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DLN: 93493227038434

# OMB No 1545-0047

2012

# Form **990**

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)

**Return of Organization Exempt From Income Tax** 

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

Open to Public Inspection

			endar year, or tax year begins  C Name of organization	ning 10-01-2012 , 2012, and end	ding 09-30	-2013	D Emplo	ver id	entification number
	ieck if a dress cl	applicable hange	Maine Community Action Associa C/O Fenwick Fowler WMCA	tion				•	
_	ıme cha	_	Doing Business As				01-05	·4/U:	JJ
_	tıal retu	_	Novel and detect (as D.O. has	formular and delivered by the children	I.D /	_	_		
_	rmınate		PO Box 200	If mail is not delivered to street address)	Room/suit	е	E Telepho	ne nu	mber
_	nended		City or town, state or country, a	nd 7IP + 4			(207)	645-	3764
_		n pending	East Wilton, ME 04234				<b>2</b> 6	· · · •	- ± 100 000
7.1	plication	ii penang	<b>F</b> Name and address of p	orincipal officer		11/-> -			\$ \$ 190,980
			Fenwick Fowler	officipal officer			:his a group liates?	retur	Trifor
			PO Box 200 East Wilton, ME 04234						F., F.,
									luded?  Yes  No t (see instructions)
[ Ta	ax-exen	npt status	▼ 501(c)(3)	◀ (insert no )	527				
ı w	/ebsite	e: 🕨 ww	w mainecommunityaction org			H(c) Gro	oup exempt	ion ni	umber 🟲
K For	m of or	manization	Corporation Trust Associ	ation Other <b>b</b>		L Vear of	formation 20	02 1	<b>M</b> State of legal domicile ME
	irt I	_	imary	ation) other F		L rear or	TOTTING TOTTING	02   1	PI State of legal dofficile. PIE
			<del>-</del>	ssion or most significant activities					
			the quality of life of low-incor						
<u>ဗ</u>	,								
₫									
Governance	2	Check th	his box 🛏 if the organization	discontinued its operations or di	sposed of	more than	25% of its	net a	issets
3								1 _	1
ಶ ಚ				erning body (Part VI, line 1a) .				3	12
Activities &			·	rs of the governing body (Part VI in calendar year 2012 (Part V, lii				5	12
3	1			if necessary)				6	0
đ,				n Part VIII, column (C), line 12				7a	_
	1			e from Form 990-T, line 34 .				7b	0
						Pr	ior Year		Current Year
_	8	Contri	butions and grants (Part VIII	, line 1 h)			119,5	529	94,510
ā	9	Progra	am service revenue (Part VIII	, line 2g)			94,2	294	93,432
Revenu	10			mn (A), lines 3, 4, and 7d) .				0	
_	11			A), lines 5, 6d, 8c, 9c, 10c, and 1	-		3,5	590	3,038
	12			11 (must equal Part VIII, column			217,4	113	190,980
	13			art IX, column (A), lines 1–3).			40,1	145	23,600
	14	Benefi	ts paid to or for members (Pa	rt IX, column (A), line 4)				0	0
Ø	15	Saları 5–10		oyee benefits (Part IX, column (A	), lines			٥	0
Expenses	16a		•	IX, column (A), line 11e)				0	0
æ æ	ь		ındraısıng expenses (Part IX, column						
ш	17			), lines 11a-11d, 11f-24e) .	<del></del> .		185,6	587	155,331
	18			must equal Part IX, column (A), lı			225,8	332	178,931
	19	Reven	ue less expenses Subtract lı	ne 18 from line 12			-8,4	119	12,049
\$ °						Beginni	ng of Curre	nt	End of Year
96g	20	Total	assets (Part X line 16)			-	<b>Year</b> 149,1	143	164,215
Net Assets of Fund Balances	21						10,5		13,529
\$ <u>5</u>	22			act line 21 from line 20			138,6		150,686
Pa	rt II		ature Block				•		·
Jnde ny k	er pena nowle	alties of dge and	perjury, I declare that I have	examined this return, including accomplete Declaration of preparer					
		****	***				2014-08-15		
Sig		Signa	ature of officer				Date		
Her			vick Fowler Treasurer						
		1/	e or print name and title	Dronamida signatura	15	to I	—	DTTN	
D~:	A		Print/Type preparer's name Stephen L LeClair CPA	Preparer's signature	Da	10	heck if elf-employed	PTIN P013	70336
Pai Dro			Firm's name 🕨 Gibson LeClair LLC				ım's EIN 🕨 45	5-0512	2128
	pare		Firm's address ► 150 Capitol Street S	Suite 3		PI	hone no (207	) 623-	8401
US(	e On	יי (יי	Augusta ME 0422				\		

May the IRS discuss this return with the preparer shown above? (see instructions)

┌Yes ┌No

	330 (2	•				Page Z
Par	t III	Statement of Program S Check if Schedule O contains a				 ⊽
1	Briefl	y describe the organization's mi	ssion			
		e quality of life of low-income ind hich help empower low income pi				mmunity Action
2	the pr	ne organization undertake any signor Form 990 or 990-EZ?		uring the year which	were not listed on	⊢Yes ✓ No
3	Did th	e organization cease conducting ces?	, or make significant change	es in how it conducts	, any program	⊤Yes 🔽 No
4	expen	ribe the organization's program s ises Section 501(c)(3) and 501 tal expenses, and revenue, if an	(c)(4) organizations are req	uired to report the ar		
4a	Comr comm capita Maine	e ) (Expenses \$ and the 10 Community Action Program nunity Action to inform Maine residents nuncating changes to CAP staff to share lizing on the opportunities health reform Primary Care Association has partnere AF), Legal Services for the Elderly and o	s (CAPs) across Maine are part of about improvements to the health with their constituents. In addition brings and in insuring that our cli I with MCAA to assist in this proces	i care system through the n, MCAA and the CAP net ents and communities wi ss In addition, MCAA woi	e Affordable Care Act (ACA) MCA work will take efforts to be proa Il develop the capacity to benefi rks closely with the Maine Health	A will be a catalyst for active in planning for t from system reforms. The
4b	(Code	e ) (Expenses \$	including	grants of \$	) (Revenue \$	)
4c	(Code	e ) (Expenses \$	ıncluding	grants of \$	) (Revenue \$	
4d		er program services (Describe in enses \$	Schedule O ) including grants of \$	) (F	Revenue \$	)
4e	Tota	l program service expenses 🟲	124,792			

Part IV	Che	cklist	of Re	auired	Sche	dules
	CHE	CRIISL	OI NO	aun eu	SCIIC	uuics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. 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	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)				
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I				
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L,  Part II				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			No	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)				
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes		
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part $I$	33		No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No	
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes		
		F.	orm <b>99</b> 0	(2012)	

GII	Statements Regarding Other IRS Filings and Tax Compliance			г
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   1			.40
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	by this return	1		
,	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
1	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Ν¢
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
1	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)?	4a		No
•	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
:	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
l	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	٥		
		8		
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 49662	9a		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
	Did the organization make a distribution to a donor, donor advisor, or related person?	30		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	_		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes" has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	1	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b	Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes	No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 111a b 112a c 113 114 115 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 111a b 112a c 113 114 115 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10b  11a  12a  12b  12c  13  14	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No
b 11a b 112a c 113 14 115 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No No
b 11a b 112a c 113 14 115 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes	No No No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No No

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Fenwick Fowler Treasurer PO Box 200 East Wilton, ME (207) 645-3764

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

√ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	more pers and	than on is a dii	one bot ect	not box h ar or/tr	offic rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional Trustee	ICEI	, employee	Highest compensated employee	Former	ŕ	,	and related organizations
(1) Mike Burke	1 00	x		×				0	0	0
President								_	_	
(2) Mark Green	1 00	×		×				0	0	0
Vice President				Ë				,		
(3) Keith Small	1 00	l x		l <sub>x</sub>				0	0	0
Secretary										
(4) Fenwick Fowler	1 00	×		x				0	0	0
Treasurer										
(5) Pat Kosma	1 00	x						0	0	0
Board member										
(6) Charles Newton	1 00	x						0	0	0
Board member (7) Connie Sandstrom	1 00				_	-				
Board member	1 00	х						0	0	0
(8) Mike Tarpinian	1 00									
Board member		X						0	0	0
(9) Jessica Tysen	1 00									
Board member		Х						0	0	0
(10) Rick McCarthy	1 00									
Board member		Х						0	0	0
(11) Barbara Crider	1 00									_
Board member		Х						0	0	0
(12) Susan Richards	1 00	<u> </u>								_
Board member		Х						0	0	0
bodia member										
-										
				_	_		_			
	<u>'</u>	•			•					Form <b>990</b> (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	tion ( han d on is	one I both	box, an c r/trus	unless fficer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W 2/1099-MISC)	-   (	<b>(F)</b> Estima mount of compens from t	ted fother ation he
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2333	,	2,2000		relate organiza	ed l
										-				
										-				
								<u> </u>						
1b	Sub-Total				•			<b>•</b>						
c	Total from continuation sheet	•			•	•				0		0		0
d 	Total (add lines 1b and 1c) .  Total number of individuals (in							- N	ho received			<u> </u>		
_	\$100,000 of reportable compe						a abov	C) W	mo received	more ti	ian			
													Yes	No No
3	Did the organization list any fo					key	emplo	yee	, or highest	compen	sated employee			
_	on line 1a? If "Yes," complete S					•	•	•				3		No
4	For any individual listed on line organization and related organ													
_	individual		•		•	•		•				4		No
5	Did any person listed on line 1 services rendered to the organ											5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fiv	ve highest comp											<b></b>	
	compensation from the organiz	zation Report co (A)	ompens	ation	tor	tne c	aienda	arye	ear ending w	ith or Wi	(B)	on's	tax year (C	
	N	lame and business	address							Des	cription of services		Comper	
												$\perp$		
												+		
												$\neg$		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

Part V	/##1	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII											
		Check if Schedi	ule O contains a respo	nse to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514					
v	1a	Federated camp	paigns 1a										
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es 1b										
5ra not	c	Fundraising eve											
Ş.													
Giff ilai	d	Related organiz											
ž II	e	Government grants	s (contributions) <b>1e</b>										
ři S	f	All other contribution	ons, gifts, grants, and <b>1f</b>	94,510		į		j					
ributi Other	g		ons included in lines					 					
Ę G	9	1a-1f \$											
Contand	h	Total. Add lines	s 1a-1f	· · · · •	94,510								
<u> </u>				Business Code									
Program Serwce Revenue	2a	Membership Dues		624100	77,432	77,432							
28 38	ь	Telephone Lifeline		624100	16,000	16,000							
93 -	С												
Ē.	d												
න =	е												
e e	f	All other progra	ım service revenue										
Š	g	Total. Add lines	s 2a – 2f	▶	93,432								
	3		ome (including dividen		33,432								
		and other simila	aramounts)	• [									
	4		tment of tax-exempt bond	proceeds									
	5	Royalties		•									
	6-	Gross rents	(ı) Real	(II) Personal									
	6a b	Less rental											
	-	expenses											
	C	Rental income or (loss)											
	d	Net rental incor	me or (loss)	,									
		Gross amount	(ı) Securities	(II) Other									
	7a	from sales of assets other											
	ь	than inventory Less cost or											
		other basis and sales expenses											
	C	Gain or (loss)											
	d		s)										
Other Revenue	88	Gross income fi events (not incl \$	luding										
r Rev		See Part IV, lin											
the	ь	Less direct ex	penses b										
0	С		(loss) from fundraising	events 🛌									
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 <b>a</b>										
	ь	Less direct ex	penses <b>b</b>										
	С		(loss) from gamıng actı	vities									
	10a	Gross sales of returns and allo											
	.		a .	<b></b>									
	Ь		oods sold <b>b</b> (loss) from sales of inv	entory									
	<u>⊢</u> •	Miscellaneous		Business Code									
	11a	O ther revenue		624100	3,038			3,038					
	ь	- thei levellue						<u>,                                      </u>					
	°												
	d	All other revenu	ue										
	e	Total. Add lines		🕨									
				_	3,038								
	12	iotai revenue.	See Instructions .	· · · · •	190,980	93,432	C	3,038					

	990 (2012)  LIX Statement of Functional Expenses				Page <b>1</b>
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	other organizat	ıons must com	olete column (A )	
	Check if Schedule O contains a response to any question in this Pa				·
)0 no	ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations		Схрепаса	general expenses	Схрепаса
_	in the United States See Part IV, line 21	23,600	23,600		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
.0	Payroll taxes				
1	Fees for services (non-employees)				
а	Management	7,397	4,819	2,578	
b	Legal				
c	Accounting	3,170		3,170	
d	Lobbying	34,875	21,742	13,133	
- e	Professional fundraising services See Part IV, line 17	31,073	21,7.12	13,133	
f	Investment management fees				
	-				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	71,103	58,367	12,736	
2	Advertising and promotion				
3	Office expenses	4,750	39	4,711	
4	Information technology				
5	Royalties				
6	Occupancy	2,989		2,989	
7	Travel	1,570	694	876	
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials	,			
9	Conferences, conventions, and meetings	12,104	5,000	7,104	
0	Interest	, , , , , , , , , , , , , , , , , , ,	· ·	<u> </u>	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	1,995		1,995	
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	1,333		1,333	
а	Dues and fees	7,467	6,695	772	
b	Training/recruitment	5,150	3,836	1,314	
c	Equipment rental/maint	2,761	· ·	2,761	
d		<u> </u>		<u> </u>	
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	170 021	124 702	E4 120	
:5 :6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	178,931	124,792	54,139	

Part X Balance Sheet

	ı	Check if Schedule O contains a response to any question in this Part X	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	144,579	1	161.515
	2	Savings and temporary cash investments	111,575	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,564	4	2,700
	5	Loans and other receivables from current and former officers, directors, trustees, key	4,004		2,700
Assets		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		_	
	Ь	Less accumulated depreciation		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	149,143	16	164,215
	17	Accounts payable and accrued expenses	10,506	17	13,529
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18	<u> </u>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Liabili		persons Complete Part II of Schedule L		22	
ï	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D		25	
	26	Total liabilities. Add lines 17 through 25	10,506	26	13,529
S do		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
<u>⊆</u>	27	Unrestricted net assets	138,637	27	150,686
e H	28	Temporarily restricted net assets		28	
듣	29	Permanently restricted net assets		29	
Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
o Si	30	Capital stock or trust principal, or current funds		30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	138,637	33	150,686
2	34	Total liabilities and net assets/fund balances	149,143	34	164,215

Par	t XI	Reconcilliation of Net Assets			<u> </u>	
		Check if Schedule O contains a response to any question in this Part XI	· ·		• •	<u>୮</u>
1	Total	revenue (must equal Part VIII, column (A ), line 12)	1		1	.90,980
2	Total	expenses (must equal Part IX, column (A), line 25)	2		1	.78,931
3	Rever	ue less expenses Subtract line 2 from line 1	3			12,049
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	.38,637
5	Net u	nrealized gains (losses) on investments	5			
6	Donat	ed services and use of facilities	6			
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			0
	colum	ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, n (B))	10		1	50,686
Par	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response to any question in this Part XII				. ᅜ
					Yes	No
1		organization changed its method of accounting from a prior year or checked "Other," explain in lule O				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
		s,' check a box below to indicate whether the financial statements for the year were compiled or revie arate basis, consolidated basis, or both	wed on			
	<b>√</b> s	eparate basis				1
b	Were	the organization's financial statements audited by an independent accountant?		2b		No
		s,' check a box below to indicate whether the financial statements for the year were audited on a sepa consolidated basis, or both	rate			
	Γs	eparate basis				1
C		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain i lule O	n			11:
За		esult of a federal award, was the organization required to undergo an audit or audits as set forth in th Audit Act and OMB Circular A-133?	e	3a		No
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the i or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **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.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

		nunity Action	on Association MCA						01-0547	055		
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All or	anızatıons	must com	plete this			 S.	
				te foundation becaus					<del> </del>			
1	Γ	A chur	ch, convent	ion of churches, or a	ssociation of	f churches d	escribed in <b>s</b> e	ection 170	(b)(1)(A)(i).			
2	Г	A scho	ol described	d in <b>section 170(b)(1</b>	L <b>)(A)(ii).</b> (At	tach Sched	ule E)					
3	Г	A hosp	ital or a coo	perative hospital se	rvice organiz	zation descr	ıbed ın <b>sectio</b>	n 170(b)(:	1)(A)(iii).			
4		A medi	cal researc	h organization opera	ted in conjun	ction with a	hospital des	cribed in <b>s</b> e	ection 170(b)	(1)(A)(iii).	Enter the	
		hospita	al's name, c	ity, and state								
5	Γ	Anorg	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	/ a governmen	tal unit des	cribed in	
		sect ior	170(b)(1)(	( <b>A)(iv).</b> (Complete P	art II )							
6	Γ	A feder	al, state, or	· local government o	r government	tal unit desc	rıbed ın <b>secti</b>	on 170(b)	(1)(A)(v).			
7	Γ			at normally receives			support from	a governm	nental unit or f	rom the ge	neral public	
	_			on 170(b)(1)(A)(vi).			uulaka Dawk II					
8 9	<b>▽</b>			described in <b>section</b>					ubutione mon	harahın faa	a and areas	
9	١٠			at normally receives								
		•		rities related to its e	•	-			• •			
				oss investment inco						tax) Irom b	usinesses	
10	_			ganization after June								
10	<u> </u>	_		ganized and operated							. <b></b>	- 6
11	ı			ganized and operated ly supported organiz								
			•	ibes the type of supp				•		ee section	505(d)(5): Cili	CCK
				<b>b</b>						on-function	ally integrated	j
е	Γ	•	_	ox, I certify that the	-					•	•	
				ion managers and ot	her than one	or more pub	olicly support	ed organız	atıons describ	ed in section	on 509(a)(1) o	r
f			1 509(a)(2)	received a written de	etermination	from the IP	Sthatitica	Type I Ty	ne II or Type	III suppor	tına oraşnızatı	on
•			this box	received a written d	ecerminacion	nom the 10	J tilat it is a	турет, гу	pe II, or Type	III Suppor	ting organizati	Ϊ,
g		Since A	ugust 17, 2	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from an	y of the			•
			ng persons?									
				irectly or indirectly o				persons d	escribed in (ii		Yes N	<u>o</u>
				governing body of th		_	n '				g(i)	
				er of a person descr							g(ii)	_
				lled entity of a perso						119	y(iii)	
h		Provide	e the followi	ng information about	the support	ed organizat	ion(s)					
	:\ N===	6	(::) ETN	(iii) Tune of	(in ) I a		L (1) Did va		(1.13) T.a.	+1		
•	i) Nan suppo		(ii) EIN	(iii) Type of organization	(iv) Is organizati		(v) Did you the organi	•	(vi) Is organizat		(vii) A mour monetar	
		ation		(described on	col (i) lis		ın col (i) d		col (i) org		support	•
				lines 1 - 9 above	your gove	rnıng	suppor		ın the U			
				or IRC section	docume	nt?						
				(see instructions))		1		1			_	
				macractions, )	Yes	No	Yes	No	Yes	No		
			I	I	I	Ī	1	I	1	1	1	

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
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	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Part III 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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	<b>(e)</b> 2	012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	148,454	2,681,513	761,810	119,529		94,510	3,805,816
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	88,536	77,432	95,301	97,884		96,470	455,623
3	Gross receipts from activities that are not an unrelated trade or business under section 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	236,990	2,758,945	857,111	217,413		190,980	4,261,439
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							0
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							0
	amount on line 13 for the year							
	Add lines 7a and 7b							0
8	<b>Public support</b> (Subtract line 7c from line 6)							4,261,439
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2	012	(f) Total
9	in) ► A mounts from line 6	236,990	2,758,945	857,111	217,413	(-, -	190,980	4,261,439
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b								
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the							
12	Other income Do not include gain or loss from the sale of							
13	capital assets (Explain in Part IV )  Total support. (Add lines 9, 10c,	236,990	2,758,945	857,111	217,413		190,980	4,261,439
14	11, and 12)  First five years. If the Form 990 is check this box and stop here	·	, ,	, i	, i	501(c)(	, i	
Se	ction C. Computation of Pub	lic Support Pe	rcentage					r
15	Public support percentage for 2012			13, column (f))		15		100 000 %
16	Public support percentage from 20	l 1 Schedule A , Pa	art III, line 15			16		100 000 %
Se	ction D. Computation of Inv	estment Inco	me Percentag	e				
17	Investment income percentage for	<b>2012</b> (line 10c, co	lumn (f) dıvıded b	y line 13, columr	n (f))	17		0 %
18	Investment income percentage from	n <b>2011</b> Schedule <i>F</i>	A, Part III, line 17	7		18		
19a	33 1/3% support tests—2012. If the							ıne 17 ıs not ▶√

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493227038434

### OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Maine Community Action Association C/O Fenwick Fowler WMCA 01-0547055 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT	T
	filed Form 5768 (election under section 501(h)).	

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		1)	(b)
	or each res response to lines 1a through 11 below, provide in rait 1v a detailed description of the lobbying activity.		No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		34,874
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	O ther activities?		Νo	
j	Total Add lines 1c through 1i			34,874
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 501(c	)(5), o	r section

			Yes	NO
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

### Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1

	,		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities	,	Part II-B, Line 1(g), Additional Information The organization retained a legal firm to provide liason services with the State of Maine legislature and governmental agencies on legislative and regulatory matters

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Schedule I (Form 990)

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States OMB No 1545-0047

DLN: 93493227038434

Department of the Treasury Internal Revenue Service Name of the organization

Maine Community Action Association

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Employer identification number

01-0547055

C/O Fenwick Fowler WMCA					01-054/055	
Part I General Inform	nation on Grants	and Assistance				
the selection criteria used	to award the grants	orassistance?				⊤Yes 🔽 I
<u> </u>	reganization mainton records to substantiate the amount of the grants or assistance. The grantees' eligibility for the grants or assistance, and concritent used to award the grants or assistance?  In Part IV the organization's procedures for monitoring the use of grant funds in the United States or monitoring the use of grant funds in the United States or monitoring the use of grant funds in the United States or monitoring the use of grant funds in the United States or monitoring the use of grant funds in the United States or monitoring the use of grant funds in the United States or monitoring the use of grant funds in the United States or monitoring the use of grant grant and or maintain and supplicated if additional space is needed.  If a daddress of grant					
						d "Yes" to
(a) Name and address of organization or government	<b>(b)</b> EIN	• •	ele amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and nee?			
(1) United Way of Greater Portland PO Box 15200 Portland, ME 04112	01-0241767	501(c)(3)	23,600			
(2) Opportunity Alliance 510 Cumberland Ave Portland, ME 04101	01-0274725	501(c)(3)				
(3) Waldo Community Action Agency PO Box 130 Belfast, ME 04915	01-6020566	501(c)(3)				assistance, benefits enrollment
(4) Washington Hancock Community Agency PO Box 280 Milbridge,ME 04658	23-7226828	501(c)(3)				assistance, benefits enrollment
(5) Western Maine Community Action PO Box 200 East Wilton, ME 04234	01-0275156	501(c)(3)				project, benefits enrollment
(6) York County Community Action Corp PO Box 72 Sanford, ME 04073	01-6020406	501(c)(3)				assistance, benefits enrollment
3 Enter total number of othe	i organizations lister	u iii tile line 1 table		 		

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
	1	I	1	I	I
t IV Supplemental Inform	nation.	-	•	-	1

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier Return Reference Explanation

Schedule I (Form 990) 2012

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DLN: 93493227038434

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Internal Revenue Service	Inspection
Name of the organization Maine Community Action Association	Employer identification number
C/O Fenwick Fowler WMCA	01-0547055

art I Excess	Benefit Trans	sactions (	section 5	01(c)(3)	and section 5	501(c)(4) or		-0547 ations				
	of the organization of the			orm 990, between di		5a or 25b, or (c) Descri					40b (d) Corr	·o.c.t.o.d
1 (a) Name of	disqualified perso			d organizat	•	(c) Descri	ס ווטוו	ı trans	saction		Yes	No
										-+		
2 Enter the amou	unt of tax incurred	d by organiza	ition mana	aers or dis	qualified perso	ons during the	vearu	ınders	section	<u> </u>		
4958	· · · ·								<b>&gt;</b> \$			
<b>3</b> Enter the amou	unt of tax, if any,	on line 2, abo	ove, reimb	ursed by tl	ne organizatior	1			<b>&gt;</b> \$			
art III Loans	to and/or Fi	rom Inter	ested D	arsons								
	ete if the organiza				0-EZ, Part V, I	ine 38a, or Fo	rm 99	0, Par	t IV, lın	ne 26, o	r ıf the	
	ation reported an								1			
					(e)Original principal		(g) In (h default? Appro					
person			organization?			by board or		3	•			
			То	From			Yes	No	commi	No	Yes	No
			10	110111			103	110	103	100	1103	1110
											_	
				+							_	
											_	
tal	'		<b>▶</b> \$					1		1		
	s or Assistanc											
	ete if the organ				· · · · · · · · · · · · · · · · · · ·					<u> </u>		
(a) Name of intere person		ationship bet ed person ar		:) A mount	of assistance	<b>(d)</b> Type o	rassis	tance	(e)	Purpos	e of ass	istano
·		rganızatıon										
						_						
						_						
						-						

Part IV Business Transactions Complete if the organizat			line 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Fenwick Fowler Executive Director	Mr Fowler is a member of the organization's Board of Directors		The organization contracted with Western Maine Community Action, Inc. to provide a variety of services including Program Support, Administrative and Fiscal Support according to a written agreement		No

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493227038434

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization Employer identification number			
	Name of the organization	Employer identifi	cation number
Maine Community Action Association	Maine Community Action Association		
C/O Fenwick Fowler WMCA 01-0547055	C/O Fenwick Fowler WMCA	01-0547055	

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 3	
	Form 990, Part VI, Section A, line 3	The organization has contracted with Western Maine Community Action, Inc., an unrelated 50 1(c)(3) organization, to provide program and support staff services as well as fiscal and administrative services
	Form 990, Part VI, Section B, line 11	The Board is given a copy of the 990 for review after it is filed. The 990 is then discussed and approved at the next Board meeting
		Form 990, Part VI, Section B, Lines 12, 13 & 14 The Organization follows the policies out lined by their management provider Western Maine Community Action
	Form 990, Part VI, Section C, line 19	The organization's governing documents, conflict of interest policy and financial statements are available to the public upon request
Other Fees	Form 990, Part IX, line 11g	Other Program service expenses 58,367 Management and general expenses 12,736 Fundraising expenses 0 Total expenses 71,103
	Form 990, Part XII, Line 2c, Audit Oversight	The Board of Directors assumes responsibility for selection and oversight of the independe nt auditor and has not changed its related policy or process in the current year