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Form 990-EZ

2009

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250 000 at the end of the year
may use this form

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

Open to Public

OMB No 1545 1150

Δ	For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30	, 2010
В		mployer identification number
	Address change Please use IRS MAINE POOLED DISABILITY TRUST (04-3702712
	Name change label or P.O. BOX 495	elephone number
╞	Initial return type. KENNEBUNKPORT, ME 04046-0495	207 967-6072
⊨	Termination Specific	
F	Trickled retain Itions Ir G	iroup Exemption lumber
-	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts G Accounting methods	od. X Cash Accrual
_	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶	
ı	Website: ► WWW.MAINEPOOLEDDISABILITYTRUST.ORG required to attact	the organization is not h Schedule B (Form 990,
<u>J</u> _	Tax-exempt status (check only one) — X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 990·EZ, or 990·F	
K	Check ► I if the organization is not a section 509(a)(3) supporting organization and its gross receipts are norr \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be si	
Ĺ	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990	
	Instead of Form 990-EZ	►\$ 91,311.
	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the ins	Tall
(QD)	1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts	2 89,813.
Š	3 Membership dues and assessments	3
	4 Investment income	4 1,498.
氢	5a Gross amount from sale of assets other than inventory 5a	
M	b Less. cost or other basis and sales expenses 5b	
$\cup_{\mathbb{F}}$	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	5c
©CANNED DE	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	
\mathbb{C}_{0}	a Gross revenue (not including & CENED of contributions	
⊨⊒ E		- 17.20
	b Less' direct expenses other than fundraising expenses 6b	
~	c Net income or (loss) from special events and attritue (Subtract line 6a) 7a Gross sales of inventory, less returns and allowances 7a	6c
2010	b Less. cost of goods sold) 7b	
	c Gross profit or (loss) from sates Of Inventory (Subtract line 7b from line 7a)	7 c
	8 Other revenue (describe > \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 91,311.
	10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10 30,961.
-	11 Benefits paid to or for members	11
រ្ត	12 Salaries, other compensation, and employee benefits	12 57,551.
EXPENS	13 Professional fees and other payments to independent contractors	13 9,875.
Š	14 Occupancy, rent, utilities, and maintenance	14
Š	15 Printing, publications, postage, and shipping	15 755. 16 6,837.
	16 Other expenses (describe ► SEE STATEMENT 2) 17 Total expenses. Add lines 10 through 16 ▶	16 6,837. 17 105,979.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -14,668.
		14,000.
N E T	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 187,099.
Τ!	20 Other changes in net assets or fund balances (attach explanation)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 172,431.
P	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inste	
	(See the instructions for Part II.) (A) Beginning of your services are the control of the contr	
	2 Cash, savings, and investments 182, 934	
	3 Land and buildings	23
	4 Other assets (describe SEE STATEMENT 3) 4,290	
2	_ 	
_	· · · · · · · · · · · · · · · · · · ·	
	7 Net assets or fund balances (line 27 of column (B) must agree with line 21) 187, 09	5. 27 172, 302.

TEEA0803L 01/30/10

Form **990-EZ** (2009)

	990-EZ (2009) MAINE POOLED DI				-37 ()2712 Page 2
Par	Statement of Program Se	rvice Accomplishments	s (See the instructi	ons.)		Expenses
	s the organization's primary exempt purpose? SEI				(Reg 5016	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo	ses In a clear and con	icise manner,	orgai	nizations and section
progr	ribe the services provided, the number of ram title.	persons benefited, or other re	elevant intormation for e	eacn	4947	(a)(1) trusts, optional thers)
	ASSET MANAGEMENT FOR DISA	BLED PERSONS			1.51.5	
20	70001 140000000 1 1 0 C D 10 C		·			
	(Grants \$) If th	is amount includes foreign gra	ants, check here		28 a	
29						
			~]	
						
	(Grants \$) If th	is amount includes foreign gra	ants, check here	►	29a	
30						
					}	
					1	
	(Grants \$) If th	is amount includes foreign gra	ants, check here	-	30 a	
31	Other program services (attach schedule)				
		is amount includes foreign gr	ants, check here		31 a	
32	Total program service expenses (add lin	es 28a through 31a)			32	
Par	List of Officers, Directors	, Trustees, and Key Em	ployees. List each o	ne even if not cor	npens	ated. (See the instrs.)
		(b) Title and average hours	(c) Compensation (if	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla deferred compensa	ns and	and other allowances
<u> </u>	C COTE	to position	0.	ucierreu compensa		
_ ~ ~		CHAIRMAN	υ.,		0.	0.
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	NEBUNKPORT, ME 04046-0495					
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_ ~ -	INEBUNKPORT, ME 04046-0495	_				
	SEPH R DAIGNEAULT	TRUSTEE	0.		0.	0.
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	NEBUNKPORT, ME 04046-0495			 		
	BRA_THOMAS	TRUSTEE	ľ		0.	0.
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	990-EZ (2009) MAINE POOLED DISABILITY TRUST 04~370271			age 3
Par	Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEME	NT	6
			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		_X_
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	1 1 1 1	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	ا الفاسي	: ا ا : ا ا : ا	
	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? If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a 35 b		X
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the			
37 a	year? If 'Yes,' complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 1 37a 0.	36		X
E	Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X WILL STATE
t	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter	13 (15 jul) 1 (15 jul)		불뷥
	a Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities N/A			
40 a	section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
t	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		_946374	1243619
	'Yes,' complete Schedule L, Part I	40 b	E. 2 GB	X
	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	i garan Barandan Barandan		
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
6	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		X
41	List the states with which a copy of this return is filed NONE			
42 8	The organization's books are in care of PO BOX 495 KENNEBUNKPORT ME Telephone no P 207 2 Located at PO BOX 495 KENNEBUNKPORT ME ZIP + 4 P 04046			
		ſ	Yes	No
1	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If 'Yes,' enter the name of the foreign country:	1 16	54 B 54	
			out the	
	Continuous for superiors and files are unsuperior for From TD F 00 22.1 Depart of a Foreign Bank and Francisco Associate			FI
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S?	42 c	*****	X X
`	If 'Yes,' enter the name of the foreign country:	720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	!	- []	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			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_		х
BAA	TEEA0812L 01/30/10 Fo	rm 99 l	0-EZ	(2009)

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UIIII 99U-EZ	120031	LIGHTINE	LOCIED	DIOUDITIE	TUUL

Part VI

04-3702712

Page 4

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 Х Х 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 Х 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Х b If 'Yes,' was the related organization a section 527 organization? 49 b 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' (d) Contributions to employe benefit plans and deferred compensation (b) Title and average (c) Compensation (e) Expense account and (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position other allowances NONE f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of 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 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Coltin Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's Paid signature P00289569 employed Pre-MACDONALD Firm's name (or parer's yours if self-employed), address, and ZIP + 4 LONG CREEK DR 01-0242373 Use EIN Only SOUTH PORTLAND, ME 04106 207-774-5701 Phone no ►|X| Yes May the IRS discuss this return with the preparer shown above? See instructions BAA Form 990-EZ (2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

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 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

OMB No 1545 0047

Open to Public

Name	of the organization					_		Employer	ıdentıficat	ion number		
	NE POOLED DISA								02712			
Par	Reason for Pu	blic Charity Statu	is (All organizations	must	compl	ete thi	s part	.) See	ınstruc	tions		
The o	organization is not a priv	ate foundation becaus	se it is (For lines 1 throu	gh 11, cl	heck on	y one b	ox)					
1	A church, conventi	on <mark>of churches or ass</mark> o	ociation of churches desc	ribed in	section	170(b)(1)(A)(i).					
2	A school described	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	A hospital or coope	erative hospital service	organization described i	n sectio	n 170(b)	(1)(A)(ii	i).					
4	A medical research	organization operate	d in conjunction with a ho	spital de	escribed	ın secti	on 170(b)(1)(A)(iii). Ente	r the hospi	tal's	
	name, city, and sta	name, city, and state										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6			governmental unit describ									
7	in section 170(b)(1)	(A)(vi). (Complete Pa	•	•		ernment	al unit e	or from t	he gene	ral public d	escribe	d
8	= '		70(b)(1)(A)(vi). (Complete		-							
9	from activities relat	ed to its exempt funct	more than 33-1/3 % of ions — subject to certain ss taxable income (less somplete Part III.)	exception	ns. and	(2) no r	nore tha	an 33-1/3	3 % of its	s support fr	om aro	SS
10	An organization org	ganized and operated	exclusively to test for put	olic safet	y See	section !	509(a)(4).				
11	more publicly supp	orted organizations d	exclusively for the benefi escribed in section 509(a ation and complete lines)(1) or so	ection 5	09(a)(2)	tions of . See s e	, or carry ection 50	y out the 19(a)(3).	purposes Check the	of one o box tha	or at
	a ∏Type I	b Type II	c Type III	l – Fund	tionally	integrate	ed		d 🗌	Type iii-	Other	
е	By checking this both than foundation ma 509(a)(2).	ox, I certify that the organizers and other than	ganization is not controlled one or more publicly su	ed directi ipported	y or ind organiz	irectly b ations d	y one o escribed	r more d d in sect	lisqualificion 509(a	ed persons a)(1) or sec	other tion	
f	If the organization check this box	received a written det	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	III supp	orting or	ganızatıon,		
g	Since August 17, 2	006, has the organiza	tion accepted any gift or	contribu	ition from	n any of	f the fol	lowing p	ersons?			
											Yes	No
	(i) a person who below, the go	o directly or indirectly overning body of the si	controls, either alone or to upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (ı)		_
	(ii) a family mem	nber of a person desc	ribed in (i) above?							11 g (ii)		
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h	Provide the following	ng information about t	he supported organization	ns								
	(i) Name of Supported Organization	(u) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed	s the ion in col d in your rning ment?	the organ	ou notify ization in (i) of upport?		s the on in cof zed in the 5 ?	(vii) Amoun	t of Supp	ort
				Yes	No	Yes	No	Yes	No			
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			Military Company Country Country	14 MARINA (S. 1917). 1	PER SERVICE	रक्षात्	P 1919	ani.	i i dila t			
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	dule A (Form 990 or 990-EZ) 200		OLED DISABI			04-3702712	
Par	Support Schedule for	_			(b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1.)			
Sec	tion A. Public Support						
begir	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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)						
	Public support. Subtract line 5 from line 4						
<u>Sec</u>	tion B. Total Support			r ·	r 		
Cale: begii	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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	vities, etc. (see ins	structions).			12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3) <u> </u>
	tion C. Computation of Pu						· · · · · · · · · · · · · · · · · · ·
	Public support percentage for 20 Public support percentage from		• • • • • • • • • • • • • • • • • • • •	e 11, column (f)		14	<u>%</u> %
	33-1/3 support test 2009. If the	e organization did	not check the box	on line 13, and	the line 14 is 33-1	/3 % or more, che	ck this box
ŧ	and stop here. The organization 33-1/3 support test - 2008. If the	-		_	and line 15 is 33-	1/3% or more, che	eck this box
	and stop here. The organization					•	▶ [_]
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	test check this	box and stop here	e. Explain in Part f	V how
ì	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	ind-circumstances	test, check this	box and stop here	e. Explain in Part I	5 is 10% V how the . ► □
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a,	or 17b, check thi	s box and see inst	ructions 🕒

1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.') 2 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 52,537. 86,791. 34,527. 196,728. 89 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 6 Total. Add lines 1 through 5 52,537. 86,791. 34,527. 196,728. 89	9,813.	460,396. 0.
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 52,537. 86,791. 34,527. 196,728. 89 Gross receipts from activities that are not an unrelated trade or business under section 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 52,537. 86,791. 34,527. 196,728. 89	9,813.	0. 460,396. 0.
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 6 Total. Add lines 1 through 5 52,537. 86,791. 34,527. 196,728. 89	9,813.	0.
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 52,537. 86,791. 34,527. 196,728. 89		-
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 52,537. 86,791. 34,527. 196,728. 8		•
facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 52,537. 86,791. 34,527. 196,728. 8		0 <i>.</i>
		0.
	9,813.	460,396.
7a Amounts included on lines 1, 2, 3 received from disqualified persons 0. 0. 0.	0.	0.
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 15,927. 47,381. 16,027. 127,259. 3	7,731.	244,325.
	7,731.	244,325.
8 Public support (Subtract line	7,731.	244,323.
7c from line 6)		216,071.
Section B. Total Support	*19/2/97/9/	210,071.
	2009	(f) Total
	9,813.	460,396.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	1,498.	7,643.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	1,1501	0.
c Add lines 10a and 10b 0. 927. 2, 915. 2, 303.	1,498.	7,643.
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on		0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		0.
 Total support. (add ths 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 organization, check this box and stop here 	1 501(c)(3)	468,039. ►
Section C. Computation of Public Support Percentage		
15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	46.2%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	43.5%
Section D. Computation of Investment Income Percentage	10	33.3 /6
17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.6%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.5%
19a 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		
	73 %, anu iii 0N	ind line 18 —

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule	A (Form 990 or	990-EZ) 2009	MAINE	POOLED	DISABI	LITY 1	TRUST	04-370271	2 Page 4
Partiy	Supplemer Part II, line	ntal Inform 17a or 17	nation. Cor b; and Par	nplete thi rt III, line	s part to 12. Prov	providi vide any	e the exp other ac	04-370271 lanations required by Pa Iditional information. See	rt II, line 10; e instructions.
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2009	FEDERAL STATEMENTS		PAGE 1
	MAINE POOLED DISABILITY TRUST		04-3702712
STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOU) NTS PAID		
CLASS OF ACTIVITY: DONEE'S NAME: CASH AMOUNT GIVEN:	NEED BASED ASSISTANCE INDIVIDUAL	\$	9,461.
DONEE'S NAME: CASH AMOUNT GIVEN:	TRESLOW ADULT DAY PROGRAM	\$	4,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	VOLUNTEERS OF AMERICA	\$	5,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	SOUTHERN MAINE AGENCY ON AGING	\$	5,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	SUNRISE OPPORTUNITIES	\$	2,500.
DONEE'S NAME: CASH AMOUNT GIVEN:	WOUNDED HEROS PROGRAM OF MAINE	\$	5,000.
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES DEPRECIATION EDUCATION/SEMINARS INFORMATION TECHNOLOGY INSURANCE MISC EXPENSE OFFICE EXPENSES TELEPHONE		\$ TOTAL \$	633. 220. 610. 2,395. 250. 1,203. 1,526. 6,837.
STATEMENT 3 FORM 990-EZ, PART II, LINE 2 OTHER ASSETS FURNITURE AND FIXTURES NOTES AND LOANS RECEIVAB	_ <u>BE</u> (GINNING 1,746. \$ 2,550. 4,296. \$	ENDING 1,113. 6,150. 7,263.

2009

FEDERAL STATEMENTS

PAGE 2

MAINE POOLED DISABILITY TRUST

04-3702712

STATEMENT 4 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

	BE0	<u>GINNING</u>	<u>ENDING</u>		
	\$	131.	\$	131.	
TOTAL	\$	131.	\$	131.	

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO ENRICH THE QUALITY OF LIFE FOR PEOPLE WITH DISABILITIES BY PROVIDING RESPONSIVE, SENSITIVE, AND ECONOMICAL TRUST SERVICES, WITHIN A STRUCTURE THAT PRESERVES INDIVIDUALS' ELIGIBILITY FOR PUBLIC DISABILITY BENEFITS.

STATEMENT 6
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