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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning OCT 1, 2009, and ending SEP 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>MAINE MUSIC EDUCATORS ASSOCIATION</u>		D Employer identification number <u>23-7401207</u>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>14 ESTES DR.</u>		E Telephone number <u>207-837-1619</u>
		City or town, state or country, and ZIP + 4 <u>FREEPORT, ME 04032</u>		F Group Exemption Number <u>N/A</u>

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting Method: Cash Accrual
 Other (specify) _____

I Website: www.maineimea.org
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - 501(c)(6) (insert no.) 4947(a)(1) or 527

K Check 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. N/A

L 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 \$ 210,862.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9
Revenue	1	Contributions, gifts, grants, and similar amounts received														
	2	Program service revenue including government fees and contracts														
	3	Membership dues and assessments														
	4	Investment income														
	5a	Gross amount from sale of assets other than inventory														
	5b	Less: cost or other basis and sales expenses														
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)														
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>														
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)														
6b	Less: direct expenses other than fundraising expenses															
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)															
7a	Gross sales of inventory, less returns and allowances															
7b	Less: cost of goods sold															
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)															
8	Other revenue (describe _____)															
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															
Expenses	10	Grants and similar amounts paid (attach schedule)														
	11	Benefits paid to or for members														
	12	Salaries, other compensation, and employee benefits														
	13	Professional fees and other payments to independent contractors														
	14	Occupancy, rent, utilities, and maintenance														
	15	Printing, publications, postage, and shipping														
	16	Other expenses (describe <u>see statement 1</u>)														
17	Total expenses. Add lines 10 through 16															
Net Assets	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 end-of-year figure reported on prior year's return)														
	20	Other changes in net assets or fund balances (attach explanation)														
	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.

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	88,751.	93,412.
23	Land and buildings	0.	0.
24	Other assets (describe <u>see statement 4</u>)	1,822.	1,483.
25	Total assets	90,573.	94,895.
26	Total liabilities (describe _____)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	90,573.	94,895.

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? <i>N/A</i>		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <i>37a</i> <i>N/A</i>		
b	Did the organization file Form 1120-POL for this year? <i>N/A</i>		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <i>38b</i> <i>N/A</i>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <i>39a</i> <i>N/A</i>		
b	Gross receipts, included on line 9, for public use of club facilities <i>39b</i> <i>N/A</i>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <i>N/A</i> ; section 4912 ▶ <i>N/A</i> ; section 4955 ▶ <i>N/A</i>		
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 <i>N/A</i>		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <i>N/A</i>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <i>N/A</i>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶ <i>MAINE</i>		
42a	The organization's books are in care of ▶ <i>DAVID WATTS</i> Telephone no. ▶ <i>207-837-1619</i> Located at ▶ <i>14 ESTES DR., FREEPORT, ME</i> ZIP + 4 ▶ <i>04032</i>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country: ▶ <i>N/A</i>		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶ <i>N/A</i>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <i>N/A</i> ▶ <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <i>43</i>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

N/A

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: *David A. Watts* Date: 2/14/2011

Type or print name and title: DAVID A. WATTS, TREASURER

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no: _____

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

FORM 990-EZ STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT STATEMENT 3

	PROGRAM SERVICE EXPENSES
LN. 28. ALL-STATE MUSIC FESTIVAL – PROVIDE A STATEWIDE MUSIC FESTIVAL FOR SECONDARY SCHOOL STUDENTS. APPROXIMATELY 1,600 STUDENT AUDITIONS AND 450 STUDENTS PERFORM IN THE FINAL CONCERT.	
LN. 29. JAZZ – PROVIDES 4 STATEWIDE MUSIC FESTIVALS, AN ALL-STATE JAZZ FESTIVAL, A HIGH SCHOOL JAZZ FESTIVAL, A MIDDLE SCHOOL JAZZ FESTIVAL, AND A VOCAL JAZZ FESTIVAL.	
LN. 30. IN-SERVICE CONFERENCES – TWO IN-SERVICE CONFERENCES, FALL AND SPRING. EDUCATIONAL CONFERENCE FOR MUSIC EDUCATORS TO MAINTAIN AND UPGRADE THE SKILLS OF THE MUSIC TEACHING PROFESSIONALS IN MAINE.	
LN. 31. BULLETIN – A MAGAZINE FOR MEMBERS TO INFORM OF MUSIC EDUCATION ISSUES.	

FORM 990-EZ DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

<u>DESCRIPTION</u>	<u>COST OR OTHER BASIS</u>	<u>CURRENT YR. DEPRECIATION</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>BOOK VALUE</u>
PRINTER	353.	39.	78.	275.
COMPUTER & PRINTER	1,797.	359.	718.	1,079.
SOFTWARE	163.	54.	108.	55.
PRINTER	141.	28.	28.	113.
TOTAL TO STATEMENT 1	2,454.	480.	932.	1,522.

FORM 990-EZ PART V-A – LIST OF CURRENT OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES STATEMENT 5

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVRG HRS/WK</u>	<u>COMPEN- SATION</u>	<u>EMPLOYEE BEN PLAN CONTRIB</u>	<u>EXPENSE ACCOUNT</u>
SILVIA MOORE-YOUNG 97 Torrey Hill Rd TURNER, ME 04282	IMMEDIATE PAST PRESIDENT 0.	0.	0.	0.
MICHELE KASCHUB 25 Majestic Hts WINDHAM, ME 04062	PRESIDENT 0.	0.	0.	0.
NANCY CURRAN 19 Minuteman Drive SCARBOROUGH, ME 04074	PRESIDENT ELECT 0.	0.	0.	0.
PAM KINSEY 125 Main St. FORT FAIRFIELD, ME 04742	SECRETARY 0.	0.	0.	0.
DAVID WATTS 14 Estes Drive FREEPORT, ME 04032	TREASURER 0.	0.	0.	0.
Dr. Laura Artesani School Of Performing Arts 5788 Class of 1944 Hall Orono, ME 04469	GEN MUSIC CHAIR 0.	0.	0.	0.
Margaret Hopkins 13 Windy Way Waterboro, ME 04087	ORCHESTRA VP 0.	0.	0.	0.
John Morneau 3 Katherine Street Brunswick, ME 04011	BAND VP 0.	0.	0.	0.
Kim Murphy Camden Hills Regional High School 25 Keelson Dr Rockport, ME 04856	CHORAL VP 0.	0.	0.	0.

MAINE MUSIC EDUCATORS ASSOCIATION

23-7401207

Matt Murray 41 Morrill Ave Gorham, ME 04038	DISTRICT CHAIR	0.	0.	0.	0.
Zach Lampron 204 Bridge St. Apt. 1 Westbrook, ME 04092	DISTRICT CHAIR	0.	0.	0.	0.
Virgil Bozeman 250 Northern Avenue Farmingdale, ME 04344	DISTRICT CHAIR	0.	0.	0.	0.
Gina Provenzano All Saints Catholic School 166 State Street Bangor, Maine 04401	DISTRICT CHAIR	0.	0.	0.	0.
Nancy Cash-Cobb 46 Snow Hill Road New Gloucester, ME 04260	STATE DIRECTOR	0.	0.	0.	0.
Pam Rhein 131 Messalonskee High Dr. Oakland, ME 04963	ASST TREASURER	0.	0.	0.	0.
Jonathan Carsely 33 Mill Street Lisbon, Maine 04250	BUSINESS MANAGER	0.	0.	0.	0.
Ted Nokes 12 Abbott Hill Rd. Dexter, ME 04930	AS FESTIVAL CHAIR	0.	0.	0.	0.