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Form 990-EZ

### 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)

OMB No 1545-1150 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

06/30/10 For the 2009 calendar year, 07/01/09 , and ending or tax year beginning Please **Employer identification number** Check if applicable Name of organization use IRS Address change label or 20-5800048 MAINE RECREATION AND PARK ASSOC. Name change print or Telephone number Number and street (or P O box, if mail is not delivered to street address) Initial return type. Room/suite P.O.BOX 6728 207-865-6171 Termination Specific **Group Exemption** City or town, state or country, and ZIP + 4 Amended return Instruc-ME 04070 **SCARBOROUGH** Number Application pending tions Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method X Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) Check ▶ X if the organization is not merpa.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **3**) **◄** (insert no) 4947(a)(1) or **X** 501(c) ( 527 Tax-exempt status (check only one) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 231,257 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 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1) 4,750 1 Contributions, gifts, grants, and similar amounts received 1 43,054 2 2 Program service revenue including government fees and contracts 7,675 See Statement 1 3 Membership dues and assessments 3 293 4 Investment income 4 Gross amount from sale of assets of the Hay Two tory 5a Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtractine 5b from line 5a)
Special events and activities (complete applicable parts of Scriedule G). If any amou 5c e G) If any amount is from gaming, check here Gross revenue (not including of contributions OGDEN, 175,485 reported on line 1) 6a 6b 176,680 Less direct expenses other than fundraising expenses -1,195Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c Gross sales of inventory, less returns and allowances 7a Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 8 Other revenue (describe 8 54,577 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9 10 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Expenses 680 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 Other expenses (describe > See Statement 2 72,041 16 16 72,721 17 Total expenses. Add lines 10 through 16 17 -18,14418 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 63,672 end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 45,528 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 45,528 63,672 22 Cash, savings, and investments Land and buildings 23 Other assets (describe 24 63,672 Total assets 25 Total liabilities (describe 0 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 63,672 45,528 Form **990-EZ** (2009)19 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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	990-EZ (2009) MAINE RECREATION AND PARK ASS		-5800048	11	Fy	Page 2
	is the organization's primary exempt purpose?	occ are moduce	none for a aren	<del>'</del>	(Required	
	Statement 3					and 501(c)(4)
	ibe what was achieved in carrying out the organization's exempt purposes. In a	clear and concise				ons and section
mann	er, describe the services provided, the number of persons benefited, or other re	elevant information	for		4947(a)(1)	trusts, optional
each_	program title				for others	)
28	See Statement 4			- 1		
			- 1			FF F33
	Grants \$ ) If this amount includes foreign grants, chi	eck here	<u> </u>	21	Ba	55,533
29				Ì		
				ľ		
10	Cronte C ) If this amount includes foreign grants, ch	nok horo	•	_   <sub>2</sub> ,	9a	
30 7	Grants \$ ) If this amount includes foreign grants, chi	eck nere			<b>7</b> a	<del></del>
-						
(0	Grants \$ ) If this amount includes foreign grants, chi	eck here	<b>&gt;</b>	—   30	0a	
31 0	ther program services (attach schedule)					
(0	Grants \$ ) If this amount includes foreign grants, chi	eck here	<b>&gt;</b>	3	1a	
	otal program service expenses (add lines 28a through 31a)			<b>▶</b> 3	2	55, <u>533</u>
Pa	rt IV List of Officers, Directors, Trustees, and Key Employees. List each	•				
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,		ntributions to benefit plans &	(e) Expense account and
	(a) Traine and address	devoted to position	enter -0)	deferred	compensation	other allowances
Ms .	Cindy Hazelton	President	_			_
			0		0	0
Mr.	Lucky D'Ascanio	Vice Pres.			•	
	Caral Cash	Samata	0		0	0
MS.	Carol Cook	Secretary	o		0	o
 Mr	Russell Packett	Treasurer				0
	ADDOLL LUCAGO	1100000101	0	İ	0	o
Dr.	William Eckart					
			o		0	<u>o</u>
Mr.	Tim Baude					
			0	<u> </u>	0	0
Mr.	Aaron Cropley					
			0		0	0
Mr.	Peter Bingham					
			0	-	0	0
Ms .	Deborah Gendreau	1			_	_
	Total Branches		0		0	0
MS.	Lisa Bingham		١ .		0	۰ ا
Mr.	Matt Tobin					
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Form **990-EZ** (2009)

	990-EZ (2009) MAINE RECREATION AND PARK ASSOC. 20-5800048  rt V Other Information (Note the statement requirements in the instructions for Part V.)			age :
	,		Yes	No
3	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		T	
	description of each activity	33		X
	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
	the changes	34		X
	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
	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		K
a	Enter amount of political expenditures, direct or indirect, as described in the instr			
b	Did the organization file Form 1120-POL for this year?	37b		X
а	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved  38b			
)	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			
a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		-	
	section 4911 ►, section 4912 ►, section 4955 ►	-		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		
·	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		X
	List the states with which a copy of this return is filed <b>None</b>			
а		207-86	5-6	17
	17 West Street			
	Located at ▶ Freeport, ME ZIP+4 ▶	04032		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	N
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
		1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С		42c		X
С	and Financial Accounts.	42c		X
	and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		X  -
	and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country	42c		>
	and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	42c	Yes	<b>&gt;</b>
	and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	42c	Yes	<b>&gt;</b>
c	and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S ?  If "Yes," enter the name of the foreign country ►  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year  ▶ 43	42c	Yes	N
	and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S ?  If "Yes," enter the name of the foreign country ▶  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  Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	N X

Form 9	990-EZ (2009) MAINE RECREATION AND PARK AS		-5800048		_		age 4
Part							
	501(c)(3) organizations and section 4947(a)(1) none	exempt charitat	ole trusts must	answer questi	ons 4	6-49	b
	and complete the tables for lines 50 and 51.						
<b>46</b> [	Did the organization engage in direct or indirect political campaign activities of	on behalf of or in op	position to			Yes	No
c	candidates for public office? If "Yes," complete Schedule C, Part I				46		X
<b>47</b> [	Did the organization engage in lobbying activities? If "Yes," complete Schedu	le C, Part II			47		X
48 I	Is the organization operating a school as described in section 170(b)(1)(A)(ii)	? If "Yes," complete	Schedule E		48		X
<b>49a</b> [	Did the organization make any transfers to an exempt non-charitable related	organization?			49a		X
<b>b</b> !	If "Yes," was the related organization a section 527 organization?				49b		
<b>50</b> (	Complete this table for the organization's five highest compensated employe	es (other than office	ers, directors, truste	ees and key			
6	employees) who each received more than \$100,000 of compensation from the						
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &		Expen count a	
	than \$100,000	devoted to position		deferred compensation	othe	allowa	nces
None			]	İ			
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			<u></u>	L	<u> </u>		
f	Total number of other employees paid over \$100,000	_		_			
Non	\$100,000 of compensation from the organization. If there is none, enter "Non  (a) Name and address of each independent contractor paid more than \$100,000  ie		Type of service	(c) (	Comper	sation	
-							
ď	Total number of other independent contractors each receiving over \$100,000	· •	<del> </del>				
					• •		
Sign	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other that						
Here			Date	5/10		<u> </u>	
	Type or print name and title						
Daid	Preparer's selle al CPA	Date	Check if self-	Preparer's Ide	, •		See inst
Paid	signature 7 200 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	11/0					1 4 0
•		. viek, C	:A		)1-(	) O T 4	447
USE !				Phone	7-72	) <b>5</b> _0	300,
A4=						<u> </u>	No :
way t	the IRS discuss this return with the preparer shown above? See instructions			<u> </u>		62	· NC

Form **990-EZ** (2009)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

509(a)(1) or section 509(a)(2)

organization, check this box

# **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.

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

OMB No 1545-0047

2009

Open to Public Inspection

**Employer identification number** 

		MAINE RECREATION AND PARK ASSOC. 20-5800048								
Par	tl	Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
he o	gai	nization is not a private foundation because it is. (For lines 1 through 11, check only one box )								
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's 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	-	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .								
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
		described in section 170(b)(1)(A)(vi). (Complete Part II)								
8 [		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)								
9	X	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross								
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its								
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses								
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )								
10 [	_	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
11 [	_	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the								
		purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section								
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h								
		a Type I b Type II c Type III-Functionally integrated d Type III-Other								
е	_	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified								
	-	persons other than foundation managers and other than one or more publicly supported organizations described in section								

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(Iv) is the organization in col (i) listed in your governing document?		(described on lines 1–9   in col (i) listed in your above or IRC section   governing document?   the organization in col (i) of your (i) organization in col (ii) of your (ii) organization in col (iii) of your (iii) organization in col (		in col (i) listed in your the organization in governing document? col (i) of your		ion in col zed in the	(vii) Amount of support
	<del></del> -	(555	Yes	No	Yes	No	Yes	No		
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otal									<u> </u>	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009 MAI					-3600046	Page 2
Pa					)(1)(A)(iv) and	1/U(D)(1)(A)(Vi)	
D	(Complete only if you che	ecked the box	on line 5, 7, or	ठ of Part I)			<del></del>
	tion A. Public Support	4-3-0005	(L) 0000	4-1 0007	(4) 2000	(=) 2000	4D Total
Cale	endar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization 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						
Sect	tion B. Total Support				<del>,</del>		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</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 from 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				<u> </u>		
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, foi	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her		<u> </u>				<u> </u>
Sec	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2009 (line 6	• •	•	n (f))		14	<u>%</u>
15	Public support percentage from 2008 Sch					15	<u>%</u>
16a	33 1/3 % support test—2009. If the organ			13, and line 14 is	33 1/3 % or more,	check this box	
	and <b>stop here.</b> The organization qualifies		_				▶
b	33 1/3 % support test—2008. If the organ				15 is 33 1/3 % or i	more, check this	
	box and stop here. The organization qual	•	• • •				▶ _
17a	10%-facts-and-circumstances test-200						
	more, and if the organization meets the "fa		•	· ·	•		. –
	organization meets the "facts-and-circums		-				▶ _
b	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "f						
	organization meets the "facts-and-circums						
18	Private foundation. If the organization did	not check a box o	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and s	ee instructions	P L

Schedule A (Form 990 or 990-EZ) 2009 MAINE RECREATION AND PARK ASSOC.

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)

Section A. Public Support

<u>Sec</u>	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b) 2</b> 006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and			Î			
•	membership fees received (Do not include						
	any "unusual grants ")		13,751	13,735	11,394	4,750	43,630
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 purpose		28,864	39,466	32,328	7,968	108,626
3	Gross receipts from activities that are not an unrelated trade or business under section 513		84,432	144,444	169,455	218,539	616,870
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		127,047	197,645	213,177	231,257	769,126
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			i			
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						769,126
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		127,047	197,645	213,177	231,257	769,126
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					3	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 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)		742	1,415	1,350		3,507
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	Ĺ	127,789	199,060	214,527	231,257	772,633
14	First five years. If the Form 990 is for the	-	t, second, third, four	th, or fifth tax yea	r as a section 501(	c)(3)	
	organization, check this box and stop her		4				<u>▶ X</u>
	tion C. Computation of Public Su	<del></del>				T1	
15	Public support percentage for 2009 (line 8		•	(f))		15	<u> </u>
16	Public support percentage from 2008 Sch				<del></del>		
	tion D. Computation of Investme				<del></del>		
17	Investment income percentage for 2009 (I		· ·	column (f))		17	<u>%</u>
18	Investment income percentage from 2008			44 11 15		<u>[ 18 ]</u>	<u>%</u>
19a	33 1/3 % support tests—2009. If the orga			•			_
,	17 is not more than 33 1/3 %, check this b						
b	33 1/3 % support tests—2008. If the orgal line 18 is not more than 33 1/3 %, check t						
20	Private foundation. If the organization did		<del>-</del>		• • •	_	
		UIIOUN a DUA '		<b></b>			

Page 3

Schedule A (Form 990 or 990-EZ) 2009 MAINE RECREATION AND PARK ASSOC.

20-5800048

Page 4

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

Part III, Line 12 - Other Income Detail

Interest

\$

3,507

			Special Eve	nts Schedi	ule			
Form 95	90·			07/04/0			100100	2009
<u> </u>		For calendar year 2009, or tax	k year beginning	07/01/0	<b>9</b> , and e	ending U6	/30/10	
lame							Employer Ide	entification Number
MAINE I	RECREA	TION AND PARK A	SSOC.				20-580	0048
		(A)	(B)	(C)		Others		Total
Gross receipt	s .	169,365	6,120		0		0	175,485
Less contrib	outions	0	0				0	
Gross revenu	-	169,365	6,120		0 _		0	175,485
Less direct		172,184	4,496	<u> </u>				176,680
Net income (I	oss)	<del>-2,819</del>	1,624		<u> </u>			-1,195
Description	(A) (B)	Ticket Program	<u>m</u>					
	(C)							
	Others							
			······································	<del></del>				
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20-5800048

FYE: 6/30/2010

## Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

	Description	 Amount
Membership	Dues	\$ 7,675
Total		\$ 7,675

## Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Travel	314
Awards	234
Entertainment Showcase	4,991
Fall Workshop	4,003
Hershey Track Program	2,803
Hotshot Program	2,908
National Conference	6,089
Scholarship	400
Special Projects	159
Spring Workshop	26,830
Contract Labor	17,971
Dues	399
Insurance	1,348
Miscellaneous	210
Postage	198
Professional Development	3,184
Total	\$ 72,041

20-5800048

## **Federal Statements**

FYE: 6/30/2010

## Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

The Maine Recreation and Park Association (MRPA) is an organization dedicated to the promotion of quality park, recreation, therapeutic, and open space services for the citizens of Maine.

## Statement 4 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

#### Description

The Maine Recreation & Park Association (MRPA) aims to unite into one association all individuals, groups, students, and organizations in the field of recreation and park sevice while maintaining the highest standards of professional qualifications, training and ethics. MRPA also will promote principles and standards for improvement of all types of leisure services, analyze and take action on legislation pertaining to recreation and parks, and protect the interests of professional recreation personnel as a group or as individuals in matters of professional concern.