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DLN: 93492333000020

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury

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)

Short Form

▶ 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

Open to Public Inspection

nterna	l Revenu	ie Service ► <i>The</i>	organization may have to use a c	copy of this return to satisfy	state reporting requ	urements	5.	
			r tax year beginning 07-01-200	9 , and ending 0	6-30-2010			
		applicable Please	C Name of organization SOUTHERN MAINE COMMUNITY O	COLLEGE		D Emplo	yer id	entification number
_		change use IRS	FOUNDATION			01-05	20531	
_	ame ch	print or	I MUNITUEL AND SUCCESSOR FOR DOX.	, if mail is not delivered to street	address) Room/suite	E Teleph	one nur	mber
_	ntıal ret erminat	type.	2 TORN NO.15				(207)	741-5500
_		Specific		nd ZIP + 4		F Group	Exempt	tion
_		Instruction pending tions.	SOUTH PORTLAND, ME 04106			Numbe		▶
- 1						_	_	
Se	ction		ions and 4947(a)(1) nonexem ompleted Schedule A (Form 9	·	G Accounting me Other (specify		Cas	h 🔽 Accrual
W	ebsit e	: WWW SMCCME ED	DU		H Check ► 「	fthe o	_	zatıon
Ta	x-Exer	mpt status (check only o	one)— 501(c)(3) ◄ (insert no)	4947(a)(1) or 527	is not require Schedule B (D-EZ, or 990-PF)
(C l	neck 🕨	If the organization	ıs not a section 509(a)(3) sup	porting organization and its				
25	,000	A Form 990-EZ or For	rm 990 return is not required, t	out if the organization choos	ses to file a return,			
			determine gross receipts, if \$500,000	·		▶ \$		319,448
Pā	rt I		enses, and Changes in N		lances (See the II	nstructio T		
	1		grants, and similar amounts rec				1	147,336
	2	Program service reve	enue including government fees	and contracts		L	2	
	3	Membership dues and	d assessments				3	
	4	Investment income					4	25,107
	5a	Gross amount from sa	ale of assets other than invent	ory	5a 14	1,105		
숄	b	Less cost or other ba	asıs and sales expenses .		5b 19	0,706		
Kevenue	С	Gain or (loss) from sa	ale of assets other than invento	ory (Subtract line 5b from li	ne 5a)		5с	-49,601
ő Y	6	Special events and ac	ming,					
	а	Gross revenue (not in	ncluding \$ _of contributions					
		reported on line 1)			6a	5,900		
	ь	Less direct expenses	s other than fundraising expens	ses	6b	6,148		
	c	·	from special events and activit				6c	-248
	7a	, ,	tory, less returns and allowance	`	7a	`	+	
		Less cost of goods s			7b			
		J		acting 7h from line 7a)	76	-	_	
	C		from sales of inventory (Subtra	act file 70 from file 7a)		· : -	7c	
	8	Other revenue (descr		•	B .	—)	8	122.504
	9		nes 1, 2, 3, 4, 5c, 6c, 7c, and 8		.		9	122,594
	10		mounts paid (attach schedule) '	1 59		<u> </u>	10	98,464
	11	Benefits paid to or for	r members				11	
	12	Salaries, other compe	ensation, and employee benefit	s		· L	12	
ው ው	13	Professional fees and	d other payments to independer	nt contractors			13	19,564
Expenses	14	Occupancy, rent, utili	lities, and maintenance .			· L	14	
<u>.</u>	15	Printing, publications	s, postage, and shipping .				15	3,000
	16	Other expenses (desc	cribe 🏲 🥵			,	16	69,550
	17	Total expenses. Add I				▶	17	190,578
<u> </u>	18	Excess or (deficit) for	r the year (Subtract line 17 fro	m line 9)			18	-67,984
9	19	Net assets or fund ba	alances at beginning of year (fro	om line 27, column (A)) (mi	ust agree with			
etAssets		end-of-year figure rep	ported on prior year's return)			.	19	974,469
2	20	Other changes in net	: assets or fund balances (attac	ch explanation) 🕏 🔒 .		.	20	86,471
	21		alances at end of year Combine			.	21	992,956
Pa	rt II	Balance Sheets	s— If Total assets on line 25, c	olumn (B) are \$1,250,000	or more, file Form 9	990 ınste		Form 990-EZ
		•	the instructions for Part II)	(A) Beginning of yea		(B)	End of year
		, savings, and investm	ients		968,		<u> </u>	990,318
		and buildings				23		
24	Other	r assets (describe 🟲 🍱	집)	8,	137 24		3,648
		assets			976,			993,966
26	Total	liabilities (describe 🟲	· <u>158</u>)		009 26		1,009
27	Net a	esets or fund halances	s (line 27 of column (B) must ac	gree with line 21)	974	469 27	I	992 957

Part IIII Statement of Program S	Service Accomplishm	nents (See the instruction	ns for Part III)		Expenses	
What is the organization's primary exempt The SMCC Foundation's purposes are To p educational activities at SMCC	•	pport, financial and othe	erwise, all	(Required for section (c)(3) and 501(c)(4) organizations and sec		
Describe what was achieved in carrying out describe the services provided, the number program title				1	7 (a)(1) trusts, onal for others)	
28 GRANT FOR SMCC BUSINESS ADMINI (Grants \$ 20,819) If this	ISTRATION DEPARTMEN s amount includes foreign o		▶┌	28a	20,819	
29 PROVIDE SCHOLARSHIPS TO ELIGIB (Grants \$ 77,645) If this	LE STUDENTS AT SOUTH s amount includes foreign o			29a	77,645	
30						
(Grants \$) If this	s amount includes foreign g	grants, check here .	▶ ┌	30a		
31 O ther program services (attach schedul (Grants \$) If this	e) s amount includes foreign (grants, check here	:: ▶┌	31a		
32 Total program service expenses (add line	es 28a through 31a) .		⊳	32	98,46	
Part IV List of Officers, Directors, Trus	stees, and Key Employees.	List each one even if not co	mpensated (See the inst	tructions	s for Part IV)	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	ans &	(e) Expense account and other allowances	

Р	а	a	e	3
٠.	ч	9	_	_

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Νο
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the	33		No
34	changes	34		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
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		N o
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
b	Did the organization file Form 1120-POL for this year?	37b		Νο
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
Ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Νο
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a		<u>(20</u>	7)741-	5500
	2 FORT ROAD Located at SOUTH PORTLAND, ME ZIP + 4	<u>0</u> 4	10616	98
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	. 03	N o
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	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			▶ Г
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44		N o
1 5		44		No_
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		Νο
		0rm 0	۵0-F7	(2009)

	46-49b and complete the	tables for lines 50 an	a 51.				
46 Did t	the organization engage in direct	or indirect political cam	paign activities on beha	lf of or in opposition to		Yes	No
cano	didates for public office? If "Yes,"	complete Schedule C, F	Part I 📆		46		Νo
47 Did t	the organization engage in lobbyii	ng activities? If "Yes," c	omplete Schedule C, Pa	art II 📆	47	Yes	
48 Is th	ne organization a school describe	d ın section 170(b)(1)(A	(II)? If "Yes," complete	Schedule E	48		Νo
49a Did 1	the organization make any transfe	ers to an exempt non-ch	arıtable related organıza	ation?	49a		Νο
b If"Y	es," was the related organization	a section 527 organiza	tion?		49b		Νo
	nplete this table for the organizati loyees) who each received more t			·			
• •	e and address of each employee aıd more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	a	e) Exper count a r allowa	and
NONE							
				+			
(a) N	ompensation from the organization Name and address of each indepe			(b) Type of service	(c) (ompen	ation
NONE							
=44.15 =							
51(d) To	tal number of other independent o	ontractors each receivi	ng over \$100,000 .				
51(d) ⊤o	Under penalties of perjury, I declare t and belief, it is true, correct, and com	hat I have examined this retu	ırn, ıncludıng accompanyıng s				
Please	Under penalties of perjury, I declare t and belief, it is true, correct, and com	hat I have examined this retu	ırn, ıncludıng accompanyıng s	on all information of which prepare			
Please Sign Here	Under penalties of perjury, I declare to and belief, it is true, correct, and com ****** Signature of officer Sean T O'Hare Treasurer	hat I have examined this retu	ırn, ıncludıng accompanyıng s	on all information of which prepar			
Please Sign	Under penalties of perjury, I declare to and belief, it is true, correct, and com ****** Signature of officer Sean T O'Hare Treasurer Type or print name and title Preparer's	that I have examined this returned the plete Declaration of preparer	um, including accompanying s (other than officer) is based	on all information of which prepared 2010-11-29 Date Date Preparer's identif	er has ar	ny knowle	
Please Sign Here	Under penalties of perjury, I declare to and belief, it is true, correct, and com ****** Signature of officer Sean T O'Hare Treasurer Type or print name and title Preparer's signature Patrick Nicholas	that I have examined this return plete Declaration of preparer	orm, including accompanying strong control (other than officer) is based	on all information of which prepared 2010-11-29 Date	er has ar	ny knowle	
Please Sign Here Paid Preparer's	Under penalties of perjury, I declare to and belief, it is true, correct, and com ****** Signature of officer Sean T O'Hare Treasurer Type or print name and title Preparer's signature Patrick Nicholas Firm's name (or yours Macdonald if self-employed),	that I have examined this returned the Declaration of preparer Declaration of preparer	orm, including accompanying strong control (other than officer) is based	2010-11-29 Date Preparer's identification of which preparer in the preparer is identification.	er has ar	ny knowle	
Please Sign Here	Under penalties of perjury, I declare to and belief, it is true, correct, and come ****** Signature of officer Sean T O'Hare Treasurer Type or print name and title Preparer's signature Patrick Nicholas Firm's name (or yours if self-employed), address, and ZIP + 4 30 Long Creater to any or self-employed in the self-e	that I have examined this returned the Declaration of preparer Declaration of preparer	orm, including accompanying strong control (other than officer) is based	Date 2010-11-29 Date Date Preparer's identife (See instructions in polyed Fig. EIN EI	er has ar	ny knowle	

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection

Name of the organization SO! FO!

Employer identification number

	HERN M DATION		UNITY COLLEC	GE					01-052053:	1		
Pa	rt I	Reaso	n for Pul	olic Charity State	us (All org	anizations r	must comple					
				foundation because						i decions		
1	Ĕ			on of churches, or as					,			
2	Ė			in section 170(b)(1)				, ,,,				
3				perative hospital serv				170(b)(1)(A)(iii).			
4	F	A medica	al research	organization operate y, and state						(A)(iii). Ente	r the	
5	<u> - </u>	An organ	nization ope	rated for the benefit	of a college	or university	owned or ope	rated by a g	overnmental	unıt describe	_ ed in	
		section 1	L70(b)(1)(<i>A</i>	A)(iv). (Complete Pa	rt II)							
6	Γ	A federa	l, state, or l	ocal government or	government	al unit descri	bed in section	170(b)(1)(A)(v).			
7	Γ	describe	d ın	t normally receives a		l part of its su	upport from a	government	al unit or fron	n the general	public	:
8	Γ	A comm	unity trust o	described in section	170(b)(1)(A	(Vi) (Comp	lete Part II)					
9	Γ	An organ	nization that	t normally receives	(1) more tha	an 331/3% of	its support fr	om contribut	ions, membe	rship fees, a	nd gro	SS
		receipts	from activit	ties related to its exe	empt functio	ns—subject t	o certain exc	eptions, and	(2) no more	than 331/3%	of	
		ıts suppo	ort from gro	ss investment incom	ne and unrela	ated business	s taxable ınco	me (less se	ction 511 tax	k) from busın	esses	
		acquired	by the orga	anızatıon after June 3	30,1975 S	ee sect ion 50	9(a)(2). (Con	nplete Part I	II)			
10	Γ	Anorgan	nization org	anızed and operated	exclusively	to test for pu	blic safety S	ee section 5 0	9(a)(4).			
11	Γ	one or m the box t	ore publicly	anized and operated supported organization ses the type of suppo b Type II	tions descri orting organi	bed in section zation and co	n 509(a)(1) o	r section 50 11e through	9(a)(2) See	•	a)(3).	Check
e	Γ	other that section !	n foundatio 509(a)(2)	x, I certify that the o	er than one	or more publi	cly supported	organizatioi	ns described	in section 50	9 (a)(1) or
f		check th		eceived a written det	termination	from the IKS	that it is a ly	pe I, Type I	ı orıype iii	supporting o	rganiz	ation,
g		Since Au		006, has the organız	ation accep	ted any gıft o	r contribution	from any of	the			,
		(i) a per	son who dir	ectly or indirectly co	ntrols, eithe	ralone ortog	gether with pe	rsons descr	ıbed ın (ıı)		Yes	No
		and (III)	below, the g	joverning body of the	the support	ted organizati	ion?			11g(i)		
		(ii) a fan	nily membe	r of a person describ	ed ın (ı) abo	ve [?]				11g(ii)		
				ed entity of a person						11g(iii)		<u> </u>
h		Provide	the followin	g information about t	he supporte	d organizatio	n(s)					
	(i) Name suppoi rganiz	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e lion in ted in erning	(v) Did you note organization col (i) of y support	on ın your	(vi) Is the organizati col (i) orga in the U	on in anized	A m	vii) ount of oport?

Total

Support Schedule for Organizations Described in IRC 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 I.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I.	.)			
	ection A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	291,34	2 199,28	9 295,299	138,728		153,236	1,077,894
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	,						0
4	Total. Add lines 1 through 3	291,34	2 199,28	9 295,299	138,728		153,236	1,077,894
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the							213,401
6	amount shown on line 11, column (f) Public Support. Subtract line 5 from	n						864,493
	line 4							864,493
	ection B. Total Support		ı					
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
7	in) A mounts from line 4	291,342	25,664	295,299	138,728		153,236	1,077,894
8	Gross income from interest,		·					
	dividends, payments received on securities loans, rents, royalties and income from similar sources	18,699	25,664	40,538	24,879		25,107	134,887
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							0
11	Total support (Add lines 7 through 10)							1,212,781
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pub			, thırd, fourth, or fi	fth tax year as a	501(c)(3	3) organız	eation, ▶ The state of the s
14	Public Support Percentage for 2009			11 column (f))		14		71 280 %
15	Public Support Percentage for 2008					15		69 960 %
	33 1/3% support test—2009. If the	•	•	von line 13 and li	ine 14 is 33 1/20/		check t	
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organiza	alifies as a public organization did n qualifies as a pu — 2009. If the orga tion meets the "fa	y supported orga not check the bo iblicly supported anization did not acts and circums	inization x on line 13 or 16a organization check a box on line tances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b k this box and st	3 3 1/3% o and line op here.	or more, e 14 Explain	check this
b	in Part IV how the organization mee organization 10%-facts-and-circumstances test-	—2008. If the orga	anızatıon dıd not	check a box on line	e 13, 16a, 16b, o	or 17a an	nd line	red ▶□
18	15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizat	tion meets the "fa	acts and circums	tances" test The	organızatıon qual	ıfıes as a	a publicly	▶ ┌
- -	instructions	2.2		, _ , _ , _ , _ , _ , _ , _ , _ , _ , _	= : 2, 23 k till3			▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93492333000020

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-EZ)

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

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Sec	ction 501(c) (other than section 5	01(c)(3)) organızatıons Complete Par	ts I-A and C belo	w Do not complete Part I-	В
	ction 527 organizations. Complete				
	_	s," to Form 990, Part IV, Line 4, or	•		•
		have filed Form 5768 (election under			
	· / · /	have NOT filed Form 5768 (election u		• • • •	•
	e organization answered "Yes ction 501(c)(4), (5), or (6) organiz	s," to Form 990, Part IV, Line 5 (Pr	oxy rax) or For	m 990-E∠, line 35a (rega	arding proxy tax), then
	ne of the organization	zations Complete Fart III		Employer id	entification number
SOU	THERN MAINE COMMUNITY COLLEGE			Lilipioyer la	entineation number
	NDATION			01-052053	
Part	I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 52	27 organization.
1	Provide a description of the org	ganization's direct and indirect politi	cal campaign act	ivities in Part IV	
2	Political expenditures	·		▶	¢
3	Volunteer hours			·	*
	v ordinteer modra				
Part	I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	tax incurred by the organization und	der section 4955	.	\$
2	Enter the amount of any excise	tax incurred by organization manag	ers under sectio	n 4955 🕨	*
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par	I-C Complete if the or	ganization is exempt under	section 501(c) except section 5	01(c)(3).
1	Enter the amount directly expe	nded by the filing organization for se	ction 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the filing o	rganızatıon's funds contributed to ot	her organizations	s for section 527	
	exempt funtion activities		_	►	\$
3	Total exempt function expendit	cures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b	\$
4	Did the filing organization file F	orm 1120-POL for this year?			
5	State the names, addresses ar	id employer identification number (E	IN) of all section	527 political organization	ns to which payments
	· · · · · · · · · · · · · · · · · · ·	on listed, enter the amount paid fron	•	-	
		re promptly and directly delivered to			a separate segregated
	fund or a political action comm	ittee (PAC) If additional space is ne	eeaea, proviae in	formation in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from	(e) A mount of political
	• •	. ,		filing organization's	contributions received
				funds If none, enter -0) - and promptly and directly delivered to a
					separate political
					organization If none,
					enter - 0 -

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

che	edule C (Form 990 or 990-EZ) 20	009					Р	age 3
Ра	rt II-B Complete if the o (election under s	organization is exempt under section 501(h)).	ection 501(c)(3) and has f	NOT fi	led F	orm	5768	
				(a	a)		(b)	
				Yes	No		A mour	it
1		ganization attempt to influence foreign, pt to influence public opinion on a legisl						
а	Volunteers?				Νo			
b	Paid staff or management (inclu	de compensation in expenses reported	on lines 1c through 1ı)?		Νo			
c	Media advertisements?				Νo			
d	Mailings to members, legislators	s, or the public?			Νo			
e	Publications, or published or bro	padcast statements?			Νo			
f	Grants to other organizations fo	r lobbying purposes?		Yes				5,000
g	Direct contact with legislators,	their staffs, government officials, or a le	gislative body?		Νo			
h	Rallies, demonstrations, semina	ars, conventions, speeches, lectures, or	any similar means?		Νo			
i	Other activities? If "Yes," desc				Νo			
j	Total lines 1c through 1i				ı			5,000
2a	Did the activities in line 1 cause	e the organization to be not described ii	section 501(c)(3)?		No			
ь		y tax incurred under section 4912			<u>I</u>			
		y tax incurred by organization manager	s under section 4912					
	·	d a section 4912 tax, did it file Form 47			No			
Par	t III-A Complete if the o 501(c)(6).	organization is exempt under s	ection 501(c)(4), section 5	501(c)(5),	or s		ı
1	Ware substantially all (00% or a	more) dues received nondeductible by r	aamhara?		ſ	1	Yes	No
2	· · ·	·			-	2		
		in-house lobbying expenditures of \$2,0				3		
3		rryover lobbying and political expenditi		-01/-	\ <u>\</u>		*:-	
Par		rganization is exempt under s I Part III-A, lines 1 and 2 are					ectio	n
1	Dues, assessments and similar	amounts from members		1				
2	Section 162(e) non-deductible expenses for which the section	lobbying and political expenditures (do 527(f) tax was paid).	not include amounts of political					
а	Current year			2a				
b	Carryover from last year			2b				
C	Total			2c				
3	Aggregate amount reported in s	ection 6033(e)(1)(A) notices of nonded	luctible section 162(e) dues	3				
4		ount on line 2c exceeds the amount on arryover to the reasonable estimate of	· ·	4				
5		political expenditures (see instructions	:)	5				
	art IV Supplemental Inf		.,					
			Port I B June 4 Dort I C June 5 am	d Dort	II D I	1 .		
	mplete this part to provide the de so, complete this part for any addi	scriptions required for Part I-A, line 1, itional information	- arti-d, iiile 4, Farti-C, iirle 5, an	urdit	н- D, ПГ	ie II		
	Ident if ier	Return Reference	Explana	tion				

Software ID: Software Version:

EIN: 01-0520531

Name: SOUTHERN MAINE COMMUNITY COLLEGE

FOUNDATION

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

(A) Name and address	(B) Title and average	(C) Compensation	(D) Contributions to	(E) Expense
(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit plans & deferred compensation	account and other allowances
James O Ortiz 2 FORT RD South Portland, ME 04106	Director 1 00	0		
Tim Walton 2 FORT RD South Portland, ME 04106	Vice Chairman 1 00	0		
Steve Thaxton 2 FORT RD South Portland, ME 04106	Director 1 00	0		
WAYNE ROSS 2 FORT RD South Portland, ME 04106	Director 1 00	0		
Mary Nelson 2 FORT RD South Portland, ME 04106	Director 1 00	0		
Mike Mahoney 2 FORT RD South Portland, ME 04106	Director 1 00	0		
Don Lee 2 FORT RD South Portland, ME 04106	Director 1 00	0		
Chuck Gregory 2 FORT RD South Portland, ME 04106	Director 1 00	0		
Paul Gray 2 FORT RD South Portland, ME 04106	Director 1 00	0		
Ralph C Good 2 FORT RD South Portland, ME 04106	Director 1 00	0		
Matthew Cashman 2 FORT RD South Portland, ME 04106	Director 1 00	0		
Linda Boudreau 2 FORT RD South Portlkand, ME 04106	Director 1 00	0		
Sean T O'Hare 2 FORT RD South Portland, ME 04106	Treasurer 1 00	0		
Dr Robert P Lynch 2 FORT RD South Portland, ME 04106	Chairman 1 00	0		

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: SOUTHERN MAINE COMMUNITY COLLEGE

FOUNDATION

EIN: 01-0520531

Software ID: 09000047

Item No.	1
Class of Activity	SMCC conf & ed programs
Donee's Name	SMCC
Donee's Address	2 FORT RD South Portland, ME 04106
Amount (FMV)	20,819
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	
<u>, </u>	•

Item No.	2
Class of Activity	Grant-SMCC
Donee's Name	SMCC-Entrepenurial Center
Donee's Address	2 FORT RD South Portland, ME 04106
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Item No.	J
Class of Activity	Scholarships
Donee's Name	Students at SMCC
Donee's Address	2 FORT RD South Portland, ME 04106
Amount (FMV)	77,645
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: SOUTHERN MAINE COMMUNITY COLLEGE

FOUNDATION

EIN: 01-0520531

Software ID: 09000047

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	8,137	3,648

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TY 2009 Other Changes in Net Assets Schedule

Name: SOUTHERN MAINE COMMUNITY COLLEGE

FOUNDATION

EIN: 01-0520531

Software ID: 09000047

Description	Amount
Unrealized gain on investments	86,471

TY 2009 Other Expenses Schedule

Name: SOUTHERN MAINE COMMUNITY COLLEGE

FOUNDATION

EIN: 01-0520531

Software ID: 09000047

Description	Amount
Office support	15,716
misc	2,540
Interest	3,051
CONSULTING FEES	48,243

TY 2009 Other Liabilities Schedule

Name: SOUTHERN MAINE COMMUNITY COLLEGE

FOUNDATION

EIN: 01-0520531

Software ID: 09000047

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	2,009	1,009