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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

OMB No 1545-1150

2010**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning , and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Maine Town & City Management Association
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
60 Community Drive
 City or town state or country ZIP + 4
Augusta ME 04330

D Employer identification number
01-0367280

E Telephone number
(207) 623-8428

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ **www.mtcma.org**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **56,597**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	36,592
	3	Membership dues and assessments	3	19,826
	4	Investment income	4	179
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 4) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ▶	9	56,597	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	3,209
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	10,942
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,580
	16	Other expenses (describe in Schedule O)	16	44,354
17	Total expenses. Add lines 10 through 16. ▶	17	60,085	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,488
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	62,918
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	59,430

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II



	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	61,946	22	58,218
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,064	24	1,359
25 Total assets	63,010	25	59,577
26 Total liabilities (describe in Schedule O)	92	26	147
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,918	27	59,430

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? To increase the proficiency of municipal managers and ot

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28		
(Grants \$) If this amount includes foreign grants, check here	☐	28a
29		
(Grants \$) If this amount includes foreign grants, check here	☐	29a
30		
(Grants \$) If this amount includes foreign grants, check here	☐	30a
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	☐	31a
32 Total program service expenses. (add lines 28a through 31a)		32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV



(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Please See Attached	Title			
	Hr/WK .00	0		
	Title			
	Hr/WK .00	0		
	Title			
	Hr/WK .00	0		
	Title			
	Hr/WK .00	0		
	Title			
	Hr/WK .00	0		
	Title			
	Hr/WK .00	0		
	Title			
	Hr/WK .00	0		
	Title			
	Hr/WK .00	0		
	Title			
	Hr/WK .00	0		
	Title			
	Hr/WK .00	0		
	Title			
	Hr/WK .00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 (see instructions)?		X
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9. 39a		
b Gross receipts, included on line 9, for public use of club facilities. 39b		
40 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 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. ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ▶		
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 ▶		
42 a The organization's books are in care of ▶ Maine Municipal Association Telephone no. ▶ (207) 623-8428		
Located at ▶ 60 Community Drive City, Augusta ST, ME ZIP + 4 ▶ 04330		
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: ▶		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: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶ ☐		
and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
44d		

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
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	
49 a 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
Name <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00			
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00			
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00			
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00			
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00			

f Total number of other employees paid over \$100,000 **0**

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
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		

d Total number of other independent contractors each receiving over \$100,000 **0**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ☐ Yes ☒ No

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 <u>Terry York</u>		Date <u>5/15/2011</u>		
	Type or print name and title <u>Terry York</u>		President		
Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	Firm's name		Firm's EIN		
	Firm's address		Phone no		

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

Maine Town & City Management Association

01-0367280

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Scott LaFlamme 21

Sanford Ave Old Town ME 04468, Cash Grant 1,000, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Adam Patterson 363

Fosters Point Road West Bath ME 04530, Cash Grant: 1,209, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: Scholarship, Grantee: Tina M Plummer PO

Box 1614 Rockland ME 04841, Cash Grant: 1,000, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 34,878

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies 428

Form 990-EZ, Part I, Line 16, Other Expenses: General Misc: 717

Form 990-EZ, Part I, Line 16, Other Expenses: Liability Insurance: 2,261

Form 990-EZ, Part I, Line 16, Other Expenses: Web Expense 657

Form 990-EZ, Part I, Line 16, Other Expenses: Officers Expense: 5,413

Form 990-EZ, Part II, Line 24, Other Assets: Accounts Receivable: Beginning of year: 1,064,

End of year: 1,359

Form 990-EZ, Part II, Line 26, Liabilities: Scholarships: Beginning of year: 92, End of year:

147

Employer identification number

01-0367280

[illegible]

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	179
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	179

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

Party, Line 10 (SEE INSTRUCTIONS)		Grantee and Grantee's name		Check (X) if grantee is a business		Address		City		State		Zip code		Foreign Country	
	Class of activity	Grantee's name				Address		City		State		Zip code		Foreign Country	
1	Scholarship	Scott LaFlamme				21 Sanford Ave		Old Town		ME		04468			
2	Scholarship	Adam Patterson				363 Fosters Point Road		West Bath		ME		04530			
3	Scholarship	Tina M Plummer				PO Box 1614		Rockland		ME		04841			
4															
5															
6															
7															
8															
9															
10															

Part

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1	J
2	J
3	J
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10	

Part I, Line 16 (990-EZ) - Other Expenses

44,354

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	34,878
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	428
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	General Misc	13	717
14	Liability Insurance	14	2,261
15	Web Expense	15	657
16	Officers Expense	16	5,413
17	Bank Fees	17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

Part II, Line 24 (990-EZ) - Other Assets

		1,064	1,359
.	Description	Beginning	End
1	Accounts Receivable	1,064	1,359
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

		92	147
Description		Beginning	End
1	Scholarships	92	147
2			
3			
4			
5			
6			
7			
8			
9			
10			

PART III Statement of Program Service Accomplishments

The organizations primary purposes are:

- 1 To increase the proficiency of municipal managers and other local government administrators
- 2 To strengthen the quality of local government through professional management
- 3 To recognize the significance of the manager form of local government organization in Maine
- 4 To promote professional development and personal growth among members.

MAINE TOWN & CITY MANAGEMENT ASSOCIATION 2010 BOARD OF DIRECTORS

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2010

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2013

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