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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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)

▶ 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

2011

Open to Public Inspection

A For the 2011 calendar year or tax year beginning October 1 2011 and ending September 30 20 12

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

C Name of organization
NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION #276 MAINE

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 366

City or town state or country and ZIP + 4
HALLOWELL ME 04347 0366

D Employer identification number
01 0372281

E Telephone number
207 623 4683

F Group Exemption Number ▶

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

I Website ▶

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 or a section 527 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 ▶ $ 84 552 26

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	
	3	Membership dues and assessments		3	405 00
	4	Investment income		4	149 46
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15 000)	6a		
	b	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	77 272 00	
	c	Less direct expenses from gaming and fundraising events	6c	58 751 54	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	18 520 46
	7a	Gross sales of inventory less returns and allowances	7a	90 00	
	b	Less cost of goods sold	7b	0 00	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	90 00
	8	Other revenue (describe in Schedule O)		8	6 635 80
	9	**Total revenue** Add lines 1 2 3 4 5c 6d 7c and 8 ▶		9	25 800 72
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	3 300 00
	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	
	14	Occupancy rent utilities and maintenance		14	
	15	Printing publications postage and shipping		15	
	16	Other expenses (describe in Schedule O)		16	15 436 42
	17	**Total expenses** Add lines 10 through 16 ▶		17	18 736 42
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7 064 30
	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	116 849 75
	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	123 914 05

P 5

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	129 736 59	22	111 198 19
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	4 715 00	24	12 715 86
25	**Total assets**	134 451 59	25	123 914 05
26	**Total liabilities** (describe in Schedule O)	17 601 84	26	0 00
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	116 849 75	27	123 914 05

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 ☐

What is the organization s primary exempt purpose? P o i c ting wo ic fic nsi i ctic cc p tions

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

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

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	

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) Reportable compensation (Forms W 2/1099 MISC) (if not paid enter 0)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
JOYCF NEWMAN 3 HILLCRFST STRFET HALLOWELL ME 04347	Pre ldent 5 hrs	0 00	0 00	0 00
TRISHA MOSHFR 101 WINTHROP STRFET AUGUSTA MF 04330	V I ldent 2 h	0 00	0 00	0 00
MARY MATHEWS 520 HFBRON ROAD SOUTH FARIS MF 04281	Secretary 2 hrs	0 00	0 00	0 00
DONNA COSTAIDI PO BOX D FRFFPORT MF 04032	Trea urer 2 hrs	0 00	0 00	0 00
ROBIN WOOD DAYS FFRRY ROAD WOOLWICH MF 04579	Di ector	0 00	0 00	0 00
BETHANY MARTIN 22 HIGHLAND AVFNUF HANCOCK MF 04640	Di ector	0 00	0 00	0 00
JOAN GAGNON 95 WFSTFRN AVFNUF FAIRFIFLD MF 04937	Di cto	0 00	0 00	0 00
LINDSEY DUMAIS 84 MIDDLF STRFFT PORTLAND MF 04101	Direct	0 00	0 00	0 00

Part V **Other Information** (Note the Schedule A and personal benefit contract 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		✔
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		✔
35a	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		✔
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		
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		
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		✔
37a	Enter amount of political expenditures direct or indirect as described in the instructions ▶ 37a 0 00			
b	Did the organization file **Form 1120-POL** for this year?	37b		✔
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?	38a		✔
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 ▶ JOYCE NEWMAN Telephone no ▶ 207 623 4683 Located at ▶ 3 HILLCREAST STREET HALLOWELL ME ZIP + 4 ▶ 04347			
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 the U S ? If Yes enter the name of the foreign country ▶ _____	42c		✔
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			
			Yes	No
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✔
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	46		✓

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 or have a section 501(h) election in effect during the tax year? If Yes complete Schedule C Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non charitable related organization?	49a		
b	If Yes was the related organization a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than $100 000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099 MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation

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

Joyce Newman — Signature of officer — Date 8/15/13

JOYCE NEWMAN PRESIDENT — Type or print name and title

Paid Preparer Use Only

Print/Type preparer s name	Preparer s signature	Date	Check ☑ if self employed	PTIN
JOHN F ELWELL	John F Elwell	8/14/13		P01258055

Firm s name ▶ TABBUTT S BOOKKEEPING SERVICE — Firm s EIN ▶

Firm s address ▶ 146 STATE STREET AUGUSTA ME 04330 — Phone no 207 622 5912

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

SCHEDULE G
(Form 990 or 990 EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered Yes to Form 990 Part IV lines 17 18 or 19 or if the organization entered more than $15 000 on Form 990 EZ line 6a
▶ **Attach to Form 990 or Form 990 EZ** ▶ **See separate instructions**

OMB No 1545 0047
2011
Open to Public Inspection

Name of the organization
NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION #276 MAINE

Employer identification number
01 0372281

Part I **Fundraising Activities** Complete if the organization answered Yes to Form 990 Part IV line 17
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In person solicitations
e ☐ Solicitation of non government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers directors trustees or key employees listed in Form 990 Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If Yes list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5 000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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 EXEO (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	77 272 00			
	2 Less Charitable contributions	0 00			
	3 Gross income (line 1 minus line 2)	77 272 00			
Direct Expenses	4 Cash prizes	0 00			
	5 Noncash prizes	0 00			
	6 Rent/facility costs	44 150 51			
	7 Food and beverages	486 39			
	8 Entertainment	0 00			
	9 Other direct expenses	14 114 64			
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(58 751 54)
	11 Net income summary Combine line 3 column (d) and line 10 ▶				18 520 46

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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 ▶

Address ▶

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)

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

2011

Open to Public Inspection

Name of the organization

NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION #276 MAINE

Employer identification number

01 0372281

Part I Line 6 Fundraising Events

b) Construction Exp Income	$ 77 272 00
c) Construction Exp Expenses	58 751 54

Part I Line 8 Other Revenue

Dinner Meetings	3 588 30
Annual Meetings	1 425 00
Ways and Means	285 00
NEE Online Testing	276 50
Job F	600 00
WIC Banners	250 00
Miscellaneous	211 00

Part I Line 10 Grants

Scholarships	3 300 00

Part I Line 16 Other Expenses

Directors Fund	130 00
Dinner Meetings	3 087 44
NEE Online Testing	1 214 00
Annual Meeting	750 00
Ways and Means	14 98
AEC Forum/Convention	3 750 00
Informational Education	143 50
Community Project	1 045 00
Membership Promotion	312 25
Friendship	178 56
Career Days	300 00
Advertising and Marketing	178 52

Name of the organization	Employer identification number
NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION #276 MAINE	01 0372281

Bank Servic Charges	16 00
Website	204 40
PO Box Rental	116 00
Storage Unit	770 00
Telephone	2 199 62
Liability Insurance	500 00
Miscellaneous	526 15
Part IV Line 24 Other Assets	
Accounts Receivable	12 715 86
Part IV Line 26 Liabilities	
Accounts Payable	0 00