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Short Form Return of Organization Exempt From Income Tax

2010

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, 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.

A For the 2010 calendar year, or tax year beginning 1-1-2010, 2010, and ending 31-12-, 2010

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **Eastern Trail Alliance**

Number and street (or P.O. box, if mail is not delivered to street address): **POB 250**

Room/suite: _____

City or town, state or country, and ZIP + 4: **Saco, ME 04072+0250**

D Employer identification number: **01-0523949**

E Telephone number: **207-284-9260**

F Group Exemption Number: ▶ _____

G Accounting Method: Cash Accrual Other (specify) ▶ _____

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

I Website: ▶ **EasternTrail.Org**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (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 \$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. ▶ \$ _____

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	3308
	2 Program service revenue including government fees and contracts	2	-
	3 Membership dues and assessments	3	15,031
	4 Investment income	4	89
	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	
	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 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	31589
6c Less: direct expenses from gaming and fundraising events	6c	8193	
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	23396	
Expenses	7a Gross sales of inventory, less returns and allowances	7a	880
	7b Less: cost of goods sold	7b	352
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	528
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	42352
	10 Grants and similar amounts paid (list in Schedule O)	10	
	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	12987
	14 Occupancy, rent, utilities, and maintenance	14	1654
15 Printing, publications, postage, and shipping	15		
16 Other expenses (describe in Schedule O)	16	15050	
17 Total expenses. Add lines 10 through 16	17	29691	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12661
	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	42536
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-2022
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	53175

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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		✓
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)		✓
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?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		✓
37a	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?		✓
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 tax year covered by this return?		✓
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	
40a	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	40b	✓
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	40e	✓
41	List the states with which a copy of this return is filed. ▶		
42a	The organization's books are in care of ▶ ETA EXECUTIVE DIRECTOR ONCOMPUTER Telephone no. ▶ 207-284-9260 Located at ▶ 2 MAIN ST., BIDDEFORD, MAINE ZIP + 4 ▶ 04005		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
	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 []		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	44b	✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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)?		<input checked="" type="checkbox"/>
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 (see instructions)		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

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		<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?		<input type="checkbox"/>

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
NONE				

f Total number of other employees paid over \$100,000 NONE

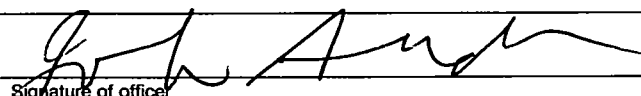
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 NONE

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  13 MAY 2011
 Signature of officer Date
JOHN ANDREWS, PRESIDENT
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <input type="checkbox"/>	Firm's EIN <input type="checkbox"/>			
	Firm's address <input type="checkbox"/>	Phone no <input type="checkbox"/>			

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

EASTERN TRAIL ALLIANCE

01-0523949

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
11g(iii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16732	22728	17471	13652	\$18,338	88,922
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12199	13846	23496	24307	24,937	98,785
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	28931	36574	40967	37959	43275	187707
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	28931	36574	40967	37959	43276	187707
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	158	158	58	45	89	508
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	158	158	58	45	89	508
11 Net income from unrelated business activities not included in line 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.)	52	598	124	155	89	1018
13 Total support. (Add lines 9, 10c, 11, and 12.)	29299	37488	41207	38204	43543	189741
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0 %

- 19a 33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .
- b 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .
- 20 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART III LINE 12 2006 OTHER MISC

PART III LINE 12 2007 REIMBURSEMENT MOVING EXPENSES SBT & ETMD

PART III LINE 12 2008 REIMBURSEMENT MOVING EXPENSES SBT & ETMD

PART III LINE 12 2009 OTHER MISC

PART III LINE 12 2010 OTHER MISC

Area with horizontal dashed lines for supplemental information.

EXPENSES:	2011	2010 #'s	
MAIN LIGHT HOUSE RIDE			
Awards		\$275.00	
Baggies, Pins		\$57.75	
Brochures - design		\$180.00	
Brochures - printing		\$913.44	
copies - cue sheets, maps, lighthouses Brown Fox		\$287.25	
Donation to Ocean Park Assn & t-shirt sent		\$50.00	
Excess CC processing fees Sept		\$318.74	
Flyers - printing - Brown Fox		\$90.00	
Flyers newsletter insert Hoy		\$25.00	
Flyers newsletter insert 26 extra copies Hoy		\$12.81	
Food for Ride (2010 Micucci 846.23 & Patti \$198.92)			
Food for Ride Ride Day			
Megaphone, batteries		\$34.88	
Misc Supplies tape, pens, folders		\$29.65	
Mtg for 2010 planning (Nov, 2009) no mtg just conf calls			
Postage - inv, ack sponsors-estimated		\$8.20	
Postage - t shirts to nders (7 52 out \$9 in to cover mail & process		7.52	
Postage (Brochures) 13 9, 22 35		\$36.25	
Rest Stop (GC250)BobH63 02,Jeff51 69,BobB63 02,BobL520.92)			
signs(Screen Tech) john's 365.51, banners 127 50; no alcohol 120		\$613.01	
SMCC		\$500.00	
SoPortland Police Traffic Control		\$169.92	
Spray chalk, etc		\$26.80	
T Shirt Logo Design included in general invoice			
T Shirts see below pre billed -		\$2,544.06	
T-Shirts2011		\$338.00	
Vol Food nde day		\$20.00	✓
Vol snacks pre nde		\$16.27	✓
Volunteer Celebration(PrtInd Pre\$198.9,134.66 bev, etc)			✓
Total	\$0.00	\$8,771.60	
Extra Staff Hours (60 volunteer, 60 paid - billed by CoWorx @16 53)			
Maddie hours 22 @ 12 (CoWorx fee)	\$0.00		
	\$0.00		
INCOME CONTRIBUTIONS:	2011 \$ Committed	2010 \$ Committed	Contact
	\$250	\$250	Don L
	\$250	\$250	Bob B
	\$250	\$250	John
	\$250	\$250	Bob H
	\$250	\$125	John
	\$250	\$250	John
	\$500	\$500	John/Bob L
	\$250	\$250	Bob B
1	\$250	new in 2011	John

2011 2010

	\$250	\$250	Tim L
?		\$0	John/Bob L
	\$250	\$250	John/Don L
?	No		Bob L
	\$250	\$250	Bob H
?	No		Bob L
	\$750	\$750	John/Bob L
	\$250	\$250	John/Don L/Bob L
	\$250	\$250	Tim L
	\$250	\$250	John/Maggie
	\$250		John
	\$0	\$250	John
	\$250	\$250	BH
?		new in 2011	John
?			Bob L

Total 2011 Sponsor cash Donations

\$5,250 \$4,875

In Kind donation requests:

2011 2010

			Patti B
			Patti B
			Patti B
			Patti B
			Patti B
			John A
	600 bars	never contacted	Bob L
		\$250	ja
		discounted rate	John
		lots of chips	bl
		Free Passes	Bob L
			Maggie
			Patti B
			Patti B
	\$250	\$250	John/Bob L
			Patti B
			Bob H
			Patti B
			Patti B
		discounted-rest stop	John
			Patti B
	all riders' #'s	all rider's #'s	Bob L
			Tim L
	?		Bob B
			Patti B
		services?	Bob I
	discounted rate	discounted rate	Carole
			Patti B
		Bowling 9 PASSES	Bob L
			Patti B

\$250.00 \$500.00

TOTAL \$ & In Kind	\$5,500.00	\$5,375.00	
Registration Fees per Active.Com & mail ins	\$150.00	\$16,500.00	
On Site Registrations:	\$0.00	\$9,450.00	
Refunds & non payments	\$0.00	\$230.00	
Gross: Incls all regis, sponsors, donations, sales	\$5,400.00	\$31,229.00	
On Site Sales:			
T Shirts		\$30.00	
\$ to ET to send tees to 3 riders		\$9.00	
Maps, trailguides, caps etc		\$0.00	
Memberships - Pre & Day of		\$445.00	
Matching Funds		\$150.00	
Total On Site Sales:	\$0.00	\$634.00	
less Expenses	\$0.00	\$8,771.60	
Ending Balance:	\$5,400.00	\$22,457.40	

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BIKE RIDE (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	31474			
	2 Less: Charitable contributions	5375			
	3 Gross income (line 1 minus line 2)	26099			
Direct Expenses	4 Cash prizes	0			
	5 Noncash prizes	0			
	6 Rent/facility costs	500			
	7 Food and beverages	1558			
	8 Entertainment	0			
	9 Other direct expenses	6714			
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(8772)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				22457	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()	
8 Net gaming income summary. Combine line 1, column d, and line 7 ▶					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► CAROLE BRUSH, EXECUTIVE DIRECTOR

Address ► POB 250, SACO, MAINE 04072

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SEE ATTACHED SPREADSHEET.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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**

Name of the organization

EASTERN TRAIL ALLIANCE

Employer identification number

01-0523949

THE PURPOSE IS TO PROMOTE THE VISION OF AN OFF-ROAD GREENWAY CONNECTING CASCO BAY AT BUG LIGHT PARK IN SOUTH
PORTLAND, MAINE WITH KITTEERY, MAINE. ETA PUBLISHED NEWSLETTERS, BROCHURES, SUPPORTS IT WEB PAGE, LEADS OUTINGS,
AND SUPPORTS THE QUASI-MUNICIPAL EASTERN TRAIL MANAGEMENT DISTRICT FOUNDED BY TWELVE TOWNS AND ETA.

SEE ATTACHMENT MISC EXPENSES LINE 16 990-EZ

Attachment to Schedule O 2010

Notes:

1. ETA's bookkeeping has an income section and an expense section. Maine Lighthouse Ride surplus is not shown explicitly. Net surplus is required on 990-EZ, not just income. Therefore net income on ETA's books is higher by costs to offer Maine Lighthouse Ride. Similarly trail guide costs and included in operating expenses, not as a separate project.

Purpose of ETA is to promote the vision of a greenway connecting S. Portland Maine with Kittery, Maine, mostly following long-abandoned rail corridors.

To promote that vision, ETA produces a newsletter, trail guide, offers outings, gives presentations, funds kiosks, and trail signs.

~~MISC-EXPENSES- LINE-16 90-EZ~~

misc office supplies inc some printing	2060
PO Box and non-newsletter postage	625
Credit card fees	579
Insurance	512
ETMD (\$5,000) and other dues	5130
Website fees	103
Annual appeal and lapsed member appeal	444
Annual meeting	212
Misc awards and promotional items	629
Print new ETA brochure	1065
Print trail guide	352
Kiosks, enhancements and trail signs	3339
Other misc expenses	0
	15050
Total Expenses Line 17 990-EZ	12987
	1260
Other	15050
Total	29297
Total Revenue	3308
	15031
	89
	23396
	528
Total	42352
Surplus	13055

Net assets YE 2010

Line 18 13055
Line 19 42536
Line 20 -2416

2010 surplus
YE 2009
Misc other expenses

Total Assets 2010 YE 53175

MAINE LIGHTHOUSE RIDE COSTS

Food 1045
143
36
334
total 1558

Rent 500

Specific costs 2058

Total costs 8772
Other Misc 6714

Eastern Trail Alliance
Officers & Trustees DONATED WEEKLY HOURS
2010 Address and Email list

P.O. Box 250
Saco, Maine 04072
207-284-9260

Carole Brush, Executive Administrator
eta@easterntrail.org - office
easterntrail@yahoo.com -office
Brushcj@aol.com - home
207-284-9260 – office STAFF
207-510-1505 – home AND 10 HOURS
303-877-8337 – cell
Development Committee
www EasternTrail Org
Federal Tax ID number: 01-0523949.

John R Andrews, President 2011
P.O. Box 852 30 HOURS
Saco, Maine 04072
207-282-1979
JAndrews@gwi.net

Bob Bowker, Vice President, 2013
Chair Lighthouse Ride & 5 HOURS
Activities Committee Chair
21 Summerfield Lane
Scarborough, ME 04074
207-883-3271 or work 207-874-8077
rbowker@bowkerandassoc.com

Bob LaNigra, Secretary 2011
Development Committee 10 HOURS
7 High Bluff Lane
Scarborough, ME 04074
207-883-8662 or cell 207-210-3862
runnar1@gmail.com

Bob Hamblen, Vice President and Treasurer, and 2013
Development Committee Chair
347 Ferry Rd, 10 HOURS
Saco, ME 04072-2211
bhamble1@maine.rr.com-home
bhamblen@sacomaine.org work
W 207-282-3487
H 207-286-3431

Tom Daley, 2011
Events Committee
33 Old Country Rd 2 HOURS
Scarborough, ME 04074
207-883-6183
ted434@gwi.net

Jim Munroe 2011
Public Relations Committee
Unit #1, Olympia Dr 1 HOUR
Old Orchard Beach, ME 04064
207-934-3834
Jmunroe@maine.rr.com

Bruce Wakefield 2013
Activities Committee 1 HOUR
15 Harrison Ave.
Saco, 04072 ME
207-284-7656 or cell 415-1452
wakefie@hotmail.com

Tim Lambert 2012
Web Master 10 HOURS
143 West St.
Biddeford, ME 04005
207-284-5914
tlambert@maine.rr.com

Megan Rochelo 2012
Development Comm
Coastal Healthy Comm. Coalition
655 Main St., 1st Floor 2 HOURS
Saco, ME 04072
W 207-603-3550
MRochelo@une.edu

*(Year term expires at annual meeting)

