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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 calendar year, or tax year beginning, 20	109, and end	ding		<u>, </u>
	B_	Check if applicable C	_	- "	D Employe	r identification number
		Address change Please use IRS MAINE CREDIT UNION'S			26-1	.720415
		Name change label or CAMPAIGN FOR ENDING HUNGER		i	E Telephor	ne number
		Initial return Type P.O. BOX 1236		i	(207	773-5671
	⊨	Specific PORTLAND, ME 04104-5024		-		·
		Amended return linstruc-1 tions				Exemption
	\bot	Application pending			Numbe	
		 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trus must attach a completed Schedule A (Form 990 or 990-EZ). 	sts	G Accounting Other (speci		Cash X Accrual
	1	Website: ► N/A		H Check ► X required to 990-EZ, or 9	attach Sch	organization is not nedule B (Form 990,
	<u>1</u>	Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or				
		Check I if the organization is not a section 509(a)(3) supporting organization \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization cho	ooses to file	a return, be sure		
0	_	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $\$500,000$ or mounted of Form 990-EZ			▶ ;	<u> </u>
010	Pā	irt I Revenue, Expenses, and Changes in Net Assets or Fund	d Balance	es (See the i	<u>ns</u> truction	
7		1 Contributions, gifts, grants, and similar amounts received			1	312,132.
re		Program service revenue including government fees and contracts			2	
		3 Membership dues and assessments			3	
JUL		4 Investment income			4	225.
=		5a Gross amount from sale of assets other than inventory	5 a			
Ω		b Less cost or other basis and sales expenses	5 b		1	_
Щ	R E V	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a)			50	
SCANNED	Ž	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from	gamıng, checl	k here		
₹	Ņ	a Gross revenue (not including \$ of contributions			İ	
Š	Ē	reported on line 1)	6a	63,7	90.	
U)		b Less direct expenses other than fundraising expenses	6b			_
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			60	63,790.
		7a Gross sales of inventory, less returns and allowances	7 <u>a</u>			
		b Less cost of goods solo CIVED	7b			_
		c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	1)		70	
		8 Other revenue (describe			_) 8	
		9 Total revenue Add lines 1/42, 3, 4, 50, 60, 74, 2nd 8			_ ▶ 9	376,147.
		10 Grants and sımılar amounts paid (attach schedule)	SEE ST.	ATEMENT 1	10	375,946.
	_	11 Benefits paid to or for members:			11	
	E X P	12 Salaries, other compensation, and employee benefits			12	
	E	13 Professional fees_and-other-payments to independent contractors			13	
	N S E	14 Occupancy, rent, utilities, and maintenance			14	<u></u>
	S	15 Printing, publications, postage, and shipping			15	
		16 Other expenses (describe ► SEE STATEMENT 2)	16	201.
		17 Total expenses. Add lines 10 through 16			▶ 17	376,147.
		18 Excess or (deficit) for the year (Subtract line 17 from line 9)			18	0.
	ASSE ASSE	19 Net assets or fund balances at beginning of year (from line 27, column (A) figure reported on prior year's return))) (must agr	ee with end-of-	year	74,928.
	Ţ	20 Other changes in net assets or fund balances (attach explanation)	SEE ST	ATEMENT 3	20	-74,928.
	لّــ	21 Net assets or fund balances at end of year Combine lines 18 through 20			► 21	0.
	Pa	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,0	000 or more	e, file Form 990	ınstead o	f Form 990-EZ
		(See the instructions for Part II)		(A) Beginning	of year	(B) End of year
	22	Cash, savings, and investments		301,	487. 22	193,409.
	23	5			23	
	24	Other assets (describe SEE STATEMENT 4)			676. 24	
	25	Total assets		359,		
	26	Total liabilities (describe ► SEE STATEMENT 5		284,		383,822.
	_27	Net assets or fund balances (line 27 of column (B) must agree with line 21).		74,	928. 27	0.

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

Form 990-EZ (2009)

		Z (2009) MAINE	CREDIT UN	ION'S	<u>.</u>	26	-172	20415 Page 2
Par				vice Accomplishments	s (See the instruction	ons.)	/Pag	Expenses
What in Description	s the org ribe wh	ganization's primary exe nat was achieved in e services provided	mpt purpose? <u>SEI</u> n carrying out th L the number of	E STATEMENT 6 e organization's exempt purp persons benefited, or other i	poses. In a clear and co	ncise manner,	501 (orga 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
progr	ram title	<u>e</u>					for o	thers)
28				ARIETY OF WAYS AND TIONS AND FOOD PAN		 -		
29	(Grant	ts \$ 37	5,946.) If th	is amount includes foreign gi	rants, check here.	<u>•</u>	28 a	376,147.
23	- - -		·		-			
	(Grant	_ ts \$) If th	ıs amount ıncludes foreign gi	rants, check here.	▶ []	29 a	· ·
30	- - -		·					
	 (Grant	ts \$) If th	ıs amount ıncludes foreign gi	rants, check here	<u>-</u>	30 a	
	(Grant) f th	is amount includes foreign gi	rants, check here.	>	31 a	
				nes 28a through 31a)		•	32	376,147.
Par	t IV	List of Office	rs, Directors,	Trustees, and Key Em	, 		_	
		(a) Name and add	ress	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	ns and	(e) Expense account and other allowances
		. .						
SEE	STAT	rement 7	-		0.		0.	0.
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TEEA0812L 01/30/10

Form **990-EZ** (2009)

BAA

Pa	other information (Note the statement requirements in the instrictor Part V.) SEE STA	TEWE	ZN.I.	8
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
33	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		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			
	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?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
26	5 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		<u>X</u>
	'a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		ļ	
	b Did the organization file Form 1120-POL for this year?	37b		X
38	Ba 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
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
30	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9 N/A			
	b Gross receipts, included on line 9, for public use of club facilities 39b N/A	† '		
	la Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
40	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
	3ection 4511 · 0., section 4512 · 0.	l		
	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		_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, 4955, and 4958			
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed			1
	by the organization O.			
	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		
41				
42	2 a The organization's			
	books are in care of ► CRIS_WESCOTT Telephone no ► (207)			<u>1</u>
	Located at ► P.O. BOX 1236 PORTLAND ME ZIP + 4 ► 04104	- <u>502</u>	4	
		Г	Yes	No
	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)?	42 b	163	X
	If 'Yes,' enter the name of the foreign country	42.5		
	in test, 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.			1
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		$\overline{\mathbf{x}}$
	If 'Yes,' enter the name of the foreign country	420		
	n 165, enter the name of the foreign country			
42	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	r	▶ □	N/A
43				N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			74/ U
		[Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
-+-+	of Form 990-EZ	44_		<u>X</u>
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		х
	rorm 350 mast be completed instead or rorm 350-E2	2		<u></u>

f Total number of other employees pard over \$100,000 151 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from 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 Index penalties to grain better independent contractors each receiving over \$100,000 Index penalties to grain better independent contractors each receiving over \$100,000 Index penalties to grain better independent contractors each receiving over \$100,000 Index penalties to grain better independent contractors each receiving over \$100,000 Index penalties to grain better independent contractors each receiving over \$100,000 Index penalties and to the best of my knowledge and belief, it is sent on all information of which prepare has any snowledge. Index penalties and the penalties of the property in the penalties of the property in the penalties of the property in the penalties of	Part VI	501(c)(3) organizations and so 46-49b and complete the table	ection 4947(a)(1) no	nexempt charitable				1
47 Did the organization engage in lobbying activities? If Yes,' complete Schedule C, Part II 48 Is the organization and adversed and in section 1700(b)(A)(9) If Yes,' complete Schedule E. 48 Is the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization as section 527 organization? 50 Complete this table for the organization in section 527 organization from the organization in their is none, enter None of the Indiana and adversed table 60 Total and adversed table and adversed table and adversed table and adversed table and adversed table. 61 Total number of other employees paid over \$100,000 62 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 of the Indiana and adversed table for the organization if the presentation in the organization	46 Did t	the example the engage is direct or indirect	act political campaign as	struction on bohalf of or	un ennection to candidates		Yes	No
47 Did the organization engage in lobbying activities? If Yes,' complete Schedule C, Part II 48 Is the organization and adversed and in section 1700(b)(A)(9) If Yes,' complete Schedule E. 48 Is the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization as section 527 organization? 50 Complete this table for the organization in section 527 organization from the organization in their is none, enter None of the Indiana and adversed table 60 Total and adversed table and adversed table and adversed table and adversed table and adversed table. 61 Total number of other employees paid over \$100,000 62 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 of the Indiana and adversed table for the organization if the presentation in the organization	for p	ublic office? If 'Yes,' complete Schedule	C, Part I	divides on behalf of of	in opposition to candidates	46		X
49a Dit the organization make any transfers to an exempt non-chantable related organization? 49a X 49b	47 Did t	he organization engage in lobbying activ	rities? If 'Yes,' complete	Schedule C, Part II		47		X
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 complete this address of each employee paid existed to posture more than \$100,000 of complete this address of each employees goald over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other employees paid over \$100,000 1 Total number of other independent contractors and more than \$100,000 of compensation from the organization if there is none, enter "None" 1 Total number of other independent contractors each receiving over \$100,000 1 Total number of other independent contractors each receiving over \$100,000 2 Total number of other independent contractors each receiving over \$100,000 3 Total number of other independent contractors each receiving over \$100,000 4 Total number of other independent contractors each receiving over \$100,000 4 Total number of other independent contractors each receiving over \$100,000 5 Total number of other independent contractors each receiving over \$100,000 5 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent contractors each receiving over \$100,000 6 Total number of other independent c	48 Is the	e organization a school as described in s	section 170(b)(1)(A)(ii)?	If 'Yes,' complete Sche	dule E.	48		X
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: (b) Name and addiest of sea employee paid of compensation in the organization of the organization organ	49 a Did t	he organization make any transfers to a	n exempt non-charitable	related organization?		49a		Х
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51 Complete this table for the organization is 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 d Total number of other independent contractors each receiving over \$100,000 Inder pensaties of pyrioty includer that have examinating over \$100,000 Inder pensaties of pyrioty includer that have examinating return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is the correct, and information of which preparer has any knowledge Sign Here JOHN MURPHY Type Direct name and title Preparer's Signature or princer JOHN MURPHY Type Direct name and title Preparer's Signature or princer JOHN MURPHY Type Direct name and title Preparer's Signature or princer JOHN MURPHY Type Direct name and title Preparer's Signature or princer JOHN MURPHY Type Direct name and title Preparer's Signature or princer JOHN MURPHY Type Direct name and title Preparer's MacDONALD PAGE & CO LLC Solve in structions; ACDONALD PAGE & CO LLC Solve in Signature or princer JOHN Moy the IRS discuss this return with the preparer shown above? See instructions NONE ACDONALD PAGE & CO LLC Solve in Signature or princer JOHN May the IRS discuss this return with the preparer shown above? See instructions NONE ACDONALD PAGE & DIRECT NO.	NONE							
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Sign Here Under penalties of portury, Inclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is hue, correct, an examples beclaration of preparer (other han officer) is based on all information of which preparer has any knowledge Signature of fricer	NONE _	(a) Name and address of each independent con	ntractor paid more than \$100,000		(b) Type of service	(c) Com	pensatio	n
Sign Here Under penalties of portury, Inclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is hue, correct, an examples beclaration of preparer (other han officer) is based on all information of which preparer has any knowledge Signature of fricer						· · · · · · · · · · · · · · · · · · ·		
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Preparer's Use Only SIP+4 MACDONALD PAGE & CO LLC MACDONALD PAGE & CO LLC MACDONALD PAGE & CO LLC 30 LONG CREEK DR SOUTH PORTLAND, ME 04106 May the IRS discuss this return with the preparer shown above? See instructions X P00285183	Sign Here	Signature of Micer JOHN MURPHY	imined his return, including according to the control of the contr	ompanying schedules and state all information of which prepare	5-17-10	edge and b	elief, it i	s
parer's Use Use Only Firm's name (or yours if self) MACDONALD PAGE & CO LLC Solution MacDonald Page & CO LLC So	Paid Pre-				Check if self-employed XX Prepa (See P00)			mber
Use employed), address, and ZIP + 4 SOUTH PORTLAND, ME 04106 Phone no ► 207-774-5701 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	parer's	vours if solf						
May the IRS discuss this return with the preparer shown above? See instructions		employed), 30 LONG CREEK I						
		ZIP + 4 SOUTH PORTLAND,						
	May the IR	S discuss this return with the preparer s	shown above? See instru	ictions				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MAINE CREDIT UNION'S

CAMPAIGN FOR ENDING HUNGER

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

Employer identification number

26-1720415

The or	rgan	ization is not a pri	vate foundation becau	se it is (For lines 1 thro	ugh 11,	check o	nly one	box)				_
1	$\prod I$	A church, conventi	on of churches or asso	ociation of churches desc	cribed in	section	n 170(b)	(1)(A)(i)).			
2	$\prod A$	A school described	I in section 170(b)(1)(A	A)(ii). (Attach Schedule I	E)							
3	\square	A hospital or coope	erative hospital service	organization described	ın secti	on 170(b)(1)(A)	(iii).				
4	\Box	A medical research	n organization operate	d in conjunction with a h	ospital d	describe	d in sec	tion 17	0(Ь)(1)(A)(iii) E	nter the hospital's	
		name, city, and sta										
5		An organization op 1 70(b)(1)(A)(iv). (0	erated for the benefit Complete Part II)	of a college or university	owned	or opera	ated by	a gover	nmenta	l unit des	scribed in section	
6 7	Ħ,	An organization tha		governmental unit descri substantial part of its su art II)					t or fron	n the ger	neral public described	i
8		A community trust	described in section 1	170(b)(1)(A)(vi). (Comple	te Part I	1)						
9	ر ا	rom activities relate nvestment income	ed to its exempt function	more than 33-1/3 % of its s – subject to certain exci ss taxable income (less omplete Part III)	eptions, a	and (2) r	no more	than 33-	·1/3 % of	fits supp	ort from gross	
10		An organization org	ganized and operated	exclusively to test for pu	iblic safe	ety See	section	1 509(a)	(4).			
11	L r	nore publicly supp describes the type	orted organizations d of supporting organiz	exclusively for the benef escribed in section 509(a ation and complete lines	a)(1) or s 11e thr	section ough 11	509(a)(2 h	2) See	f, or ca section	rry out th 509(a)(3	ne purposes of one or b). Check the box tha	it
	_	a X Type I	b Type II	с 🔛 Туре ІІ		-	•			d 📙	Type III – Other	
е	ㅡ t	By checking this bo han foundation ma 509(a)(2)	ox, I certify that the organizers and other than	ganization is not controll n one or more publicly si	ed direc upportec	tly or in Lorgania	directly zations	by one describe	or more ed in sec	disquali ction 509	fied persons other (a)(1) or section	
f	f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box											
g	(Since August 17, 2	2006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	?	
											Yes No	_
	(i) a person who	directly or indirectly of	controls, either alone or topported organization?	together	with pe	rsons d	escribed	ın (ıı) a	and (III)	11 g (i) X	
	,		nber of a person descri	•							11g (ii) X	
	•		•	described in (i) or (ii) al	hove?						11g (iii) X	
h	•		- · · · · · · · · · · · · · · · · · · ·	he supported organization							TI Y (III)	—
		Name of Supported	(ii) EIN		1	ls the	AA Dat.	ou notify	(5.6)	Is the	(vii) Amount of Support	—
	(1)	Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) tisted gove	tion in cold in your triing ment?	the organ	ization in (i) of upport?	organizat	tion in col ized in the S ?	(vii) Amount or Support	
					Yes	No	Yes	No	Yes	No		
						ĺ	ĺ					_
MAIN	VE (CREDIT UNION	LEAGUE									
				,	Ì							_
			01-0248224	501 (C) (6)	Х				ŀ		0	
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Total							ļ				0	_
DAA	For P	rivacy Act and Panery	vork Reduction Act Notice.	see the Instructions for Form	1990 or 99	0-EZ		9	Schedule	e A (Form	n 990 or 990-EZ) 200	10

r ai	(Complete only if you check	-				м 170(в),	יאיא	V 1,	
Sec	tion A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge								
4	Total. Add lines 1-through 3								
5	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)								
6	Public support. Subtract line 5 from line 4]		
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	rities, etc. (see ins	structions)				12		
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year a	s a section 5	501(c)(3) ▶ □	
	tion C. Computation of Pul						 -		
	Public support percentage for 20 Public support percentage from 2			ne 11, column (f)			14	<u>%</u> %	
16 a	33-1/3 support test — 2009. If the and stop here. The organization				d the line 14 is 33	-1/3 % or m	ore, ch	eck this box	
t	33-1/3 support test – 2008. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16a	a, and line 15 is 3	3-1/3% or m	nore, cł	heck this box	
17 a	17 a 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.								
t	b 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.								
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a	a, or 17b, check the	nis box and	see ins	structions.	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	oned the box off i					
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')					(0) 2000	(y Total
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	-					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	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, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b			-			
8	Public support (Subtract line						
	7c from line 6)						
Sec	tion B. Total Support	·					
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale:		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler 9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Calei 9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 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 lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organization here	ation's first, secon				
Calei 9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 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)	is for the organization here	ation's first, secon				
9 10 a b c 11 12 13 14 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 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 lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organizatop here	ation's first, second	d, third, fourth,			
9 10 a b c 11 12 13 14 Sect 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 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 Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	is for the organization here Dlic Support P 09 (line 8, column	ation's first, secondercentage	d, third, fourth,		a section 501(c)(3	i) ► □
10 a b c c 11 12 13 14 Sect 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 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 Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of 20	is for the organizatop here blic Support P 09 (line 8, columing 2008 Schedule A,	ation's first, second ercentage n (f) divided by line Part III, line 15	d, third, fourth,		a section 501(c)(3	3) ► ∏ %
11 12 13 14 Sect 16 Sect	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 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 lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20	is for the organized stop here blic Support P 09 (line 8, columnated solumnated solumn	ercentage (f) divided by line Part III, line 15 ne Percentage	d, third, fourth, o	or fifth tax year as	a section 501(c)(3	3) ► ∏ %
10 a b c c 11 12 13 14 Sect 15 16 Sect 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 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 ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20 public support percentage from 21 tion D. Computation of Invettors.	is for the organizatop here Dlic Support P 09 (line 8, columit 2008 Schedule A, estment Incor	ercentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided	d, third, fourth, one of the second of the s	or fifth tax year as	a section 501(c)(3	% %
Caleir 9 10 a b c 11 12 13 14 15 16 Sect 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 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 Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20 investment income percentage for 20 linestment income percentage for 20 investment inc	is for the organization here blic Support P 09 (line 8, columnation of the second of	etion's first, second ercentage in (f) divided by line Part III, line 15 me Percentage column (f) divided le A, Part III, line check the box on li	d, third, fourth, of the 13, column (f)) If by line 13, column 17 The 14, and line 15	or fifth tax year as	a section 501(c)(3 15 16 17 18 % and line 17 is not	% % %
Caleir 9 10 a b c 11 12 13 14 Sect 15 16 Sect 17 18 19 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included inline 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 lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20 tion D. Computation of Investment income percentage from 33-1/3 support tests — 2009. If the computation in the processing of the computation of the computation of processing the computation of Investment income percentage from 33-1/3 support tests — 2009. If the computation in the processing in the computation of the computation of Investment income percentage for 33-1/3 support tests — 2009. If the computation in the processing in the computation of the processing in the computation of Investment income percentage for 33-1/3 support tests — 2009. If the computation in the processing in the computation of the processing in the computation of Investment income percentage for 33-1/3 support tests — 2009. If the computation in the processing in the computation of the processing in the computation of Investment income percentage for 33-1/3 support tests — 2009. If the computation in the processing in the computation of Investment income percentage for 33-1/3 support tests — 2009. If the computation in the processing in the computation in the processing in the computation of Investment income percentage for 33-1/3 support tests — 2009. If the computation in the processing in the co	is for the organization here blic Support P 09 (line 8, column 2008 Schedule A, estment Incor or 2009 (line 10c, rom 2008 Schedu organization did not ox and stop here he organization di this box and sto	etion's first, second ercentage in (f) divided by line Part III, line 15 ne Percentage column (f) divided le A, Part III, line check the box on li . The organization d not check a box phere. The organization	d, third, fourth, of the 13, column (f)) If by line 13, column (f) the 14, and line 15 qualifies as a pure on line 14 or 19 azation qualifies a	or fifth tax year as mn (f)) is more than 33-1/3 iblicly supported of a, and line 16 is many as a publicly supported supported of a publicly support	a section 501(c)(3 15 16 17 18 %, and line 17 is not rganization lore than 33-1/3%, orted organization	% % %

Schedule A	<u>(Form 990 or</u>	990-EZ) ZU	U9 MAIN	E CKEDII	DINTON 2			20-1/204	172 }	≥age 4
Part IV	Supplement Part II, line	ntal Inforn 17a or 1	nation. Co 7b; and Pa	omplete this art III, line	s part to pr 12. Provide	ovide the ex e any other a	planations re additional inf	equired by Pa formation Se	rt II, line 10, e instructions	S.
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TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization MAINE CREDIT						Employer identifica	
CAMPAIGN FOR						26-172041	5
Part I Fundraising Activities. Com Form 990EZ filers are not re	plete if the orgai quired to comple	nization ar ete this pai	nswered 'Y rt	es' to Form 990, Part I'	V, line 1	7 	
1 Indicate whether the organization	raised funds th	rough any	of the follo	owing activities Check	all that a	apply	
Mail solicitations				Solicitation of non-	aovernm	ent grants	
Internet and email solicitation	ne			Solicitation of gove	-	-	
\boldsymbol{H}	15			H		grants	
Phone solicitations				Special fundraising	events		
In-person solicitations							
2a Did the organization have written employees listed in Form 990, Pa	or oral agreeme	ent with an	iy individu:	al (including officers, di	rectors,	trustees or key	Yes No
b If 'Yes,' list the ten highest paid i	ndividuals or en	tities (fund					
compensated at least \$5,000 by	the organization	•					
or entity (fundraiser) have custody or control from activity fundraiser listed in (or retained							(vi) Amount paid to (or retained by) organization
		Yes	No				
		1.00					
		 					
		-					
		ļ					
							_
		<u>i </u>	<u> </u>				
Total			•				
3 List all states in which the organi	zation is register	red or licei	nsed to so	licit funds or has been i	notified i	t is exempt from	m registration
or licensing	editori io register	ica or noci	1300 10 30	nen rands of rids been r	nouncu i	t is exempt iron	n registration
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Schedule G	(Form 990 d	or 990-F7)	2009	MATNE	CREDIT	UNTON'S	S

2	۶-	1	7	\sim	Λ	Λ	1	_

Page 2

Pai	rt II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a form 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, li gross receipts gre	ne 18, oi ater than	\$5,00	 30.
R			(a) Event #1 NORM NOLETTE G (event type)	(b) Event #2 LEAGUE GOLF TO (event type)	(c) Other Events (total number)	(d) Tot (Add col co	al Ever (a) thr (c))	nts ough
REVENUE	1	Gross receipts	36,167.	27,623.			63,	790.
Ē	2	Less Charitable contributions						
	3	Gross income (line 1 minus line 2)	36,167.	27,623.			63,	790.
	4	Cash prizes.						
D	5	Noncash prizes					<u> </u>	
D I R E C T	6	Rent/facility costs						
	7	Food and beverages.						
X P F	8	Entertainment						
EXPENSES	9	Other direct expenses						
	11	Direct expense summary Add lines 4- ti Net income summary Combine lines 3,	column (d) and line 10		>			790.
Par	rt III	Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye i.	s' to Form 990, Pai	rt IV, line 19, or re	ported m	ore th	ian
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	al gamı (a) thr (c))	ng ough
E	1_	Gross revenue						
E D X I P	2	Cash prizes.						
D I PENSECT	3	Non-cash prizes						
S	1	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes% No	Yes% No			
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•			
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7			1	
9	Ente	er the state(s) in which the organization op	perates gaming activities	s			YES	NO
		ne organization licensed to operate gaming o,' explain	g activities in each of th	ese states?		98		
				·				
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b if 'Yes,' explain								
11	 Doe:	s the organization operate gaming activities	es with nonmembers?					
12	Is th	ne organization a grantor, beneficiary or tri ninister charitable gaming?		mber of a partnership o	r other entity formed to			

Schedule G (Form 990 or 990-EZ) 2009 MAINE CREDIT UNION'S	26-172041	5	Page 3
•		YES	NO
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	al events books and records		
Name ►			
Address •			ļ
15a Does the organization have a contact with a third party from whom the organization receive b If 'Yes,' enter the amount of gaming revenue received by the organization \$	ves gaming revenue?	15 a	
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 \$			1
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contract	:tor		
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gam state gaming license?	ing proceeds to retain the	17a	
b Enter the amount of distributions required under state law to be distributed to other exemp	pt organizations or spent in the		
organization's own exempt activities during the tax year ►\$			
BAA TEEA3703L 02/05/10	Schedule G (Form 990	or 990-EZ	2009

2009

FEDERAL STATEMENTS

MAINE CREDIT UNION'S CAMPAIGN FOR ENDING HUNGER

PAGE 1

26-1720415

STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:

VARIOUS FOOD BANKS IN MAINE

CASH AMOUNT GIVEN:

\$ 375,946.

STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

MISCELLANEOUS EXPENSE

TOTAL \$ 201.

STATEMENT 3
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PY ADJUSTMENT - RECLASSIFIED TO LIABILITY SECTION

TOTAL \$ -74,928.

STATEMENT 4 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

INVENTORIES
PLEDGES AND GRANTS RECEIVABLE

BEGINNING ENDING

\$ 0. \$ 1,010.

57,676. 189,403.

TOTAL \$ 57,676. \$ 190,413.

STATEMENT 5 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

ACCOUNTS PAYABLE AND ACCRUED EXPENSES GRANTS PAYABLE

-	BEGINNING_		ENDING		
,	\$ 0	. \$	6,350.		
	284,235	•	377,472.		
TOTAL	\$ 284,235	<u>. \$</u>	383,822.		

PNIDING

DECTMATMC

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

MAINE CREDIT UNION'S CAMPAIGN FOR ENDING HUNGER IS COMMITTED TO RAISING FUNDS THROUGH A VARIETY OF WAYS AND DISTRIBUTING ALL MONEY RAISED TO HUNGER ORGANIZATIONS AND FOOD PANTRIES THROUGHOUT MAINE.

2009

FEDERAL STATEMENTS

PAGE 2 26-1720415

MAINE CREDIT UNION'S CAMPAIGN FOR ENDING HUNGER

STATEMENT 7 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
JOHN MURPHY P.O. BOX 1236 PORTLAND, ME 04104	PRESIDENT 1.00	\$ 0.	\$ 0.	\$ 0.
PHIL MOREAU P.O. BOX 1236 PORTLAND, ME 04104	DIRECTOR 1.00	0.	0.	0.
RICHARD DUPUIS P.O. BOX 1236 PORTLAND, ME 04104	CHAIRMAN 1.00	0.	0.	0.
GAIL RICHARDSON P.O. BOX 1236 PORTLAND, ME 04104	SECRETARY 1.00	0.	0.	0.
RICHARD LACHANCE P.O. BOX 1236 PORTLAND, ME 04104	TREASURER 1.00	0.	0.	0.
NORMAND R. DUBREUIL P.O. BOX 1236 PORTLAND, ME 04104	DIRECTOR 1.00	0.	0.	0.
JOHN A. DOE P.O. BOX 1236 PORTLAND, ME 04104	DIRECTOR 1.00	0.	0.	0.
LUKE LABBE P.O. BOX 1236 PORTLAND, ME 04104	DIRECTOR 1.00	0.	0.	0.
DAVID ROSSIGNOL P.O. BOX 1236 PORTLAND, ME 04104	VICE CHAIRMAN 1.00	0.	0.	0.
TUCKER COLE P.O. BOX 1236 PORTLAND, ME 04104	DIRECTOR 1.00	0.	0.	0.
KYLE CASBURN P.O. BOX 1236 PORTLAND, ME 04104	DIRECTOR 1.00	0.	0.	0.
JAMES LEMIEUX P.O. BOX 1236 PORTLAND, ME 04104	DIRECTOR 1.00	0.	0.	0.

2009

FEDERAL STATEMENTS

PAGE 3

MAINE CREDIT UNION'S CAMPAIGN FOR ENDING HUNGER

26-1720415

STATEMENT 7 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ROD ROVZAR P.O. BOX 1236 PORTLAND, ME 04104	DIRECTOR 1.00	\$ 0	. \$ 0.	. \$ 0.
	TOTAL	\$ 0	\$ 0	\$ 0.

STATEMENT 8 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

NO