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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundation)

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 08-01-2013, and ending 07-31-2014		
<input type="checkbox"/> Check if applicable Address change Name change Initial return Terminated Amended return Application pending	C Name of organization MAINE TELECOMMUNICATIONS USERS GROUP	D Employer identification number 01-0520454
	Number and street (or P O box, if mail is not delivered to street address) PO Box 8549	E Telephone number (207) 370-5327
	City or town, state or province, country, and ZIP or foreign postal code Portland, ME 04104	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:** ► _____**J Tax-exempt status** (check only one) 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527**K Form of organization** Corporation Trust Association Other _____**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 85,641****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	0
1 Contributions, gifts, grants, and similar amounts received	1	0
2 Program service revenue including government fees and contracts	2	85,603
3 Membership dues and assessments	3	0
4 Investment income	4	38
5a Gross amount from sale of assets other than inventory	5a	0
b Less cost or other basis and sales expenses	5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b Gross income from fundraising events (not including \$ 0 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	0
c Less direct expenses from gaming and fundraising events	6c	0
d 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	0
b Less cost of goods sold	7b	0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8 Other revenue (describe in Schedule O)	8	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	85,641
Expenses	10	0
10 Grants and similar amounts paid (list in Schedule O)	10	0
11 Benefits paid to or for members	11	0
12 Salaries, other compensation, and employee benefits	12	34,000
13 Professional fees and other payments to independent contractors	13	2,668
14 Occupancy, rent, utilities, and maintenance	14	0
15 Printing, publications, postage, and shipping	15	3,401
16 Other expenses (describe in Schedule O)	16	45,982
17 Total expenses. Add lines 10 through 16 ►	17	86,051
Net Assets	18	-410
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-410
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	102,112
20 Other changes in net assets or fund balances (explain in Schedule O)	20	402
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	102,104

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	101,612	22	121,417
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	500	24	450
25 Total assets	102,112	25	121,867
26 Total liabilities (describe in Schedule O)	0	26	19,763
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,112	27	102,104

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

MTUG's mission is to advance the understand of the IT professional community regarding advances, trends, and regulatory/legal issues impacting business and organizational technology infrastructure. MTUG provides economic and social benefits to MTUG members, Maine business, and residents by working with telecommunications providers and legislative and regulatory agencies to enhance the telecommunications infrastructure and services in Maine.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 44,482

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	
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	40e	No
41 List the states with which a copy of this return is filed ► ME		
42a The organization's books are in care of ► Kate Carpenter Telephone no ► (215) 530-8216 Located at ► 57 Green Street Bath, ME ZIP + 4 ► 04530		
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 .	42b	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ? Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

47	<input type="checkbox"/> Yes	<input type="checkbox"/> No
48	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
49b	<input type="checkbox"/> Yes	<input type="checkbox"/> No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a 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"

(a) Name and title of each employee	(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

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 business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ► _____

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Katherine Carpenter Executive Director	Date 2015-03-18
	Type or print name and title	

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

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

Additional Data

Software ID: 13000241
Software Version: v1.00
EIN: 01-0520454
Name: MAINE TELECOMMUNICATIONS USERS GROUP

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
28 Annual Telecommunications and Computer Networking Conference and Trade Show Provides 15 educational sessions and 59 vendor displays to an audience of 400-500 people, as well as a keynote address on an important technology topic (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a 35,319
29 Monthly educational programs, free to the public, about technology topics of importance to IT professionals, businesses, and organization leaders as a whole Planned, advertised, found speakers, and catered 7 events serving 20 to 50 people per event In most cases, program video is made available on the MTUG website's archives (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a 7,144
30 Outreach in the area of Industry Education and Development programming include running a website and LinkedIn page featuring interesting discussions, job board announcements, a meetings archive and an industry directory (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a 1,954
Outreach in the area of Workforce Development A new programmatic area, MTUG is beginning to reach out to STEM organizations and be a connection between students and young people to careers in IT and technology employers (Grants \$ 0) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	65

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Katherine Carpenter Executive Director	20	25,000	0	240
Al Bakutis President, Board of Directors	1	0	0	0
Linda Ollen Vice President, Board of Directors	1	0	0	0
Kevin Heatley Treasurer, Board of Directors	1	0	0	0
Scott Buckheit Secretary, Board of Directors	1	0	0	0
Ron Brown Scholarship Liaison, Board of Directors	1	0	0	0
Joe Bourgault Member, Board of Directors	1	0	0	0
Scott Drummey Member, Board of Directors	1	0	0	0
Christopher Falk Member, Board of Directors	1	0	0	0
Tom Farrington Member, Board of Directors	1	0	0	0
John Foley Member, Board of Directors	1	0	0	0
Curt Sweet Member, Board of Directors	1	0	0	0
Michael Weiss Member, Board of Directors	1	0	0	0

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.****► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.****2013****Open to Public
Inspection**

Name of the organization

MAINE TELECOMMUNICATIONS USERS GROUP

Employer identification number

01-0520454

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	
Form 990-EZ, Part I, Line 20	Description,Amount^Accounting adjustment,402^Total,402^
Form 990-EZ, Part II, Line 24	Description,EOY Amount^Annual Conference Accounts Receivable,450^Total,450^
Form 990-EZ, Part II, Line 26	Description,EOY Amount^ED compensation delayed at EDs request,18681 ED expenses,1010 Camer a operator invoice check expired,70 Remaining Conference Cred Card fees,2^Total,19763^

TY 2013 Reasonable Cause Explanation

Name: MAINE TELECOMMUNICATIONS USERS GROUP

EIN: 01-0520454

Software ID: 13000241

Software Version: v1.00

Explanation: Executive director was out due to personal bereavement issues (both inlaws fell ill suddenly, entered hospice, passed away, and needed estate disposed of all during the three months between filing extension and the due date -- estate was on other side of country, ED's spouse is executor, and ED has small children). In addition, ED required unexpected extra time to review finances and correct errors found late. Since ED is the only employee, some processes took longer.