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**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**

► The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2011 calendar year, or tax year beginning 01-01-2011 , and ending 12-31-2011**

Application pending

**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)(3) ☒ 501(c)(4) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

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 ☒ \$ 126,614

**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 ☒

Form **990-EZ** (2010)

Part II

Balance Sheets

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

☒

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	89,318	22	18,229
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .		24	800
25	Total assets . . . . .	89,318	25	19,029
26	Total liabilities (describe in Schedule O) . . . . .	1,494	26	2,132
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	87,824	27	16,897

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		<input checked="" type="checkbox"/>	
What is the organization's primary exempt purpose? TO MAKE THE PUBLIC AWARE OF ETHICAL ISSUES SO THAT GOOD LAWS CAN BE ENACTED AND BE IMPARTIALLY ENFORCED		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 TO ENACT GOOD LAWS AND PROVIDE FOR THEIR IMPARTIAL ENFORCEMENT THE ORGANIZATION MAILS PERIODIC PUBLICATIONS THAT SERVE TO MAKE INTERESTED PERSONS AND THE GENERAL PUBLIC AWARE OF VARIOUS ETHICAL ISSUES (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	105,757
29  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a) . . . . .		32	105,757

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
See Additional Data Table				

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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
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) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
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 . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
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	No
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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ CARROLL CONLEY Telephone no ▶ (207) 622-7634 70 SEWALL DRIVE Located at ▶ AUGUSTA, 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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —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? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	

		Yes	No
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		No

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.

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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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

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		2012-03-27 Date		
	CARROLL CONLEY EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	MARK W CHELLIS	Date 2012-03-27	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EDWARDS FAUST & SMITH 716 UNION ST BANGOR, ME 044013156			EIN
					Phone no (207) 947-4575

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Additional Data

Software ID:  
Software Version:  
EIN: 01-0044660  
Name: CHRISTIAN CIVIC LEAGUE OF MAINE

Form 990-EZ, Special Condition Description:

Special Condition Description
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Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
REV BOB EMRICH PO BOX 5459 AUGUSTA, ME 04332	PRESIDENT 1 00	0		
REV ALBERT G WILLIAMS PO BOX 5459 AUGUSTA, ME 04332	SECRETARY 1 00	0		
MR MATT BOUCHER PO BOX 5459 AUGUSTA, ME 04332	DIRECTOR 1 00	0		
MRS ELAINE C BRIDGE PO BOX 5459 AUGUSTA, ME 04332	TREASURER 2 00	0		
MR AL COOPER PO BOX 5459 AUGUSTA, ME 04332	DIRECTOR 1 00	0		
REV BOB EMRICH PO BOX 5459 AUGUSTA, ME 04332	DIRECTOR 1 00	0		
REV SAM LOGAN PO BOX 5459 AUGUSTA, ME 04332	DIRECTOR 1 00	0		
MR SCOTT MITCHELL PO BOX 5459 AUGUSTA, ME 04332	DIRECTOR 1 00	0		
MRS CHRISTIANA POOLE PO BOX 5459 AUGUSTA, ME 04332	DIRECTOR 1 00	0		
MR CARROLL CONLEY PO BOX 5459 AUGUSTA, ME 04332	EXECUTIVE DI 40 00	53,539		6,384

**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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
CHRISTIAN CIVIC LEAGUE OF MAINE**Employer identification number**

01-0044660

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	OTHER REVENUE 525 TOTAL 525
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 2,909 OFFICE EXPENSES 23,653 INFORMATION TECHNOLOGY 7,742 TRAVEL EXPENSE 7,077 CONFERENCES AND MEETINGS 4,388 INSURANCE 2,225 OTHER EXPENSES 4,089 NON-INVESTMENT DEPRECIATION 0 TOTAL 52,083
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	ROUNDING 0
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 0 800 LAND, BUILDINGS & EQUIPMENT 13,677 13,677 LESS ACCUMULATED DEPRECIATION 13,677 13,677 FURNITURE & FIXTURES 0 0 ACCUMULATED DEPRECIATION 0 0 TOTAL 0 800
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,494 2,132
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO MAKE THE PUBLIC AWARE OF ETHICAL ISSUES SO THAT GOOD LAWS CAN BE ENACTED AND BE IMPARTIALLY ENFORCED

**TY 2011 Compensation Explanation****Name:** CHRISTIAN CIVIC LEAGUE OF MAINE**EIN:** 01-0044660

Person Name	Explanation
REV BOB EMRICH	
REV ALBERT G WILLIAMS	
MR MATT BOUCHER	
MRS ELAINE C BRIDGE	
MR AL COOPER	
REV BOB EMRICH	
REV SAM LOGAN	
MR SCOTT MITCHELL	
MRS CHRISTIANA POOLE	
MR CARROLL CONLEY	