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Form **990-EZ**

Short Form 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)

2011

OMB No 1545-1150

Department of the Treasury Internal Revenue Service 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

Open to Public Inspection

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

Α	For the	2011 calenda	ar year, or tax year beginning 01/01 , 2011,	and ending		12/31	, 20	11		
В	Check of app	Dicable C Name of organization D Er		D Emp	Employer identification number					
	Address ch					20-3260634				
	Name char	nge	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number					
닖	Initial return	373 Official Science					6) 662-5479			
H	Terminated Amended i		City or town, state or country, and ZIP + 4		F Gro	up Exem	nption			
Ħ	Application		North Adams, MA 01247		Nur	nber 🕨				
G	Accounti	ing Method:	☐ Cash	Н	Check	▶ 🗌 if	the organization	is not		
ı	Website	e: www	maneccs.org		required	to atta	ch Schedule B			
J.	Tax-exem	pt status (che	eck only one) - ▼ 501(c)(3)	527	(Form 9	90, 990	EZ, or 990-PF).			
ĸ	Check ▶	☑ If the	e organization is not a section 509(a)(3) supporting organization or a section	527 organizat	ion and r	s gross	receipts are non	mally		
	not more	than \$50,00	0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) m	ay be red	uired (s	ee instructions)	But if		
	the orgai	nization choo	ses to file a return, be sure to file a complete return							
L.	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts if gross receipts are \$200,000 or more,	or if total asse	ts (Part II,					
ı	ine 25, co		w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$		7,640		
F	art I		e, Expenses, and Changes in Net Assets or Fund Balance							
		Check if	the organization used Schedule O to respond to any question	in this Part	<u> </u>	<u></u>	<u> </u>	. 🗸		
	1	Contributio	ons, gifts, grants, and similar amounts received			1		7,640		
	2	Program se	ervice revenue including government fees and contracts			2				
	3	Membersh	ip dues and assessments			3				
	4	Investment	t income			4				
	5a		ount from sale of assets other than inventory 5a							
	b		or other basis and sales expenses							
	C	•	ss) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5c				
	6	_	d fundraising events							
a	а		ome from gaming (attach Schedule G if greater than	ı						
Revenue			6a							
Ş	b		······································	of contributio	ns					
ď			aising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6b	1						
				 						
	C		et expenses from gaming and fundraising events 6c e or (loss) from gaming and fundraising events (add lines 6a an	d 6b and si	htract					
	d	line 6c)	e or (loss) from gailing and fundraising events (add lines of an	u ob anu sc	Duaci	6d				
	7a	•	s of inventory, less returns and allowances	1	• •	100 B				
	b		of goods sold	· · ·						
			it or (loss) from sales of inventory (Subtract line 7b from line 7a)	1		7c				
	8	-	nue (describe in Schedule O)		•	8				
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9		7,640		
	10		d similar amounts paid (list in Schedule O) RECEIVED			10		9,503		
	11		aid to or for members			11				
Ø.	12	Salaries, o	ther compensation, and employee benefits	ါတ္တါ		12	-			
900	13	Profession	al fees and other payments to independent contractors 2012	[6]		13		415		
Expenses	14		Occupancy, rent, utilities, and maintenance					185		
Ĭ	15		ublications, postage, and shipping OGDEN III	'뚜		15		257		
	16	Other expe		16						
	17	Total expe	. ▶	17	1	10,360				
Ų	18		(deficit) for the year (Subtract line 17 from line 9)			18	(2,720)		
40	19		or fund balances at beginning of year (from line 27, column (A)) (must agre	e with		_			
Net Assets	!		ar figure reported on prior year's return)			19	1	3,428		
t	20		9			20				
2	21	Net assets	or fund balances at end of year. Combine lines 18 through 20 .	<u></u>	. ▶	21	1	0,708		

SCANNIED JUN 6 7 2012

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2011)

Part: Balance Sheets. (see the instructions for Part II)							
Check if the organization used Schedule O to respond to	o any question in	this I	Part II				
				(A) Bed	inning of year	T	(B) End of year
22 Cash, savings, and investments				1.4	13,931	22	10,708
23 Land and buildings					0	23	0
24 Other assets (describe in Schedule O)						24	0
•					13,931	25	10,708
25 Total assets					13,931	+-+	0
26 Total liabilities (describe in Schedule O)						26	
Net assets or fund balances (line 27 of column (B) must agree				L	13,931	27	10,708
Randlin Statement of Program Service Accomplis						١	Expenses
Check if the organization used Schedule O to respond					· · · · · · <u> </u>	1 `	quired for section
What is the organization's primary exempt purpose? Canadian St	udies Educa	tio	<u>n</u>			501	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for ear	ch of its three lar	est c	orogram serv	rices.		orga	anizations and section
as measured by expenses In a clear and concise manner, describe t						494	7(a)(1) trusts, optiona
persons benefited, and other relevant information for each program to						for o	others)
28 Bridgewater University Conference-Canada an	d Afghanist	an					
						}	
						İ	
(Grants \$) If this amount in	cludes foreign ar	ants	check here			28a	3,000
29 Scholar Exchange Edinboro Univ. Canadian Ar			GICGI TICIC		· • • · · <u>· · · · · · · · · · · · · · ·</u>	200	
		44	<u> </u>				
Stroudsburg Univ Host Canadian Scholar;PA							
Conf.US Canadian Faculty Consortium; Bridgew							
(Grants \$) If this amount in		ants,	check here		<u> ▶ ∐</u> _	29a	2,050
30 MANECCS Biennial Conference (2012) Plannin	ng						
		_					
(Grants \$) If this amount in	cludes foreign gr	ants,	check here		<u> ▶ □</u>	30a	3,369
31 Other program services (describe in Schedule O)							
(Grants \$) If this amount in	cludes foreign gr	ants,	check here .	. .	▶ 🖂	31a	
32 Total program service expenses (add lines 28a through 31a)						32	8,419
Part V List of Officers, Directors, Trustees, and Key Emplo						tructi	ons for Part IV)
Check if the organization used Schedule O to respond					· • • • • • •		
							
	(h) Title and avera	70	(c) Reporta	ble	(d) Health benefits	. 1	
(a) Name and address	(b) Title and avera	3 e	compensat	ion	contributions to empl	оуее	(e) Estimated amount of
(a) Name and address	(b) Title and avera hours per week devoted to positio		compensat (Form W-2/1099	ion 9-MISC)	contributions to empl benefit plans, and	oyee	(e) Estimated amount of other compensation
	hours per week devoted to positio		compensat	ion 9-MISC)	contributions to empl	oyee	
HOWARD CODY	hours per week	<u> </u>	compensat (Form W-2/1099	ion 9-MISC)	contributions to empl benefit plans, and	oyee	other compensation
HOWARD CODY 229 NORTH STEVENS HALL, ORONO ME 04469	hours per week devoted to positio		compensat (Form W-2/1099	ion 9-MISC)	contributions to empl benefit plans, and	oyee	
HOWARD CODY 229 NORTH STEVENS HALL, ORONO ME 04469 ROBERT BENCE	hours per week devoted to position SECRETARY TREASURER	2	compensat (Form W-2/1099	ion 9-MISC)	contributions to empl benefit plans, and	oyee	other compensation
HOWARD CODY 229 NORTH STEVENS HALL, ORONO ME 04469 ROBERT BENCE 72 PORTER STREET ROOM 11, NORTH ADAMS MA 0124	hours per week devoted to positio SECRETARY TREASURER	2	compensat (Form W-2/1099	ion 9-MISC)	contributions to empl benefit plans, and	oyee	other compensation
HOWARD CODY 229 NORTH STEVENS HALL, ORONO ME 04469 ROBERT BENCE 72 PORTER STREET ROOM 11, NORTH ADAMS MA 0124 ANDREW HOLMAN	hours per week devoted to position SECRETARY TREASURER	2 1 ENT	compensat (Form W-2/1099	ion 9-MISC)	contributions to empl benefit plans, and	oyee	other compensation 0
HOWARD CODY 229 NORTH STEVENS HALL, ORONO ME 04469 ROBERT BENCE 72 PORTER STREET ROOM 11, NORTH ADAMS MA 0124' ANDREW HOLMAN 236 TILINHAST HALL, BRIDGEWATER MA 02325	hours per week devoted to positio SECRETARY TREASURER PAST PRESID	2 1 ENT 1	compensat (Form W-2/1099 (if not paid, ea	on 9-MISC) Inter -0-) 0	contributions to empi benefit plans, and deferred compensa	oyee	other compensation
HOWARD CODY 229 NORTH STEVENS HALL, ORONO ME 04469 ROBERT BENCE 72 PORTER STREET ROOM 11, NORTH ADAMS MA 0124' ANDREW HOLMAN 236 TILINHAST HALL, BRIDGEWATER MA 02325 MARSHA ANN TATE	hours per week devoted to positio SECRETARY TREASURER PAST PRESID PRESIDENT -	2 1 ENT 1	compensat (Form W-2/1099 (if not paid, ea	on 9-MISC) Inter -0-) 0	contributions to empi benefit plans, and deferred compensa	oyee	other compensation 0
HOWARD CODY 229 NORTH STEVENS HALL, ORONO ME 04469 ROBERT BENCE 72 PORTER STREET ROOM 11, NORTH ADAMS MA 0124' ANDREW HOLMAN 236 TILINHAST HALL, BRIDGEWATER MA 02325	hours per week devoted to positio SECRETARY TREASURER PAST PRESID PRESIDENT -	2 1 ENT 1	compensat (Form W-2/1099 (if not paid, ea	on 9-MISC) Inter -0-) 0	contributions to empi benefit plans, and deferred compensa	oyee	other compensation 0
HOWARD CODY 229 NORTH STEVENS HALL, ORONO ME 04469 ROBERT BENCE 72 PORTER STREET ROOM 11, NORTH ADAMS MA 0124 ANDREW HOLMAN 236 TILINHAST HALL, BRIDGEWATER MA 02325 MARSHA ANN TATE 222 BUCKHOUT LABORATORY, UNIVERSITY PARK PA 10 JOAN WHITMAN HOFF	hours per week devoted to positio SECRETARY TREASURER PAST PRESID PRESIDENT - 5802-4507 VICE-PRESID	2 1 ENT 1 PA	compensat (Form W-2/1099 (if not paid, et	on 9-MISC) nter-0-) 0 0 0 VIVERS	contributions to empi benefit plans, and deferred compensa	O O	other compensation 0 0
HOWARD CODY 229 NORTH STEVENS HALL, ORONO ME 04469 ROBERT BENCE 72 PORTER STREET ROOM 11, NORTH ADAMS MA 0124 ANDREW HOLMAN 236 TILINHAST HALL, BRIDGEWATER MA 02325 MARSHA ANN TATE 222 BUCKHOUT LABORATORY, UNIVERSITY PARK PA 16	hours per week devoted to positio SECRETARY TREASURER PAST PRESID PRESIDENT - 5802-4507 VICE-PRESID	2 1 ENT 1 PA	compensat (Form W-2/1099 (if not paid, et	on 9-MISC) nter-0-) 0 0 0 VIVERS	contributions to empi benefit plans, and deferred compensa	O O	other compensation 0 0
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HOWARD CODY 229 NORTH STEVENS HALL, ORONO ME 04469 ROBERT BENCE 72 PORTER STREET ROOM 11, NORTH ADAMS MA 0124 ANDREW HOLMAN 236 TILINHAST HALL, BRIDGEWATER MA 02325 MARSHA ANN TATE 222 BUCKHOUT LABORATORY, UNIVERSITY PARK PA 10 JOAN WHITMAN HOFF	hours per week devoted to positio SECRETARY TREASURER PAST PRESID PRESIDENT - 5802-4507 VICE-PRESID	2 1 ENT 1 PA 1	compensat (Form W-2/1099 (if not paid, et	on 9-MISC) nter-0-) 0 0 0 VIVERS	contributions to empi benefit plans, and deferred compensa	O O	other compensation 0 0 0
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HOWARD CODY 229 NORTH STEVENS HALL, ORONO ME 04469 ROBERT BENCE 72 PORTER STREET ROOM 11, NORTH ADAMS MA 0124 ANDREW HOLMAN 236 TILINHAST HALL, BRIDGEWATER MA 02325 MARSHA ANN TATE 222 BUCKHOUT LABORATORY, UNIVERSITY PARK PA 10 JOAN WHITMAN HOFF	hours per week devoted to positio SECRETARY TREASURER PAST PRESID PRESIDENT - 5802-4507 VICE-PRESID	2 1 ENT 1 PA 1	compensat (Form W-2/1099 (if not paid, et	on 9-MISC) nter-0-) 0 0 0 VIVERS	contributions to empi benefit plans, and deferred compensa	O O	other compensation 0 0 0

Par				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u> </u>		.
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
J J	detailed description of each activity in Schedule O	33		\ ,
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		X
J T	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		J.
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34	 -	X
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u> </u>	1
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	335	<u> </u>	┼─
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	000		<u>├</u> ^
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		20.77	
	Did the organization file Form 1120-POL for this year?	37b	A COMMO	X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		Charle .	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	The state of the s	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	7.0	K SO	200
39	Section 501(c)(7) organizations Enter			(Car
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
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			
þ	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 pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	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,		in a	
_	4955, and 4958			
a	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
_	reimbursed by the organization			
е	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			
41	List the states with which a copy of this return is filed	40e		X
		13-66	2-5/	170
72.0	Located at ▶ 72 PORTER STREET ROOM 11 NORTH ADAMS, MA ZIP+4 ▶ 012			1/3
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	ſ	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country.	936.7	W.	3000
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		1	
	and Financial Accounts.			124
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt chantable 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	1		-
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			7
	completed instead of Form 990-EZ	44a		Х
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			200
	completed instead of Form 990-EZ	44b		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
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		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	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		X

	_								
Form	990-E£ (2011) MANECCS			···	20-3	260634	_	age 4
46	Did the d	organization engage, directly or indirectly,	ın political campaign acti	vities on behalf of or in c	pposition			Yes	No
		dates for public office? If "Yes," complete		. <u></u>			ļ	1 (14 (14 (14 (14 (14 (14 (14 (14 (14 (1	X
Par		section 501(c)(3) organizations	and section 4947(a)(1) nonexempt ch	aritable tru	ists only	. All secti		
		01(c)(3) organizations and section		mpt charitable trust	s must ans	wer ques	tions 47-4	19b	
		and 52, and complete the tables fo		to one question in t	his Doct \/I				
	<u>_</u>	Check if the organization used Sch	ledule O to respond	to any question in t	IIS PAIL VI		• • • • •	Yes	No
47	Did the	organization engage in lobbying activities	or have a section 501(h)	election in effect during	the tax			103	110
••	year? If "Yes," complete Schedule C, Part II							Ì	X
48		ganization a school as described in section					. 48		Х
49a	,	organization make any transfers to an exe					. 49a		Х
b		was the related organization a section 52	-						
50	•	te this table for the organization's five high					еу		
	employe	es) who each received more than \$100,00	1	1	(d) Health b				
	(a)	Name and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	contributions to	employee	(e) Estimate	ed amou	nt of
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, a compens		other co	mpensat	ion
NON	E								
	_								
f		mber of other employees paid over \$100,0			_		·		
51	-	te this table for the organization's five high			ach received	more than			
	\$100,00	0 of compensation from the organization	If there is none, enter "N	ione "					
(a) Name and	address of each independent contractor paid more than	\$100,000	(b) Type of service	е	(0) Compensation	n	
no	n <i>E</i>								
			·						
					,				
									
52		mber of other independent contractors ear organization complete Schedule A? Note:			1)	·····			
52		mpt charitable trusts must attach a comple	•		•		► X Yes		No
Under		perjury, I declare that I have examined this return, inclu					(23 100		
		complete Declaration of preparer (other than officer) is							
		(1 St)			7- 15	12 - 11			
Sig	n	7 7 w		· · · ·	5/1	12012	<u></u>		
Hei	- 1	Signature of difficer			Date	<i>(</i>			
	İ	ROBERT BENCE, TREASURER Type or print name and title		,,,, =,=	· · · ·				
		<u>/ </u>	Preparer's signature	Date	Ch	eck X if	PTIN		
Paid	i	John F. Murphy	Am I Mu	15 Ky 05-03-20	l .	f-employed	P00019	098	
	parer	Firm's name Pearl Street Ta			Firm's Elf	1 ≥ 25	-14824	100	
Use	Only	Firm's address > 16 Pearl Street	//-/						
		Wellsboro PA 16	901		Phone no		570-72 4-	7110	

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

☐ Yes 🔀 No Form 990-EZ (2011)

SCHEDULE A (Form 990 or 990-EZ)

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.

Employer identification number

2011

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

See separate instructions.

¿Open to Public Inspection

OMB No 1545-0047

TAN.	ECC	<u> </u>							20-3	3260634			
Pa	rt,i	Reason for	Public Charity	Status (All organiza	ations mus	t complete	this part) See insti	uctions				
The	orgai	nization is not a privat	te foundation beca	use it is (For lines 1 thr	ough 11, c	heck only	one box)						
1		A church, convention	n of churches, or a	ssociation of churches of	described ı	n section	170(b)(1)	(A)(i).					
2		A school described in	n section 170(b)(1	I)(A)(ii). (Attach Schedu	le E)								
3		A hospital or a coope	erative hospital ser	vice organization descri	ibed in sec	tion 170(b)(1)(A)(ii	i).					
4		A medical research of	organization opera	ted in conjunction with a	hospital d	lescribed i	n section	170(b)(1)	(A)(iii). En	ter the hos	pital's n	ame,	
		city, and state											
5		An organization oper	rated for the benef	it of a college or univers	ity owned	or operate	d by a gov	vernmenta	unit desc	ribed ın	-		
		section 170(b)(1)(A)	(iv). (Complete Pa	art II)									
6		A federal, state, or lo	ocal government or	governmental unit desc	cribed in se	ection 170)(b)(1)(A)((v).					
7	X	An organization that	normally receives	a substantial part of its	support fro	m a gove	rnmental u	unit or from	the gener	ral public			
		described in section	170(b)(1)(A)(vi).	(Complete Part II)									
8		A community trust de	escribed in sectio i	n 170(b)(1)(A)(vi). (Com	plete Part	H)							
9		An organization that	normally receives	(1) more than 33 1/3%	of its supp	ort from c	ontribution	ns, membe	rship fees	, and gross	3		
		receipts from activition	es related to its ex	empt functions - subject	to certain	exception	s, and (2)	no more ti	nan 33 1/3	% of its			
		support from gross ii	nvestment income	and unrelated business	taxable in	come (les	s section :	511 tax) fro	m busines	sses			
				30, 1975 See section									
10		•	•	d exclusively to test for	•	•		` '` '					
11				d exclusively for the ber					-				
				orted organizations desc						section			
			_	s the type of supporting	•	_							
		a Type I	b Туре		• • • • • • • • • • • • • • • • • • • •		illy integra		d		II-Other		
е			-	organization is not contri		•			•				
		•	-	rs and other than one o	r more pub	hcly suppo	orted orga	inizations o	lescribed i	n section			
		509(a)(1) or section		standard from the ID	O 45 -4 -4	- Tues 1.3	T	T 111					
f		•		etermination from the IR		•••	• •	• •	ipporting				
_				estan acconted any sift		_	_		• • • • •		• • • •	• • •	• ⊔
g		•	uo, nas the organiz	zation accepted any gift	or contribu	ILION HOM	any or me	ŧ					
		following persons?											
		(i) A person who d	brooth, or indirectly	controls oither alone o	r togothor s	with narea	ne deserib	ood in (u)			1	You	No.
	and (iii) below, the governing body of the supported organization?										1100	Yes	No
			the governing body		ization?					• • • • •	11g(i)	Yes	No
		(ii) A family member	the governing body er of a person des	y of the supported organ cribed in (i) above?	ization?			• • • • •		• • • • •	11g(ii)	Yes	No
h		(iii) A family member (iii) A 35% controlled	the governing body er of a person desc ed entity of a perso	y of the supported organ cribed in (i) above? in described in (i) or (ii)	above?			• • • • •		• • • • •		Yes	No
<u>h</u>		(iii) A family member (iii) A 35% controlled Provide the following	the governing body er of a person desi ed entity of a perso g information about	y of the supported organ cribed in (i) above? In described in (i) or (ii) t the supported organiza	above?						11g(ii) 11g(ii)		No
<u>h</u>		(iii) A family member (iii) A 35% controlled	the governing body er of a person desc ed entity of a perso	y of the supported organication (i) above?	above? ition(s) (iv) is the or	rganization ted in your	(v) Did y the organ	rou notify	(vi) i	s the on in col	11g(ii) 11g(iii) (vii)	Yes Amount of upport	No
<u>h</u>		(ii) A family member (iii) A 35% controlled Provide the following Name of supported	the governing body er of a person desi ed entity of a perso g information about	y of the supported organication (i) above?	above?	rganization ted in your	(v) Did y the organ col (i)	ou notify	(vi) i organizati (i) organiz	s the on in col	11g(ii) 11g(iii) (vii)	Amount of	No
<u>h</u>		(ii) A family member (iii) A 35% controlled Provide the following Name of supported	the governing body er of a person desi ed entity of a perso g information about	y of the supported organication (i) above?	above? ition(s) (iv) is the or	rganization ted in your	(v) Did y the organ col (i)	rou notify	(vi) i organizati (i) organiz U S	s the on in col	11g(ii) 11g(iii) (vii)	Amount of	No
		(ii) A family member (iii) A 35% controlled Provide the following Name of supported	the governing body er of a person desi ed entity of a perso g information about	y of the supported organication (i) above?	above? tion(s) (iv) is the oin col (i) is governing d	rganization ted in your ocument?	(v) Did y the organ col (i) sup	ou notify ization in of your iport?	(vi) i organizati (i) organiz	is the on in col sed in the S ?	11g(ii) 11g(iii) (vii)	Amount of	No
<u>h</u>		(ii) A family member (iii) A 35% controlled Provide the following Name of supported	the governing body er of a person desi ed entity of a perso g information about	y of the supported organication (i) above?	above? tion(s) (iv) is the oin col (i) is governing d	rganization ted in your ocument?	(v) Did y the organ col (i) sup	ou notify ization in of your iport?	(vi) i organizati (i) organiz U S	is the on in col sed in the S ?	11g(ii) 11g(iii) (vii)	Amount of	No
(A)		(ii) A family member (iii) A 35% controlled Provide the following Name of supported	the governing body er of a person desi ed entity of a perso g information about	y of the supported organication (i) above?	above? tion(s) (iv) is the oin col (i) is governing d	rganization ted in your ocument?	(v) Did y the organ col (i) sup	ou notify ization in of your iport?	(vi) i organizati (i) organiz U S	is the on in col sed in the S ?	11g(ii) 11g(iii) (vii)	Amount of	No
		(ii) A family member (iii) A 35% controlled Provide the following Name of supported	the governing body er of a person desi ed entity of a perso g information about	y of the supported organication (i) above?	above? tion(s) (iv) is the oin col (i) is governing d	rganization ted in your ocument?	(v) Did y the organ col (i) sup	ou notify ization in of your iport?	(vi) i organizati (i) organiz U S	is the on in col sed in the S ?	11g(ii) 11g(iii) (vii)	Amount of	No
(A) (B)		(ii) A family member (iii) A 35% controlled Provide the following Name of supported	the governing body er of a person desi ed entity of a perso g information about	y of the supported organication (i) above?	above? tion(s) (iv) is the oin col (i) is governing d	rganization ted in your ocument?	(v) Did y the organ col (i) sup	ou notify ization in of your iport?	(vi) i organizati (i) organiz U S	is the on in col sed in the S ?	11g(ii) 11g(iii) (vii)	Amount of	No
(A)		(ii) A family member (iii) A 35% controlled Provide the following Name of supported	the governing body er of a person desi ed entity of a perso g information about	y of the supported organication (i) above?	above? tion(s) (iv) is the oin col (i) is governing d	rganization ted in your ocument?	(v) Did y the organ col (i) sup	ou notify ization in of your iport?	(vi) i organizati (i) organiz U S	is the on in col sed in the S ?	11g(ii) 11g(iii) (vii)	Amount of	No
(A) (B) (C)		(ii) A family member (iii) A 35% controlled Provide the following Name of supported	the governing body er of a person desi ed entity of a perso g information about	y of the supported organication (i) above?	above? tion(s) (iv) is the oin col (i) is governing d	rganization ted in your ocument?	(v) Did y the organ col (i) sup	ou notify ization in of your iport?	(vi) i organizati (i) organiz U S	is the on in col sed in the S ?	11g(ii) 11g(iii) (vii)	Amount of	No
(A) (B)		(ii) A family member (iii) A 35% controlled Provide the following Name of supported	the governing body er of a person desi ed entity of a perso g information about	y of the supported organication (i) above?	above? tion(s) (iv) is the oin col (i) is governing d	rganization ted in your ocument?	(v) Did y the organ col (i) sup	ou notify ization in of your iport?	(vi) i organizati (i) organiz U S	is the on in col sed in the S ?	11g(ii) 11g(iii) (vii)	Amount of	No
(A) (B) (C)		(ii) A family member (iii) A 35% controlled Provide the following Name of supported	the governing body er of a person desi ed entity of a perso g information about	y of the supported organication (i) above?	above? tion(s) (iv) is the oin col (i) is governing d	rganization ted in your ocument?	(v) Did y the organ col (i) sup	ou notify ization in of your iport?	(vi) i organizati (i) organiz U S	is the on in col sed in the S ?	11g(ii) 11g(iii) (vii)	Amount of	No
(A) (B) (C)		(ii) A family member (iii) A 35% controlled Provide the following Name of supported	the governing body er of a person desi ed entity of a perso g information about	y of the supported organication (i) above?	above? tion(s) (iv) is the oin col (i) is governing d	rganization ted in your ocument?	(v) Did y the organ col (i) sup	ou notify ization in of your iport?	(vi) i organizati (i) organiz U S	is the on in col sed in the S ?	11g(ii) 11g(iii) (vii)	Amount of	No
(A) (B) (C)		(ii) A family member (iii) A 35% controlled Provide the following Name of supported	the governing body er of a person desi ed entity of a perso g information about	y of the supported organication (i) above?	above? tion(s) (iv) is the oin col (i) is governing d	rganization ted in your ocument?	(v) Did y the organ col (i) sup	ou notify ization in of your iport?	(vi) i organizati (i) organiz U S	is the on in col sed in the S ?	11g(ii) 11g(iii) (vii)	Amount of	No

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 Pa	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)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	11,384	10,002	10,561	18,070	7,640	57,657
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	11,384	10,002	10,561	18,070	7,640	57,657
5	The portion of total contributions by each		""""	CHEST COMPANY			
	person (other than a governmental unit or		var ili.				
	publicly supported organization) included	A TO SAC	"我们的人	en en en en en en en en en en en en en e	图1.3467、66	4.74	
	on line 1 that exceeds 2% of the amount		The state of		学科的 人意		
	shown on line 11, column (f)		Marie Control				
6	Public support. Subtract line 5 from In 4	作为第二人称为		285 (P. 380) N	MANAGE PARTIES		57,657
Sec	tion B. Total Support			-			
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	11,384	10,002	10,561	18,070	7,640	57,657
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 .	No. of the last of		がは、	能以發於不過	C36 - W20	57,657
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2011 (line 6,	column (f) divided	l by line 11, columr	ι(f))		14 1	00.00 %
15	Public support percentage from 2010 Sche	edule A, Part II, line	9 14			15 1	00.00 %
16a	33 1/3% support test - 2011. If the organi						_
	and stop here. The organization qualifies		<u> </u>				▶⊠
þ	33 1/3% support test - 2010. If the organic						
	box and stop here. The organization quali	•	• • •				▶□
17a b	10%-facts-and-circumstances test - 201 more, and if the organization meets the "facts-and-circums 10%-facts-and-circumstances test - 201	icts-and-circumsta tances" test. The c	nces" test, check t organization qualific	his box and stop h es as a publicly su	nere. Explain in Pa pported organization	rt IV how the	▶□
18	more, and if the organization meets the "fa organization meets the "facts-and-circums Private foundation. If the organization did	ects-and-circumsta tances" test. The c	nces" test, check t organization qualific	his box and stop h es as a publicly su	nere. Explain in Pa pported organization	rt IV how the	. —

Partill 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)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) 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 purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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	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)						
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
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)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first,	second, third, four	rth, or fifth tax year	as a section 501(c)(3)	▶□
Se	ction C. Computation of Public Su	pport Percent	tage				
15	Public support percentage for 2011 (line 8, o					15	%
16	Public support percentage from 2010 Sched	fule A, Part III, line	15	<u> </u>		16	%
Se	ction D. Computation of Investme						
17	Investment income percentage for 2011 (lin	e 10c, column (f)	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2010 S					18	%
	17 is not more than 33 1/3%, check this box	and stop here. T	he organization qu	ualifies as a publici	y supported organ	zation	▶□
b	33 1/3% support tests - 2010. If the organi line 18 is not more than 33 1/3%, check this	zation did not che box and stop he	ck a box on line 14 re. The organization	or line 19a, and li on qualifies as a pu	ne 16 is more than blicly supported or	33 1/3%, and ganization	▶□
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 1	9b, check this box	and see instructio	ns	, ▶ □

SCHEDULE O

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

2011

Open to Public

Employer identification number

20-3260634 MANECCS 01. List of grants and similar amounts paid (Part I, line 10) Activity Bridgewater Univ Conf-Canada&Afghan Amount 3,000 Canadian Artist-Edinboro Univ Activity 600 Amount Activity Host Canadian Scholar-E Stroudsburg 600 Amount Activity PA Canadian Studies Conf Amount 250 Activity Birdgewater Univ-Host Canadian Scho 600 Amount Activity MANECCS luncheon at ACSUS 11/11 Amount 1,084 MANECCS Biennial Conf (2012) Planning Activity Amount 3,369

Schedule O (Form 990 or 990-EZ) (2011)		Page 2
Name of the organization	Employer identification number	
MANECCS	20-3260634	
	-	
		
	·	
		
	. <u> </u>	
		

BUDGET NARRATIVE

The Middle Atlantic and New England Council for Canadian Studies (MANECCS) continued to pursue its goals of reaching out to the membership, our students, and Canadianists throughout the regions of New England, Middle Atlantic states, and beyond.

Targeting our income to effectively and efficiently achieve our goals we

- Subsidized member institutions who hosted Canadian studies scholars
- Helped sponsor a conference on the role of Canada in the NATO mission in Afghanistan
- Contributed to a Consortium for Pennsylvania Canadian scholars
- Promoted Canadian studies at meetings of the international Association for Canadian Studies in the United States in Ottawa Canada, November, 2011

The seminal event for our council is our biennial conference, which brings together MANECCS members, other U.S. Canadianists, and our cross-border colleagues to share research and perspectives on Canadian scholarship and pedagogical methods. Last year the Executive Board of MANECCS began planning for this year's conference which will be held in September, 2012 in Philadelphia