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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)

2009

OMB No 1545-0047

Open to Public

Internal	Revenue	Service Fine or	ganization may have to use a co	py of this return to satisfy s	state reporting	g requirements	Inspection
A Fo	r the :	2009 calendar yea	r, or tax year beginning 10-01-20	009 and ending 09-30-201	.0	D Employer ide	ntification number
_		pplicable Please	C Name of organization Eastern Maine Development Corpora	ition			
Add	tress ch	nange use IRS label or	Doing Business As			01-0281875 E Telephone nu	
Nar	ne cha	nge <b>print or</b> type. See	Jenny Jasiness / is	·			
┌ Inıt	ial retu		Number and street (or P O box if m	aıl ıs not delivered to street addre	ess) Room/suite	(207) 942-6	
Ter	mınate		40 Harlow Street			<b>G</b> Gross receipts \$	
☐ Am	ended	return	City or town, state or country, and Z	IP + 4		1	
┌ <sub>App</sub>	olication	n pending	Bangor, ME 04401				
		<b>F</b> Nan	ne and address of principal office	ır	H(a) Is th	■ is a group return	for
		Michae	l A ube			ates?	「Yes ▼ No
			low Street , ME 04401		11/6> 4		Ev. Ev.
			,		1 ' '	II affiliates include	ed? Yes No (see instructions)
Ta:	x-exem	npt status 🔽 501(c)	)(3) <b>◄</b> (insert no)	or <b>5</b> 27		up exemption nur	
J W	ebsit e	<b>: ►</b> www.emdc.org			''(')		
					1		
	n of org rt I	- '	tion Trust Association Other 🕨		L Year of fo	ormation 1967 M	State of legal domicile ME
Га	1		e organization's mission or most	significant activities			
	-	Economic develop		Jigiiiicani activities			
Governance							
룓							
je Š	2	Check this hov		t its operations or disposed	l of more than	25% of its net a	ccatc
ŝ	3	•	members of the governing body (I				22
	4	-	ndent voting members of the gove	, ,			22
Activities &	-		nployees (Part V , line 2a)		b)		221
Ē	6		olunteers (estimate if necessary)				(
ទួ	_						
	1	<del>-</del>	ted business revenue from Part \ iness taxable income from Form !	, , , , , , , , , , , , , , , , , , , ,		/a 7b	
	Ь	Net unrelated busi	mess taxable income from Form	990-1, lifte 34			
		Combada	1 (D1)/III (1)		Pric	or Year	Current Year
ā	8		d grants (Part VIII, line 1h)			4,195,921	4,936,431
eur	9	_	revenue (Part VIII, line 2g)		2,016,713	1,607,163	
Revenue	10		me (Part VIII, column (A), lines			4,886	4,849
_	11		art VIII, column (A), lines 5, 6d	_	17,218	15,000	
	12		dd lines 8 through 11 (must equa		ie	6,234,738	6,563,443
	13		ar amounts paid (Part IX, column				40,000
	14	Benefits paid to o	or for members (Part IX, column (	(A), line 4)			0
	15	Salaries, other co	ompensation, employee benefits	(Part IX, column (A), lines	5 –		
\$		10)				2,219,466	3,337,384
Expenses	16a	Professional fund	raising fees (Part IX, column (A)	), line 11e)			0
ਡੋ	b	Total fundraising exp	enses (Part IX, column (D), line 25) 🛌	58,120			
	17	Other expenses (	(Part IX, column (A), lines 11a-:	11d, 11f-24f)		4,153,813	3,721,464
	18	Total expenses /	Add lines 13–17 (must equal Pa	rt IX, column (A), line 25)		6,373,279	7,098,848
	19	Revenue less exp	penses Subtract line 18 from line	e 12		-138,541	-535,405
ලි. ජීප්					_	g of Current	End of Year
Net Assets or Fund Balances		T-1-1	w V I 4 C V			/ear	
Ass Ba	20		rt X, line 16)			12,251,161	11,282,415
<u> </u>	21	•	Part X, line 26)			5,385,948	4,952,607
	22		d balances Subtract line 21 fror	m line 20		6,865,213	6,329,808
Par	rt II	Signature Blo					
			erjury, I declare that I have examined the correct, and complete Declaration of pro-				
					1		
Sign		*****				-03-24	
Here	2	Signature of office	er		Date		
		Michael Aube Pres					
		Type or print nam	ic and the			1	
		Preparer's Barbar	ra J McGuan CPA		Check if self-	Preparer's identify (see instructions)	
Paid		signature Barbar	a y ricodan CrA	l l	empolyed •	(SSC IIISHIGCHOIIS)	
Prepa		Firm's name (or yours	S BERRY DUNN McNEIL & PARKER LL	_C		EIN Þ	
Use (	Only	ıf self-employed), address, and ZIP + 4	36 PLEASANT STREET			LIIN F	
			BANGOR, ME 04401			Phone no 🕨 (20	07) 942-1600
Mav t	he IR	S discuss this retu	rn with the preparer shown above	e? (see instructions)			▼ Yes

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Provide educational and other economic development services to governments and businesses in Eastern Maine

2	Did the organization un the prior Form 990 or 9				ar which were not listed or	TYes ▼ No
	If "Yes," describe these	new services on Sc	hedule O			
3	Did the organization ce services?				conducts, any program	┌ Yes ┌ No
	If "Yes," describe these	changes on Schedu	le O			
4		501(c)(4) organızatı	ons and sectio	on 4947(a)(1) trusts	ee largest program service are required to report the n service reported	• •
	(Code	) (Expenses \$	1,064,828	ıncludıng grants of \$	) (Revenue	\$ 509,323 )
	needs Its objective is to co and public funding groups to including equipment, real e partners in the banking and	eate quality job opportur o leverage the capital av state and working capita I investment communitie rly \$187 million in other p	nities and stimulat allable to small bu I Through our len s Since the incept private and public	e economic activity EM usinesses EMDC has sev ding programs, EMDC of tion of the program, in t	OC's role as a secondary lender of veral secondary loan funds to fin fers direct loans of \$1,000 to \$4 he early 1980's, EMDC has disbu	-up businesses with special financing is to work with banks and other private ance a wide variety of business needs, ,000,000, creatively packaged with irsed nearly \$60 million to over 500 EMDC currently has approximately
4b	(Code	) (Expenses \$	728,353	ıncludıng grants of \$	) (Revenue	\$ 87,927 )
4-	sponsored outreach events through brochures, newslet Million during fiscal year 20	The program also providers and a website www 10	des a Bid Match se maineptac org C	ervice to clients and sup lients assisted by the Ma	olies them with relevant informa nine PTAC have reported governi	events and participated in 17 non- tion about government contracting ment contract awards of over \$194
4c	(Code	) (Expenses \$	3,563,606	including grants of \$	) (Revenue : income youth, adults, migrant	
	dislocated workers. These primary funding sources fo Employers 2. Pathways Grapiscataquis County and resor unemployed individuals both job seekers and busin National Farmworker Jobs Scholarship Program (CSSP demand occupation 8. Ame including IT, Health Care, Eyouth age 16-24 EMDC will Services including literacy assessments, career counsexploration, Supportive Seibe delivered to individual will participant with an approve from eligible providers they If a worker qualifies and is defray some of the costs a	services are delivered free remotes are delivered free remotes are the services are the ser	e of charge throughopment Services ton, electrical, an ent homes for preuis and Hancock of National Emerge ployment and tradvantaged individuestment Act (AR American Recovision eligible individually obtaining, job matchiooks and uniform an employer - in their Career Ad EMDC can reimbul needed skills to never for a limited power of the services.	gh the One-Stop Career include 1 The Workford d plumbing job training 1976 mobile homes 3 counties in the Healthcai chick Grants (NEG) - for ining services to Maine's uals who wish to pursue RA) - for Adult and Disloery and Reinvestment Auals during Program Yeas School Diploma program in and search including s, travel and child care and clude - Individual Train ucation or training Adult visor The program paysise up to 50% of the wall we employees - Work Everiod of time Work experience.	Center system in partnership with the Investment Act (WIA) - for Adproject serving approximately 19. The Healthcare Project- Serving approximately 19. The Healthcare Project- Serving eindustry 4. The Disability Emplopislocated Workers laid-off due to migrant and seasonal farmwork a post-secondary education in a cated Workers who want to retrict (ARRA) - Summer Youth Employa 19. Summer Youth Employa 19. Summer Youth Employa 19. Summer Summe	th the Maine Department of Labor The ult, Youth, Dislocated Workers and 50 individuals from Penobscot and approximately 100 incumbent workers oyment Initiative grant (DEI) - serving to a company closure or mass-layoff 6 er population 7 Competitive Skills in high-wage, high-growth, high-high in specific high demand occupations loyment Program for disadvantaged types of services Basic Education
	Other program service	es (Describe in Sche	edule O ) <b>See a</b>	ılso Additional Data	for Description	
	(Expenses \$	•	uding grants o		0,000 ) (Revenue \$	1,001,427)
	Total program service	expenses <b>&gt;</b> \$	5,654,72	 5		

Part IV	Check	dist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ì	N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		Νο
b	Is the organization 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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νo
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V	Statements	Regarding	Other	IRS Filings	and Tax	Compliance
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			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-		N. o
h	return?	3a 3b		Νο
а	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)?	4a		No
b	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			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		Νo
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
3	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

40 Harlow Street Bangor, ME 04401 (207) 942-6389

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
- 50	ction A. Governing body and Planagement		Yes	No
			103	140
1a	Enter the number of voting members of the governing body 22	2		
b	Enter the number of voting members that are independent 1b 22	<u>,</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	110
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7a	Yes	
ь	governing body?	7b	103	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	75		140
_	year by the following	0-	Yes	
a	The governing body?	8a		
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		NO
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form	´ 11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
4.0	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No.
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vupon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who pe	he orga	anızatıor	n <b>▶</b> -
	Michael Aube	3		

## Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	Posi t	<b>(C</b> tion ( hat a	ched	ckal )	compensation compensation	(F) Estimated amount of other			
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)			Page <b>8</b>
1b	Total	97,117 0		0
2	Total number of individuals (including but not limited to those listed above) who received m \$100,000 in reportable compensation from the organization ▶0	ore than		
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest coon line 1a? <i>If "Yes," complete Schedule J for such individual</i>		3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compeorganization and related organizations greater than \$150,000? If "Yes," complete Schedule and individual	J for such	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organizerendered to the organization? If "Yes," complete Schedule J for such person		5	No
S	ection B. Independent Contractors		,	
1	Complete this table for your five highest compensated independent contractors that receive \$100,000 of compensation from the organization	ed more than		
	(A) Name and business address	<b>(B)</b> Description of services	Compe	
56 M	anting Services of Maine LLC aple Leaf Lane fina non, ME 04401	ncial management assistance		115,600
302	nern Maine Development Commission Main Street iou, ME 04736  Subserv	contracted grant delivery ices		107,590

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization >2

Form 99								Page <b>9</b>
Part V	<u> </u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
13 S	1a	Federated camp	paigns 1a					
渡	ь	Membership du	es <b>1b</b>	67,250				
S,ĕ	c	Fundraising eve	ents <b>1c</b>					
Æ ₩	d	Related organiz	ations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grants	s (contributions) <b>1e</b>	4,829,181				
r Sign	f	All other contribution	ons, gifts, grants, and <b>1f</b>	40,000		İ		i i
<u>후</u>	g	sımılar amounts no Noncash contri	bt included above butions included in					
들을		lines 1a-1f \$ _						
ပ္မ	h		s 1a-1f	▶	4,936,431			
				Business Code				
nue	2a	Contract Revenues	3	541,900	1,044,121	1,044,121		
- B	ь	Loan Fees & Intere	est	523,000	415,643	415,643		
9	c	Gain on Sale of Loa	ans	523,000	93,680	93,680		
Program Serwce Revenue	d	Misc Program Fee	s	541,900	53,719	53,719		
ග =	e							
<u>⇔</u>	f	All other progra	am service revenue					
چ	g	Total. Add lines	 		1,607,163			
	3		ome (including dividend	+	1,007,103			
			aramounts)		4,849			4,849
	4	Income from inves	tment of tax-exempt bond p	oroceeds 🕨				
	5	Royalties		▶				
			(ı) Real	(II) Personal				
	6a	Gross Rents	15,000					
	Ь	Less rental expenses						
	c	Rental income or (loss)	15,000					
	d	Net rental incor	me or (loss)		15,000			15,000
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
	_	sales expenses Gain or (loss)						
	c d		s)	<b>-</b>				
	8a	Gross income f						
ė =		events (not inc	luding					
듄		\$ of contributions	reported on line 1c)					
Ве,			e 18					
<u>-</u>			a					
Other Revenue	р С		penses <b>b</b> [loss) from fundraising e	wonts 🕨				
•	9a		rom gaming activities	events				
	-	See Part IV, lin						
			a					
	b		penses b					
	100		loss) from gaming activ	rities				
	Iva	Gross sales of returns and allo						
	ь	Less cost of go	oods sold <b>b</b>					
	С		loss) from sales of inve	ntory 🕨				
		Miscellaneous	s Revenue	Business Code				
	11a							
	ь							
	С							
	d	All other revenu	l l					
	е	Total. Add lines	s 11a-11d	🛌				
	12	Total revenue	See Instructions	•				
	]	rotar revenue.	oce monuchons	•	6,563,443	1,607,163	0	19,849

## Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
			(B)	(D).	(D)					
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ line 21 $$	40,000	40,000							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	212,717		212,717						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	2,174,983	1,870,751	279,345	24,887					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	44,689	38,438	5,740	511					
9	Other employee benefits	904,995	752,200	142,138	10,657					
10	Payroll taxes									
11	Fees for services (non-employees)									
а	Management									
ь	Legal	26,564	22,863	3,701						
С	Accounting	80,679	7,879	72,800						
d	Lobbying		.,	,						
e	Professional fundraising See Part IV, line 17									
f	Investment management fees									
g g	Other	333,334	308,677	21,607	3,050					
12	Advertising and promotion	103,057	96,232	6,825	3,030					
13	Office expenses	275,221	176,687	92,395	6,139					
14	Information technology	56,451	14,832	41,619	0,133					
15	Royalties	30,431	14,032	41,019	_					
16	Occupancy	394,264	114,154	280,108	2					
17	Travel	142,258	131,231	10,818	209					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	142,230	131,231	10,818	209					
19	Conferences, conventions, and meetings	52,233	46,906	5,152	175					
20	Interest	240,557	121,719	118,838	1,3					
21	Payments to affiliates	240,557	121,717	110,030						
22	Depreciation, depletion, and amortization	91,008		91,008						
23	Insurance	31,316	4,208	27,108						
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	31,310	1,230	27,100						
а	WIA Participant Costs	1,217,727	1,217,727		_					
ь	Loan Loss Provision	406,817	406,817							
c	RLF Write-off	159,961	159,961							
d	Misc Expense	89,849	103,275	-25,916	12,490					
e	Bad Debts	20,168	20,168							
f	All other expenses	<u> </u>								
25	Total functional expenses. Add lines 1 through 24f	7,098,848	5,654,725	1,386,003	58,120					
26	Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	.,,556,616	5,551,725	2,230,003	55,120					

Part X Balance Sheet (A) (B) End of year Beginning of year 200.018 368 1 Cash—non-interest-bearing . . . . . . . . . . . . 1 3,894,639 2 3,435,383 2 3 3 4 791.514 4 699,120 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net . . . . . 4,572,978 4,627,538 Inventories for sale or use . . . . . . 12,086 9 45,065 2.552.731 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 2.081,995 **10c** 10b 511.267 2.041.464 b Less accumulated depreciation . . . . 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 697.931 15 15 433.477 16 12,251,161 16 11,282,415 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 673.039 17 512.700 17 Accounts payable and accrued expenses . 18 18 95,429 19 65,122 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 4,617,480 4,374,785 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 25 Other liabilities Complete Part X of Schedule D . . . . . 26 **Total liabilities.** Add lines 17 through 25 . . . . . 5,385,948 26 4,952,607 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 448,415 304,237 27 Unrestricted net assets . . . . 27 28 2,077,221 28 2.174.844 Temporarily restricted net assets . . . . . Fund 4.339.577 29 3.850.727 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . 6,865,213 33 6,329,808 34 Total liabilities and net assets/fund balances . . . . . 12.251.161 11,282,415 34

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

### OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Eastern Maine Development Corporation

## **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.

Inspection **Employer identification number** 

									01-028187			
Par	tΙ	Reas	on for Pul	blic Charity Stat	us (All org	anızatıons	must compl	ete this pa	rt.) See inst	tructions		
The o	rgani	zatıon ıs	not a private	e foundation because	tis (For li	nes 1 throug	h 11, check	only one box	)			
1	Γ	A churc	:h, conventio	on of churches, or as	sociation of	churches <b>se</b>	ction 170(b)	(1)(A)(i).				
2	Γ	A schoo	school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )									
3	$\sqcap$	A hospi	tal or a coop	perative hospital serv	vice organiza	atıon describ	ed in <b>section</b>	170(b)(1)(	A)(iii).			
4	Γ			organization operate y, and state	ed in conjunc	tion with a h	iospital descr	ribed in <b>sect</b> i	ion 170(b)(1)	( <b>A)(iii).</b> Ent	er the	
5	Г	_	· ·	erated for the benefit  A)(iv). (Complete Pa	_	or university	owned or op	erated by a	governmental	unıt describ	— ed ın	
6	$\vdash$			local government or		d unit docer	had in <b>castia</b>	n 170/h\/1\/	(A)(u)			
7	<u> </u>	An orga describ	nization tha ed in	t normally receives a  (Complete Pa	a substantial					n the genera	l public	:
8	Г			described in <b>section</b>		)(vi) (Com	plete Part II )	)				
9 10 11		receipts its suppled acquire An orgation or in the box a By checother the section	s from activi port from gro d by the org inization org inization org more publicly that describ Type I cking this bo nan foundatio 509(a)(2)	t normally receives ties related to its ex- iss investment incom- anization after June 3 anized and operated anized and operated y supported organiza- besthe type of supported ix, I certify that the con-	empt functione and unrelations describerting organization is er than one of	ns—subject ated busines be section 50 to test for pu for the bene- bed in section and co Type III as not contro by more publ	to certain exc s taxable inco O9(a)(2). (Con ublic safety S fit of, to perfor in 509(a)(1) of complete lines - Functionally olled directly of acly supported	ceptions, an ome (less semplete Part See <b>section 5</b> or section 50 or section 50 or through or integrated or indirectly dorganization	d (2) no more ection 511 ta III) 109(a)(4). 100s of, or to of 109(a)(2) See on 11h d by one or moons described	than 331/39 x) from busin carry out the section 509 Type I: re disqualifie in section 5	o of purpos (a)(3). II - Otl d pers (09(a)(	ses of Check ner ons 1) or
f g		check t Since A	his box ugust 17, 2	eceived a written de 006, has the organiz						supporting	organız	ration,
h		(i) a pe and (III) (ii) a fa (iii) a 3	below, the q mily membe 5% controll	ectly or indirectly co governing body of the r of a person describ ed entity of a person g information about t	the support ed in (i) abov described in	ed organizat ve? n (i) or (ii) ab	ove?	ersons desc	ribed in (ii)	11g(i) 11g(ii) 11g(iii	+	No
(i) Name o supporte organizat		e of rted	(ii) EIN	(iii)  Type of  organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	ıon ın your	(vi) Is the organizat col (i) org	e Ion In anized	A m	vii) ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No	1	
				<u>"</u>								
Total									1			

# 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	1	1						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2	209	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	3,364,79	9 3,625,907	4,018,221	4,195,921	4	4,936,431 20,141,		
	grants ") 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	<b>Total.</b> Add lines 1 through 3	3,364,79	9 3,625,907	4,018,221	4,195,921	4	,936,431	20,141,279	
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								
6	(f) <b>Public Support.</b> Subtract line 5							20,141,279	
_	from line 4								
	ection B. Total Support endar year (or fiscal year	I					$\overline{}$		
Car	beginning in)	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 20	109	<b>(f)</b> Total	
7	A mounts from line 4	3,364,799	180,688	4,018,221	4,195,921	4	,936,431	20,141,279	
8	Gross income from interest,							_	
	dividends, payments received on securities loans, rents, royalties and income from similar sources	15,000	180,688	96,435	22,104		19,849	334,076	
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets								
11	Total support (Add lines 7 through 10)							20,475,355	
12	Gross receipts from related activiti	ies, etc (See inst	tructions )			12		9,914,234	
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or f	ifth tax year as a !	501(c)(3	;) organız	eation, ▶☐	
<u> </u>	ection C. Computation of Pul Public Support Percentage for 200°			11 column (fi)				00.270.00	
	• • • • • • • • • • • • • • • • • • • •	•		11 COIGIIII (1))		14		98 370 %	
15	Public Support Percentage for 200	•	•			15		98 550 %	
	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the	alıfıes as a publıc	ly supported orga	nızatıon			•	<b>►</b>  ✓	
	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization means organization means organization	n qualifies as a p — <b>2009.</b> If the org tion meets the "f	ublicly supported anization did not c acts and circumst	organization :heck a box on lir :ances" test, che	ne 13, 16a, or 16b ck this box and <b>st</b>	and line	e 14 Explain	▶┌	
Ь	10%-facts-and-circumstances test 15 is 10% or more, and if the organ	nızatıon meets th	e "facts and cırcu	mstances" test, o	check this box and	stop he	ere.		
18	Explain in Part IV how the organiza supported organization <b>Private Foundation</b> If the organizat							<b>▶</b> □	
	instructions		- /	. ,	,			<b>▶</b> ┌	

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>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 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 <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	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	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> 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 <b>stop here.</b> 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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493088005001

OMB No 1545-0047

2009

Open to Public
Inspection

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Employer identification number** Name of the organization Eastern Maine Development Corporation 01-0281875 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨

ba	Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and lance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes e organization's accounting for conservation easements
Part II	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 550, Fait VIII, line I

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

\$ \_\_\_\_\_

□ Yes □ No

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal T</u>	reasu	ires, or O	the	<u>r Similar Asse</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing	that ar	e a significa	nt u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan	orexc	hange progra	ams			
b	Scholarly research		e	$\Gamma$	O the	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y furth	er the o	organization'	's ex	empt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	┌ No
Par	<b>Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an						n answered	Y" t	es" to Form 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	for c	ontrib	utions	or other asse	ets r	not	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г	1	A moi	.nt	
_	Parinning halance							10	Alliot	ant	
c d	Additions during the year						<b>—</b>	1c 1d			
e	Additions during the year  Distributions during the year						<u> </u>	1a 1e			
f	- '							16 1f			
2a	Ending balance  Did the organization include an amount on Fo	orm 990 Bort V III	A 717				L	41		Yes	
			e Zır						'	res	1 140
	If "Yes," explain the arrangement in Part XIV  rt V Endowment Funds. Complete		n and	:war	ad "Ve	s" to	Form 990	Dar	t IV line 10		
F (4)	Endownient i unus. complete	(a)Current Year		Prior			o Years Back			e)Four Y	ears Back
1a	Beginning of year balance	, ,	-	-					,		
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
b	Permanent endowment 🕨 %										
c	Term endowment ► %										
За	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are hel	d and a	dministered	for	the		
	organization by								[ _ (I)	Yes	No
	(i) unrelated organizations		•	•				•	3a(i)		<del>                                     </del>
b	(ii) related organizations			Schod	 Julo P2				3a(ii)		<u> </u>
4	Describe in Part XIV the intended uses of th	·						•			<u> </u>
	t VI Investments—Land, Buildings					990. Pa	art X. line	10.			
		-, <u> </u>			) Cost o		(b)Cost or ot		(c) Accumulated		
	Description of investment					stment)	basis (othe		depreciation	( <b>d</b> ) Bo	ook value
1a	Land			$\top$			140,	.887			140,887
b	Buildings						1,894,	834	224,171		1,670,663
c	Leasehold improvements						66,	,640	13,328		53,312
d	Equipment						450,	370	273,768		176,602
e	Other										
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B,	), line	10(c).	)		-	►		2,041,464
	. , , , ,	· · · · · ·	. ,			-			Schedule D (	Form 9	

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>*</b>	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Part IX Other Assets. See Form 990, Part X,  (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	Ine 15.  Iption  15.)  X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line  Part X Other Liabilities. See Form 990, Part  (a) Description of Liability	15.)  X, line 25.  (b) A mount	

Schedule D (Form 990) 2009

Par	Reconciliation of Ch	nange in Net Assets from Forr	n 990	<u> </u>	<u>inancial Stateme</u> i	nts		
1	Total revenue (Form 990, Part \	/III, column (A ), line 12)				1	6,563,44	<del>1</del> 3
2	Total expenses (Form 990, Part	t IX, column (A), line 25)				2	7,098,84	18
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-535,40	) 5
4	Net unrealized gains (losses) or	n investments				4		
5	Donated services and use of fac	ilities				5		_
6	Investment expenses					6		
7	Prior period adjustments					7		
8	Other (Describe in Part XIV)					8		_
9	Total adjustments (net) Add lin	es 4 - 8				9		0
10	Excess or (deficit) for the year p	per financial statements. Combine line:	3 an	d 9		10	-535,40	<u> </u>
Part	XII Reconciliation of Re	evenue per Audited Financial	State	emen	ts With Revenue p	er R	eturn	_
1	Total revenue, gains, and othe	r support per audited financial stateme	nts .			1	6,606,14	18
2	A mounts included on line 1 but	t not on Form 990, Part VIII, line 12						
а	Net unrealized gains on invest	ments	. [	2a				
b	Donated services and use of fa	icilities	. [	2b	82,705			
c	Recoveries of prior year grants		. [	2c				
d	Other (Describe in Part XIV)		. [	2d				
e	Add lines <b>2a</b> through <b>2d</b> .					2e	82,70	) 5
3	Subtract line ${f 2e}$ from line ${f 1}$ .					3	6,523,44	<del>1</del> 3
4	A mounts included on Form 990	O, Part VIII, line 12, but not on line <b>1</b>						
а	Investment expenses not inclu	ıded on Form 990, Part VIII, line 7b	. [	4a				
b	Other (Describe in Part XIV)		L	4b	40,000			
С	Add lines <b>4a</b> and <b>4b</b>					4c	40,00	0
5		d <b>4c.</b> (This should equal Form 990, Par	_			5	6,563,44	<del>1</del> 3
		cpenses per Audited Financia	Stat	temer	its With Expenses	per		_
1	Total expenses and losses per statements	audited financial				1	7,141,55	; 3
2	A mounts included on line 1 but	not on Form 990, Part IX, line 25						
а	Donated services and use of fa	cilities		2a	82,705			
b	Prior year adjustments			2b				
C	Other losses		•	2c				
d	Other (Describe in Part XIV)		•	2d				
е	Add lines <b>2a</b> through <b>2d</b>					2e	82,70	) 5
3	Subtract line <b>2e</b> from line <b>1</b> .		•			3	7,058,84	8
4	A mounts included on Form 990	), Part IX, line 25, but not on line <b>1:</b>						
а	Investment expenses not inclu	ded on Form 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIV)		•	4b	40,000			
C	Add lines <b>4a</b> and <b>4b</b>		•			4c	40,00	00
5		d <b>4c.</b> (This should equal Form 990, Pa	t I, lır	ne 18)		5	7,098,84	8
Par	XIV Supplemental Info	ormation						_
Part		criptions required for Part II, lines 3, ! Part XII, lines 2d and 4b, and Part XI  Return Reference				this pa		$\neg$

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493088005001

OMB No 1545-0047

Employer identification number

### **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

**Inspection** 

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Eastern Maine Development Coi	·					01-0281875	
the selection criteria used to award the grants or assistance?	·							
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	the selection criteria used	l to award the grant	s or assistance?					✓ Yes
Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	<u> </u>	· ·				Complete if the or	ganization answered	d "Yes" to
organization or government If applicable grant cash assistance (book, FMV, appraisal, other) non-cash assistance or assistance o	Form 990, Part I	V, line 21 for any	recipient that receive	d more than \$5,000	. Check this box if i	no one recipient rece	ived more than \$5,0	000. Use
1044 development	organization	<b>(b)</b> EIN	1		cash	valuation (book, FMV, appraisal,	non-cash assistance	(h) Purpose of grant or assistance
	1044		501(c)(3)application	40,000				development

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Recipients are required to provide an accounting of expenditures

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As Filed Data -

DLN: 93493088005001

OMB No 1545-0047

2009

Open to Public Inspection

### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization
Eastern Maine Development Corporation

Employer identification number

01-0281875

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The corporators by county elect the Board of Directors

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The corporators do not vote or approve any other actions by the Board of Directors other than the bylaw changes

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The 990 is provided to the finance committee. The committee meets to address any questions or concerns. Once the finance committee is satisfied with the 990, the 990 is then made available to the full board.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The monitoring is applied consistently and conflicts of interest that arise are handled immediately with disciplinary or discharge action taken. The Directors are required to read and sign a copy of the conflict of interest policy at each Board of Directors meeting.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Board of Directors set the compensation for the President and appoints a sub-committee made up of Directors to review the President's performance. The sub-committee makes recommendations to the Board for salary increases and sets performance goals accordingly. The President is responsible for reviewing the performance of key employees, establishing pay and setting performance goals. The organization uses comparable data for its industry group and locale to set its pay structure.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents, conflict of interest policy, and financial statements are available to the public upon request

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c		The audit oversight process has not changed from the prior year

#### **Additional Data**

4d. Other program services

Software ID: Software Version:

**EIN:** 01-0281875

Name: Eastern Maine Development Corporation

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	297,938	including grants of \$	40,000 ) (Revenue \$	1,001,427 )

EMDC provides other various resources and assistance to businesses and community leaders to ensure the future success of the Eastern Maine region Such services include comprehensive planning (land use, transportation), technical advice, economic development guidance, solid waste management, CDBG Administration, and grants administration EMDC also offers business relocation assistance, business start up assistance, and other various business assistance programs and guidance Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	tion ( that a	che	)			( <b>D)</b> Reportable compensation from the	( <b>E</b> ) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Roger Moody Director	2 00	х						0	0	0	
Barbara Drisko Director	2 00	Х						0	0	0	
Eugene Conlogue Dırector	2 00	Х						0	0	0	
Jack Clukey Director	2 00	Х						0	0	0	
James Donnelly Director	2 00	Х						0	0	0	
John Moore Director	2 00	Х						0	0	0	
Mark Woodward Director	2 00	Х						0	0	0	
Michael Crooker Director	2 00	Х						0	0	0	
Percy L Brown Jr Director	2 00	Х						0	0	0	
Rick Tanney Director	2 00	Х						0	0	0	
Robert Peabody Jr Director	2 00	Х						0	0	0	
Dennis Damon Director	2 00	Х						0	0	0	
Stephen Walton Dırector	2 00	Х						0	0	0	
Susan Hammond Director	2 00	Х						0	0	0	
Terry St Peter Dırector	2 00	Х						0	0	0	
Tom Davis Director	2 00	Х						0	0	0	
Charles Fisher Director	2 00	Х						0	0	0	
Joyce Hedlund Dırector	2 00	Х						0	0	0	
Michael Crowley Secretary/Treasurer	2 00	Х		х				0	0	0	
Tom Lizotte 2nd Vice Chair	2 00	Х		х				0	0	0	
Ralph Harvey Past Chair	2 00	Х		х				0	0	0	
Richard Crossman 1st Vice Chair	2 00	Х		х				0	0	0	
James Dean Chair	2 00	Х		х				0	0	0	
James Gillway Director	2 00	Х						0	0	0	
Clinton Deschene Director	2 00	Х						0	0	0	

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<b>(A)</b> Name and Title	(B) Average hours per week	l .	tith Institutional Trustee	pply	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Betsy Fitzgerald Director	2 00	X					0	0	C
Mıchael Aube President	40 00			х			97,117	0	(

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
WIA Participant Costs	1,217,727	1,217,727		
Loan Loss Provision	406,817	406,817		
RLF Write-off	159,961	159,961		
Misc Expense	89,849	103,275	-25,916	12,490
Bad Debts	20,168	20,168		