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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

2012

Open to Public Inspection

~			idal year, or tax ye				, and	ending			
В	_	if applicable	C Name of organiz	ation					D Emp	loyer id	entification number
Ļ	Addres	ss change	Maine Town City	. R. County Man	anement Asso	ciation				01	-0367280
L	Name	change	Number and street (or P.O. box of mail is	not delivered to str	eet address)		Room/suite	E Teler		
	initial f	eturn				,			[
Γ	Termin	nated	60 Communtiy D)rive						(207	7) 623-8428
┌	Amend	ded return	City or town		stat	e or country	ZIP + 4		F Gro	up Exe	mption
F	Annlica	ation pending	Augusta		ME	=	04330	١		nber ▶	•
<u> </u>							04000				if the organization is
		inting Method: ite: ►www.		Accrual	Other (specify)			"			attach Schedule B
'											D-EZ, or 990-PF).
J	Tax-exe	empt status (ch	eck only one) —	501(c)(3) X	501(c) (6) ◀	(insert no)	4947(a)(1)	or527	(1 01111 2		
K			-								eceipts are normally
					•	_	m 990-N (e-postcard) m	ay be re	quired ((see instructions). But
		_	looses to file a retu								
L			d 7b, to line 9 to det	_	-				issets		
_			ımn (B) below) are							<u>▶\$</u>	72,625
	Part I		e, Expenses, a								
_			the organization		<u>.</u>		<u> </u>				<u>X</u>
	1	Contributio	ns, gifts, grants,	and similar amo	ounts received				[1	
	2	Program se	ervice revenue in	cluding governr	ment fees and	contracts			[2	52,278
	3	Membersh	ip dues and asse	ssments					[3	20,236
	4	Investment	tincome						[4	111
	5a	Gross amo	ount from sale of	assets other tha	an inventory.		5a			200	
	b	Less: cost	or other basis an	d sales expens	es		5b			ائدہ	
	С	Gain or (lo	ss) from sale of a	issets other tha	n inventory (Su	btract line 5l	from line	5a)	[5c	0
	6		d fundraising eve								
	a	Gross inco	me from gaming	(attach Schedu	le G if greater t	han			1	23	
	d d	\$15,000) .					6a			3.33	
į	b b	Gross inco	me from fundrais	ing events (not	including \$_		of cor	tributions	ď		
ď			aising events rep								
-	-	sum of suc	h gross income a	and contribution	s exceeds \$15	,000)	6b				
	REC	Eeps/eirec	t expenses from	gaming and fun	draising event	S	6c				
_	1,5	LAGI JUGGITH	or (loss) from g	aming and fund	raising events	(add lines 6a	and 6b a	ind subtract);	de analysis	
ρl		line 6c) .	<u> ମଧ୍ରା</u>						. [6d	0
5]	MAYa .	1 Geografica	s of rventory, les	ss returns and a	illowances		7a				
įĹ	b	Less: cost	ofigopods sold .				7b				
) (CLAI	Gross prof	t-of-(loss) from s nue (describe in	ales of inventor	y (Subtract line	7b from line	· 7a)]	7c	0
<u>- '\</u>			nue (describe in :	Schedule O) .						8	
Ž_	9	Total reve	nue. Add lines 1,	2, 3, 4, 5c, 6d,	7c, and 8		<u></u>	<u> </u>	. 🕨	_9	72,625
\$	10		l similar amounts							10	4,500
66	11		id to or for memi							11	
<u></u>	ខ្លុ 12		ther compensation							_12	
0 % ZOUS	2 13		al fees and other							13	11,273
-	14		, rent, utilities, ar							14	
Ú			iblications, posta							15	7,483
	16		nses (describe ir							16	70,472
	17	Total expe	nses. Add lines	10 through 16.	<u></u>			<u></u>	<u>▶ </u>	17	93,728
5	18		(deficit) for the ye	•		•				18	-21,103
Š	19		or fund balances								
4	č	end-of-year	r figure reported	on prior year's r	eturn)				{	19	47,825
Not Accept	20	Other chan	ges in net assets	or fund balanc	es (explain in S	Schedule O)			. [20	
_	21	Net assets	or fund balances	at end of year	Combine lines	18 through	<u> 20 </u>	<u></u> .	▶	21	26,722

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

Form	n 990-EZ (2012) Maine Town City & County M	lanagement Association			01-0367	7280	Page 2
Pai	rt Balance Sheets. (see the instructions for						
	Check if the organization used Schedule O to r	respond to any question in	n this Part II				
				(A) Begin	ning of year		(B) End of year
22	Cash, savings, and investments				47,206	22	26,221
23			,			23	
24					851	24	1,035
25					48,057		27,256
26					232		534
27					47,825	$\overline{}$	26,722
Pa	art III Statement of Program Service Accomplis					•	Expenses
	Check if the organization used Schedule O	•	•		П		quired for section
Λ/h-	at is the organization's primary exempt purpose?						(c)(3) and 501(c)(4)
	scribe the organization's printary exempt purpose:i					-	nizations and section 7(a)(1) trusts; optional
	measured by expenses. In a clear and concise mann				°,		thers.)
	sons benefited, and other relevant information for ea		provided, the no	IIIDGI OI			
28							
20							
	(Grants \$) If this amount	includes foreign grants	check here		- H	28a	
29						20a	
23						ľ	
	(Grants \$) If this amount		obook boro		····		
20	(Grants \$) If this amount					29a	
30							
						[
	(O				···		
			Chack Dere			700	i
- 4	(Grants \$) If this amount	t includes foreign grants,	CHOCK HOLD			30a	<u>'</u>
31	Other program services (describe in Schedule O) .						
	Other program services (describe in Schedule O) . (Grants \$) If this amount	t includes foreign grants,	check here			31a	
32	Other program services (describe in Schedule O) . (Grants \$) If this amount Total program service expenses. (add lines 28a	t includes foreign grants, through 31a)	check here		· · · · ·	31a 32	0
32	Other program services (describe in Schedule O). (Grants \$) If this amount Total program service expenses. (add lines 28a art IV List of Officers, Directors, Trustees, and I	t includes foreign grants, through 31a) Key Employees List each	check here	mpensate		31a 32	0 tions for Part IV)
32	Other program services (describe in Schedule O) . (Grants \$) If this amount Total program service expenses. (add lines 28a	t includes foreign grants, through 31a) Key Employees List each	check here	mpensate		31a 32	0 tions for Part IV)
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Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V.) Check if the organization used Schedule O to respond to any question in t		+ \ /	_
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in t	nis Pai	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		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	_4		
35 a	change on Schedule O (see instructions)	34_	-	X
JJ 4	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
ь	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		$\frac{\hat{x}}{x}$
С				
	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			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.▶ 37a	J·		l
	Did the organization file Form 1120-POL for this year?	37b	 	<u> </u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	364		├~
39	Section 501(c)(7) organizations. Enter:	10:24		$J^{(2)}$
	Initiation fees and capital contributions included on line 9	اليان المان	3	
			2, 2 4	
40 a	(), ()] - [[] -]	14	Ĭ.,
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	از بعالما	2	144
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	· 44	X . C.	v .
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40.		
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	6.1 %	12
·	organization managers or disqualified persons during the year under sections 4912,			E 4
	4955, and 4958		2 80° W	17.
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		رُاو شَوْرِيَّ الداد المُورِيَّةِ	مین
	reimbursed by the organization	34.4	W	S. A.
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		10 m	
	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed.			
42 a			23-84	28
	Located at ► 60 Community Drive City Augusta ST ME ZIP + 4 ► 043			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	8.735. V.	X
	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			7.
	and Financial Accounts.			2 0 *0 ±0
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?		100 A 37.20	X
_	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year	, , .		_
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			1
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		A STATE	
	completed instead of Form 990-EZ		 	X
C	Did the organization receive any payments for indoor tanning services during the year?	44c	TOPES AND	X
а	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			f. Thra
45 a	explanation in Schedule O	44d	 	
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		X
	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	f	-x

Form 990-EZ (2012) Maine Town City & County Management Association 01-03672						Page 4					
40	A	iti		_4	-		!!	!A!		Yes	No
46											_x
Part					odaio o, raiti	· · · · · · · · · · · · · · · · · · ·		<u> </u>			1.
		All section 5			swer questions 4	7–49b and 52, and	l comple	te the tables	for line	s	
			organization used Sche	ا ماییان	to respond to an	vauestion in this E	Part VI				_
		- CHECK II THE	Organization used othe		to respond to any	y question in this r	ait VI .	· · · · · ·	<u>····</u>	T V	
47	Did t	ne organization	n engage in Johhving activit	ties or h:	ave a section 501 <i>(</i>	h) election in effect (during the	tay		res	NO
7,			· · · ·			-	-		. 47		
48											
49 a									. 49a		
											<u> </u>
50			-	_	•	•				key	
	empi	Dyces) Will ca	CIT received more man \$10	10,000 <u>0</u>					None.		
		• •		,		(c) Reportable compensation	contribut	tions to employee			
		paid more u		de	voted to position	(Forms W-2/1099-MISC)			outer	zompens	auon
Name	None			.[
<u>Title</u>				Hr/WK	.00.						
Name					00		1				
Title Name				HIVVK	.00				· · · ·		
				Hr/WK	.00						
Name									_		
			<u> </u>	Hr/WK	.00		 				
				. Lunane	00						
		number of oth	er employees paid over \$1				<u> </u>				
51							who ead	h received mo	re than		
	\$100,	000 of compe	ensation from the organizat	tion. If th	ere is none, enter	"None."					
	(a)	Name and address	of each independent contractor pa	aid more th	an \$100,000	(b) Type of ser	vice	(c)	Compens	ation	
Name	None		Str					_			
			ST	ZI	P						
Name			Str								
			ST	ZI	Р						
					D						
			<u> </u>					_			
			ST	ZI	Р						
Name			Str								
		numbor of sta	ST_		·	L				_	
			•				47(a)(1)				
J L						· · · · · · · · ·		1	► 🔲 Y	es X	No
Under	enalties	of perjury, I declar	re that I have examined this return	, ınclud <u>i</u> ng	accompanying schedule	es and statements, and to	the best of r	ny knowledge and	belief, it is	3	
true, co	rrect, an	d complete Declar	ration of preparer other than office	er) is based	on all information of wh	nich preparer has any know	vledge				
Name Name Str City ST ZIP Name Str City ST ZIP Str City ST ZIP Name Str City ST ZiP											
_		_	, ,	•			-				
11616								resident			
Paid		Id the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition and the property of the pro									
	arer				SELF-PREPARED	RETURN		_	<u> </u>		
	Only							Firm's EIN >			
							<u>l</u>	Phone no.			<u> </u>
May t	ne IKS	aiscuss this r	eturn with the preparer sho	own abo	ve? See instructio	ns	<u>· · · ·</u>	<u> l</u>			
									Form	990-E	Z (2012)

Pa	rt I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Rece	eived	
1	Contributions	1	
2	Noncash contributions		
3	Membership dues and assessments (contributions from the public)		
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)		0
7	Associated organization contributions		
8		8	
9		9	
10		10	
11	Total	11	0
Pa	rt I, Line 4 (990-EZ) - Investment Income		
1	Interest on savings and temporary cash investments		111
2	Dividends and interest from securities		
3	Gross rents		
4	Other investment income	4	
5_	Total	5	111

Maine Town & City Management Association FORM 990-EZ Period Ended December 31, 2012 EIN 01-0367280

PART 1, Line 10 "Grants and similar amounts paid"

Recipient	Amount Purpose	
William D Brown IV 37 Loon Drive Topsham, ME 04086	\$1,500 Scholarship	8/9/2012
Michael Foley PO Box 349 Westbrook, ME 04098	\$1,500 Scholarship	8/9/2012
Janet M Scolerio 87 Gateway Drive Spring Lake TWP, ME 040	\$1,500 Scholarship	8/9/2012

\$4,500

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

	Total:	70,472
	Description	Amount
1_1_	Travel	
2	Meals and entertainment	
3	Fundraising	
4	Conferences, conventions, and meetings	47,435
5_	Depreciation	0
6	Equipment rental and maintenance	
7	Interest	
8	Supplies	1,656
9	Telephone	
10	Unrelated business income taxes	0
11	Amortization	
	Depletion	
	General Misc.	4,744
	Liability Insurance	2,256
15	Web Site	4,163
16	Officer's Exp	10,218
17		
18		
19		
20		
21		
22		
23	1400 1 to 10 10 10 10 10 10 10 10 10 10 10 10 10	
24		
25		
26		
27		
28		

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

	Totals: □	851	1,035
	Description	Beginning	End
1	Accounts Receivable	851	1,035
2			
3			
4			
5			
6			
7	* ************************************		
8			
9_	and purposes are to be to the description of the de		
10	J		

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

	Totals:	232	534
	Description	Beginning	End
1	Scholarship	232	534
2			
<u>3</u>	- Marie - Committee - Committe		
5			
6			
	FOR MY PERSONNEL TO THE		
<u>8</u> 9			
10	* TO A PRODUCTION OF THE PRODU		
10	The contract of the contract o		

Port IV C1-0367280

MAINE TOWN, CITY AND COUNTY MANAGEMENT ASSOCIATION 2012 - 2013 BOARD OF DIRECTORS

PRESIDENT

Term Expires: 10/01/2013
Michelle Beal
1 City Hall Plaza, Ellsworth, ME 04605
Tel: 669-6601 Fax: 667-4908
E-Mail: mbeal@ellsworthmaine.gov

1st VICE PRESIDENT

Term Expires: 10/01/2013

Martin Puckett

12 Second Street

Presque Isle, ME 04769

Tel: 764-4485 Fax: 764-2501

E-Mail: mpuckett@presquessleme.us

2nd VICE PRESIDENT/TREASURER

Term Expires: 10/01/2013 Elizabeth Fitzgerald PO Box 297 Machias, ME 04654-0297 Tel: 255-3127 Fax: 255-3313

E-Mail: manager@washingtoncountymaine.com

2013

Thomas Goulette
PO Box 355, Guilford, ME 04443-0355
Tel: 876-2202 Fax: 876-4793
E-Mail: tgoulette@myfairpoint.net

Thomas Hall
PO Box 360, Scarborough, ME 04070-0360

Tel: 730-4030 Fax: 730-4033 E-Mail: thall@ci.scarborough.me.us

2014

Larry Mead PO Box 566, Kennebunkport, ME 04046 Tel: 967-4243 Fax: 967-8470

Email: lmead@kennebunkportme.gov

Peter Crichton

142 Federal St Ste 102, Portland, ME 04101-4196

Tel: 871-8380 Fax: 871-8292

E-Mail: Crichton@cumberlandcounty.org

2015

Kathryn Ruth 112 Somerset Avenue, Pittsfield, ME 04967-1432

Tel: 487-3136 Fax: 487-3138 E-Mail: townmanager@pittsfield.org

James Chaousis

PO Box 106, Boothbay, ME 04537-0106 Tel: 633-2051 Fax: 633-6620

E-Mail: townmanager@townofboothbay.org

2016

Perry Ellsworth 180 Main Street, South Berwick, ME 03908-1508

Tel: 384-3300 X 115 Fax: 384-3303 E-Mail: pellsworth@sbmaine.us

Ephrem Paraschak

62 E Main Street, Denmark, ME 04022-5514

Tel: 452-8850 Fax: 452-2333

E-Mail: eparaschak@denmarkmaine.org

IMMEDIATE PAST PRESIDENT

Term Expires: 10/01/2013
Barry Tibbetts
1 Summer Street, Kennebunk, ME 04043-1897
Tel: 985-2102 Fax: 985-4609

E-Mail: btibbetts@kennebunkmaine.us