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Short Form**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization
MAINE ASSOCIATION OF ASSESSING OFFICERS
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
60 COMMUNITY DRIVE
 City or town state or country ZIP + 4
AUGUSTA ME 04330

D Employer identification number
26-4569323

E Telephone number
(207) 623-8428

F Group Exemption Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ► _____

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

I Website: ► **www.maineassessors.org**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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. ► \$ **30,447**

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	22,672
	3	Membership dues and assessments	3	7,740
	4	Investment income	4	35
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. ►	9	30,447	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	5,826
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	2,387
	16	Other expenses (describe in Schedule O)	16	22,837
	17	Total expenses. Add lines 10 through 16. ►	17	31,050
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-603	
Net Assets	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	13,410
	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	12,807

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

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Form **990-EZ** (2012)

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.		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 change on Schedule O (see instructions)		X
35 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)?		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		X
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		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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a 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 ▶		
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		
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		X
41 List the states with which a copy of this return is filed. ▶		
42 a The organization's books are in care of ▶ Maine Municipal Association Telephone no ▶ (207) 623-8428 Located at ▶ 60 Community Drive City Augusta ST 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
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: ▶		X
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		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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).		X

- 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.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

- 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 as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** 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."

	Yes	No
47		
48		
49a		
49b		

(a) Name and title of each employee paid more than \$100,000	(b) 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
Name <u>None</u>				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

f Total number of other employees paid over \$100,000 **▶** _____

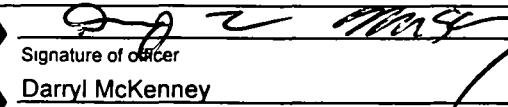
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

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		5-6-
	Signature of officer	Date
	Darryl McKenney	President
	Type or print name and title	

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

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

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	<u>35</u>
2	Dividends and interest from securities	2	<u> </u>
3	Gross rents	3	<u> </u>
4	Other investment income	4	<u> </u>
5	Total	5	<u>35</u>

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

		Total:	22,837
	Description	Amount	
1	Travel		
2	Meals and entertainment		
3	Fundraising		
4	Conferences, conventions, and meetings	16,652	
5	Depreciation	0	
6	Equipment rental and maintenance		
7	Interest		
8	Supplies	225	
9	Telephone		
10	Unrelated business income taxes	0	
11	Amortization	0	
12	Depletion		
13	Liability Insurance	375	
14	General Misc	2,505	
15	Association Fees	3,080	
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			

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

		Totals:	348	309
Description		Beginning	End	
1	Accounts Receivable	348	309	
2				
3				
4				
5				
6				
7				
8				
9				
10				

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

		Totals:	5,470	5,300
Description		Beginning	End	
1	Deferred Revenue	5,470	5,300	
2				
3				
4				
5				
6				
7				
8				
9				
10				



Part IV

20-4569323

2012 Executive Board and Committees

PRESIDENT

Darryl McKenney
Term: January 2012-December 2013
Town of Waldoboro
P.O. Box J
Waldoboro, ME 04572
Phone: 832-5369 Fax: 832-6061
E-mail: assessor@waldoboromaine.org

VICE PRESIDENT

Rick Mace
Term: January 2012-December 2013
Town of York
186 York Street
York, ME 03909-1314
Phone: 363-1005 Fax: 363-1009
E-mail: rmace@yorkmaine.org

SECRETARY

Tammy Brown
Town of North Haven
P.O. Box 400
North Haven, ME 04853
Phone: 867-4433
E-mail: tammybrown4139@aol.com

TREASURER

Martine Painchaud
Town of Eliot
1010 Burnt Mill Road
Wells, ME 04090
Phone: 439-1813 Fax: 439-1415
E-mail: mpainchaud@eliotme.org

FIRST PAST PRESIDENT

Tammy Brown
Town of North Haven
P.O. Box 400
North Haven, ME 04853
Phone: 867-4433
E-mail: tammybrown4139@aol.com

SECOND PAST PRESIDENT

Anne Gregory
Town of Falmouth
271 Falmouth Road
Falmouth, ME 04105
Phone: 781-5253 Fax: 781-8677
E-mail: agregory@town.falmouth.me.us

BOARD OF DIRECTORS

2011 & 2012 Directors

Marc Perry
Town of Bar Harbor
93 Cottage Street, Suite 1
Bar Harbor, ME 04609
Phone: 288-3320
E-mail: marc@barharbormaine.gov

Roger Hoy
23 Maplerock Lane
West Gardiner, ME 04345
Phone: 724-7475
E-mail: mhoy5@roadrunner.com

Mark Caldwell
Town of Farmington
153 Farmington Falls Rd.

Lisa Morin
City of Augusta
16 Cony Street

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