation luction	Ele sectio	(i) cted on 179 ost
25	Special deprecial	tion allowance fo		sted prop	perty plac	ed in se	ervice di	iring the)						
	tax year and used	d more than 50%	ın a qualifie	d busine	ess use (s	see inst	ructions				. 25				
26	Property used mo	ore than 50% in a	a qualified bi	usiness	use.										
	 		%										v		
		11_	%	+						ļ					
			%			- }									
27	Property used 50	% or less in a qu			<u> </u>					1					·\$) 4
			%			_			-	S/L-				- "	^ ^
			%							S/L-				-	
28	Add amounts in d	column (b) lines	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	. horo on	d on line	201 000		<u> </u>	S/L-	. 28			-	
20 29			=				•	_			L		29		
	Add amounts in o	Joiumn (I), line 20	D EILIEI HEIE		B - Infor	-					<u> </u>		29	<u>' </u>	
Cor	mplete this section	for vehicles user	t hy a sola n							or relate	ad naren	n If you	nrovideo	t vehicle	e
	our employees, firs											-			3
					(a)		b)	T	(c)		3				Α.
30	Total business/in during the year (iriven	Vehi		Vehi			icle 3	Vehic		1	(e) icle 5	Vehic	f) He 6
	commuting miles			10	<u></u>		JIO E	1		*****	,io 4	7011	000	VOIIK	
31	Total commuting		ing the year												
32	Total other perso	nal (noncommut	ıng)												
	miles driven · ·														
33	Total miles driver	n during the year	Add												
	lines 30 through 3	32													
34	Was the vehicle	•	sonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-du	•		<u> </u>											
35	Was the vehicle i			ŀ											
	more than 5% ow	•		<u> </u>					1				ļ		
36	Is another vehicle	•										ŀ			
	use?			<u>!</u>			<u> </u>	<u> </u>	<u> </u>						
A			- Questions		-				•						
	wer these question		-	•		mpletin	g Sectio	n B for v	enicles us	sed by e	employe	es who a	are not		
	re than 5% owners Do you maintain	· · · · · · · · · · · · · · · · · · ·				sonal w	no of vol	hiolog ir	adudina o	ommutu	aa bu			Yes	No
0,	your employees?			at promb	ııs alı pei	Sonai u	se oi vei	ilicies, ii	icidality c		ig, by			165	140
38	Do you maintain		tatement tha	at prohib	ıts persor	nal use	of vehicl	les exce	ent commi	itina hi	/ VOUR				
	employees? See				-				•		-				
39	Do you treat all u														
40	Do you provide m	-		-							ut the				
	use of the vehicle	es, and retain the	Information	receive	d?										
41	Do you meet the	requirements co	ncerning qua	alified au	ıtomobile	demon	stration	use? (S	ee instruc	tions.)					
	Note: If your answ	wer to 37, 38, 39	, 40, or 41 is	"Yes," c	lo not cor	nplete (Section I	B for the	covered	vehicles	5				
Pá	art VI Amor	tization													
	(a) Description o	f costs	Date am	(b) ortization gins	,		(c) le amount		(d) Code sed		(e Amortiz period percen	ation or	Amortizat	(f) ion for this	year
42	Amortization of co	osts that begins	durina vour :	2009 tax	vear (se	e instru	ctions)				PCIOCII	~~s~			
							2.10.10/.			<u>.</u>		·			
					1										
43	Amortization of co	osts that began t	pefore your 2	2009 tax	year ·			• • • •			• • • •	43	_	_	200
44	Total. Add amou		-		-		ort •					44	-		200
EEA													Fo	rm 4562	

Name(s) as shown on	Federal Supporting Staten	nents	2009 FEIN
	Form 990EZ, Part I, Line Grants and Similar Amounts Paid S		Statement #122
Activity Grantee Address	Speaker - Bridgewater College	Amount 600	Relationship
Activity Grantee Address	Canadian Speaker - SUNY Plattsburgh	600	
Activity Grantee Address	Canadian Speaker - Edinboro Univ	600	
Activity Grantee Address	Canadian Speaker - E Stroudsburg Un	459	
Activity Grantee Address	Canadian Speaker - Mansfield Univer	600	
Activity Grantee Address	Canadian Author - Tour Nino Ricci	600	
	Total	3,459	

Name(s) as shown on	Federal Supporting State	ements	2009 FEIN
	Form 990EZ, Part I, Line Grants and Similar Amounts Paid		Statement #122
Activity Grantee Address	Academic Conference - Hockey in Ame	<u>Amount</u> 1,150	Relationship
	Total	1,150	

Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

Description	Amount
MANACCS Website Maintenance	170
Planning Session of MANECCS Exe Boa	2,485
Providence Hilton Conference	416
Executive Board Business Luncheon	164
Room Expense at ACCUS	184
Business Lunch Members & Guests	981
PA Filing Fee	15
Total	4,415

MANECCS BUDGET NARRATIVE FOR 2009

The Middle Atlantic and New England Council for Canadian Studies (MANECCS) had a successful 2009, performing various educational and outreach activities to promote the study of Canada in our Council region, and beyond.

This year MANECCS awarded five scholar exchange grants to fund Canadian academics presenting at member institution, and was a contributing sponsor of a regional tour of renowned Canadian author, Nino Ricci.

In July, members of the MANECCS Executive Board met in Providence, R.I. to begin to prepare organize our biennial meeting in October, 2010. The Board welcomed three new members – Anthony Cicerone, Bridgewater State College, Vice President for Conference Planning, plus Councilors at large Richard Kay, University of Connecticut and Brendan Burke, Suffolk University.

In November, 2009 MANECCS participated in biennial meeting in San Diego of the national Canadian studies organization, the American Association for Canadian Studies (ACCUS). MANECCS president Andy Holman met with ACCUS executive board members to plan conference activities. At the ACCUS conference MANECCS promoted its next conference, as well as sponsoring a business luncheon for members and Canadian guests.

MANNECS has begun to prepare for and contribute to an academic conference on hockey and cross-border issues, to be held June 3-6, 2010.