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EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection

<u>A</u> I	For the :	2014 calendar year, or tax year beginning	and	ending		
В	Check if applicable	C Name of organization			D Employer ident	tification number
Г	Address	MAINE GOLF HOUSE, INC.				
	Name change	Doing business as			26-	-2355154
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to st	treet address)	Room/suite	E Telephone num 207	ber 7-809-9030
	termin- ated	City or town, state or province, country, and ZIP or for	reign postal code		G Gross receipts \$	196,990.
	Amende return				H(a) Is this a group	return STMT 1
	Applica- tion	F Name and address of principal officer: KEVIN GI			for subordina	
	pending	130 AND HALLA KOAD, COMPEKTAN	ID, ME 040	21	H(b) Are all subordinate	es included? Yes X No
		mpt status: X 501(c)(3) 501(c)()◀ (insert	t no) 4947(a)(1)	or 527	4 '	h a list. (see instructions)
		: ► WWW.THEFIRSTTEEOFMAINE.ORG				otion number ▶ 5505
		rganization X Corporation Trust Association	Other -	L Year	of formation 2008	M State of legal domicile ME
		Summary		ODCANIT	ZATIONIS N	ATESTON IS TO
92	1 E	riefly describe the organization's mission or most significan	TACTIVITIES: IRE	F TN M	DATION S P	O PROMOTE
Activities & Governance	_	theck this box If the organization discontinued its			•	
Ş.		lumber of voting members of the governing body (Part VI, I	•	sea or more	ı	3 7
ŏ		lumber of independent voting members of the governing b	•		· · · · -	4 7
SS	1	otal number of individuals employed in calendar year 2014	- ·		· ·	5 2
Ě		otal number of volunteers (estimate if necessary)				6 35
Ę	1	otal unrelated business revenue from Part VIII, column (C),	line 12		[7a 0.
	bN	let unrelated business taxable income from Form 990-T, lin	e 34			7 b 0.
(Aevening Out	i				Prior Year	Current Year
₽o	8 0	contributions and grants (Part VIII, line 1h)			212,232	
10	9 F	rogram service revenue (Part VIII, line 2g)			23,833	
10	1	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)				0.
		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,		<u> </u>	-35,60 <u>9</u>	
DHC.		otal revenue - add lines 8 through 1 (musicans Part VII),			200,456	
.) .9		irants and similar amounts paid (Par IX, dolumn (A), lines	1-3)		21,038	$\frac{22,510}{0}$.
	14 E	enefits paid to or for members (Part) columb (A), line (A)			84,41	
Expenses L	15 5	salaries, other compensation, employee benefits (Part IXc Professional fundraising fees (Part IX, cotturn (Af, fine 16))	plumn (A), lines 5-10) I			0.
	loa F	otal fundraising expenses (Part IX, column (A); fine 1 legitotal fundraising expenses (Part IX, column (D), line 25)	14,6	79		· · · · · · · · · · · · · · · · · · ·
Ξ	17 (otal fundraising expenses (Part IX, column (D), line 25, [] other expenses (Part IX, column (A), lines-11a-11a-11f-24		'''	47,80	61,299.
	1	otal expenses. Add lines 13-17 (must edga Part1X, column			153,250	
		Revenue less expenses. Subtract line 18 from line 12	Ay, 1110 20)		47,200	
50	3	B097		Be	ginning of Current Ye	
sets	20 T	otal assets (Part X, line 16)			60,05	
AB	21 7	otal liabilities (Part X, line 26)			(0.
Net Assets or Fund Balances	22 1	let assets or fund balances. Subtract line 21 from line 20			60,05	6. 37,956.
P	art II	Signature Block				
		ies of perjury, I declare that I have examined this return, including				of my knowledge and belief, it is
true	e, correct	and complete Declaration of preparer (other than officer) is base	d on all information of w	hich prepare		11.10
		Signature of officer			Date Date	16-15
Sig					Date	
He	re	KEVIN GILDART, PRESIDENT Type or print name and title				
			la atamatura		Date Check	PTIN
Pai		Print/Type preparer's name Preparer	's signature		ıf	<u> </u>
	Ի	Firm's name		<u> </u>	Firm's EIN	mployed
	· .	Firm's address			Tilli 3 Lile	
	,	·············			Phone no.	
Ма	y the IR	S discuss this return with the preparer shown above? (see	instructions)			Yes No
		·				

MJP-00C1

	ı		Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-2		
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
•	down a Abraham and Milly a line and take Only a date On Dank H	4		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		_X
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		X
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	Х	
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		X
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		X
d	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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	Α_
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	144		Х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	 	
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	1		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	17	<u></u>	X
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	X	
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
		Form	n 990	(2014)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		i	
	Schedule J	23		X
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			v
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	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		-
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	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			х
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		X
07	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			İ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		X
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		A
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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 - -	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		l	†
-	contributions? If "Yes," complete Schedule M	30	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1	t -	<u> </u>
•	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	L	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2014)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ı
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(gambling) winnings to prize winners?	1c		١.
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b_		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	X	
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_	i	x
	to file Form 8282?	7c	ļ	<u> </u>
ď	If "Yes," Indicate the number of Forms 8282 filed during the year	, ,		X
4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
'	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	- ***		
•	sponsoring organization have excess business holdings at any time during the year?	8	İ	X
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	İ	x
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders]		
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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 13b			
C	Enter the amount of reserves on hand	ļ	ļ	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	<u></u>
		F	- በበሰ	12014

26-2355154 Form 990 (2014) MAINE GOLF HOUSE, INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 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 X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X ß Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? Х a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b 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 organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request X Other (explain in Schedule O) Own website 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, address, and telephone number of the person who possesses the organization's books and records:

Form 990 (2014)

04021

JANE GILDART - 207-809-9030 58 VAL HALLA ROAD, CUMBERLAND,

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

Check if Schedule O contains a response or note to any line in this Part VII

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, and 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.

X Check this box if neither the organization n	or any related	orga	ınıza	ation	n coi	mpe	nsat	ed any current officer, o	lirector, or trustee.	
(A) Name and Title	(B) Average hours per week	(do	(C) Position (do not check more th. box, unless person is I officer and a director/t		1 e than is bot	one th an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу ептріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KEVIN GILDART	10.00								_	
PRESIDENT		X	 		<u> </u>	<u> </u>		0.	0.	0.
(2) JOHN BAUMAN	5.00					1				•
VICE PRESIDENT	1 00	Х		<u> </u>	ļ	-	_	0.	0.	0.
(3) DANIEL HOURIHAN	1.00	,,								
DIRECTOR	1 00	Х	<u> </u>	<u> </u>	-	-	ļ	0.	0.	0.
(4) TERRI MESSER	1.00	-								_
DIRECTOR	1.00	<u> </u>	ļ	-	╁	+	1	0.	0.	0.
(5) ED MICHAUD DIRECTOR	1.00	1			1			0.	0.	0.
(6) TIMOTHY GRIFFIN	1.00	 		╁	+	+	\vdash	1	<u> </u>	
DIRECTOR	1.00	┨					1	0.	0.	0.
(7) ALAN CARON	1.00	\vdash	H	 	╁╌	╁	\vdash			
DIRECTOR		1					ĺ	0.	0.	0.
		\vdash	1	t	1	\dagger	T			
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432007 11-07-14

Form 990 (2014)

(A) Name and title	(B) Average hours per week (list any	box, offic	(do not check box, unless pe officer and a d		osition ck more than one person is both an idirector/trustee)		n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		Esti amo	(F) mated ount o ther ensat	of
	hours for related organizations below line)	Individual trustee or director	Institutional frustae	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	orga and	m the nizatio relate nizatio	on ed
										-			
			-										
1b Sub-total	I, Section A				<u> </u>		>	0.		0.			0
d Total (add lines 1b and 1c) 2 Total number of individuals (including but no compensation from the organization ▶	ot limited to th	nose	liste	ed a	bov	e) wi	▶	0 a eceived more than \$10		0. •	· · ·		0 (
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual				-						3	Yes	No X
 For any individual listed on line 1a, is the su and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," commended to the organization? 	0,000? <i>If "Yes</i> accrue compe	," cc nsat	<i>mpi</i> tion	ete : from	S <i>ch</i> en any	<i>edul</i> y uni	eJ	for such individual			4 5		x
Section B. Independent Contractors 1 Complete this table for your five highest contractors. The organization. Report compensation for	mpensated in	dep	ende	ent c	cont	racte				pens		rom	
(A) Name and business			ON:					(B) Description of		С	(C Comper		n
											_		
											-		
· · · · · · · · · · · · · · · · · · ·													

<u> </u>	<u> </u>	Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
		223.			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
통회	b		1b					
A,	С	Fundraising events	1c	96,443.				
ii a	đ		1d					1
S,E	е	Government grants (contributi						L.
P S	f	All other contributions, gifts, grant	· -					
를 다		similar amounts not included above	l I	79,677.				
들이	a	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f		>	176,120.			
		•		Business Code		·		
8	2 a	PROGRAM REGISTR	ATIONS	713910	20,870.	20,870.		
او ڲٙ	b						_	
Program Service Revenue	С							
e a	d							
5	е	<u> </u>	·····					
م	f	All other program service reve	nue				·····	
_	g	Total. Add lines 2a-2f		. ▶	20,870.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶				
	4	Income from investment of tax	k-exempt bond p	oroceeds 🕨				
	5	Royalties	· · · · · ·	<u> </u>	 			
			(i) Real	(ii) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)	L					
		Net rental income or (loss)		•	······		······································	
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		•				
en e	8 а	Gross income from fundraising						
Ven			43. of					
æ		contributions reported on line	-	0.				
Other Reven		Part IV, line 18	a	1				
ಕ		•	b	41,293.	-47,295.			-47,295.
		 Net income or (loss) from func Gross income from gaming ac 	_		-31,293.			-41,233
	9 a	Part IV, line 19	_					
		Less: direct expenses	a					
		: Net income or (loss) from gam		'		1		1
		Gross sales of inventory, less	_					
		and allowances	16101115	.				
	h	Less: cost of goods sold	t					
		Net income or (loss) from sale	•					
		Miscellaneous Revenu		Business Code	-			-
	11 a							
	b				-			
	c		·					
	d							1
	_	Total. Add lines 11a-11d		•				
_	12	Total revenue. See instructions		>	149,695.	20,870.	0.	-47,295.
43200 11-07								Form 990 (2014)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b, Management and general expenses Program service Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 22,510 22,510. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV. lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 42,646. 16,402. 6,561. 65,609. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 16,580. 2,487. 11,606. 2,487. 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 5,797. 3,183. 1,976. 638. 10 Payroll taxes Fees for services (non-employees): 11 Management Legal Accounting C Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,669 384 125. 2,178 column (A) amount, list line 11g expenses on Sch O) 2,500.6,300.2,500. 1,300. 12 Advertising and promotion 164. 164. 13 Office expenses 2,400. 192. 2,592. 14 Information technology 15 Royalties 1,295 1,295 16 Occupancy 11,008. 17,679. 6,671 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,475. 1,475 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 628. 628. 22 Depreciation, depletion, and amortization 3,143.3,143. 23 Other expenses Itemize expenses not covered 24 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') 19,917 19,917. TEACHING AIDS & SUPPLIE 2,285 2,285. GRANT WRITER 1,139. BANK CHARGES & CREDIT C 1,139. 881. 881. DUES & SUBSCRIPTIONS 1,623. $\overline{1}$, 127. 413. 83. All other expenses 104,396. 52,720. 171,795. 14,679. 25 Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720)

	Check if Schedule O contains a response or note to any line in this Part X			
_		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	58,485.	1	30,663.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	6,350.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key 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			
2 2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net		7	
ž 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
l t	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 3,141. 10b 2,198.	1,571.	10c	943.
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)	60,056.	16	37,956.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	····
	Loans and other payables to current and former officers, directors, trustees,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	key employees, highest compensated employees, and disqualified persons.			
Liabilities 52	Complete Part II of Schedule L		22	
ے 23	Secured mortgages and notes payable to unrelated third parties		23	<u>-</u>
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
-0	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	0.	26	0.
	Organizations that follow SFAS 117 (ASC 958), check here ► X and		20	
ر د	complete lines 27 through 29, and lines 33 and 34.			
ğ 27	Unrestricted net assets	60,056.	27	37,956.
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 33 34 35 35 36 36 36 36 36 36 36 36 36 36 36 36 36	Temporarily restricted net assets	00,030.	28	317330
D 29	Permanently restricted net assets		29	
5 2	Organizations that do not follow SFAS 117 (ASC 958), check here ▶		29	/////////////////////////////////////
<u> </u>	and complete lines 30 through 34.			
် ရ	·			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
5 32 2 32	Retained earnings, endowment, accumulated income, or other funds	60 056	32	27 056
33	Total net assets or fund balances	60,056.	33	37,956.
34	Total liabilities and net assets/fund balances	60,056.	34	37,956.

Form **990** (2014)

orm	990 (2014) MAINE GOLF HOUSE, INC.	26-2355	154	Page	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			ĺ	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	149	,69	95.
2	Total expenses (must equal Part IX, column (A), line 25)	2	171	,79	95.
3	Revenue less expenses. Subtract line 2 from line 1	3	-22		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60	, 05	66.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	37	,95	56.
Pa	t XII Financial Statements and Reporting	•	-		
	Check if Schedule O contains a response or note to any line in this Part XII				
		•		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	- 1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2ь [X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:			- 1	
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	j	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			1	
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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. Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Inspection

Employer identification number Name of the organization 26-2355154 MAINE GOLF HOUSE, INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions · subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EIN iv) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1.9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	79,441.	102,887.	123,565.	212,232.	176,120.	694,245.
2	Tax revenues levied for the organ-						
	ızation'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	Total. Add lines 1 through 3	79,441.	102,887.	123,565.	212,232.	176,120.	694,245.
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 (f)					V.	203,285.
6	Public support. Subtract line 5 from line 4						490,960.
Sec	ction B. Total Support				· · · · · · · · · · · · · · · · · · ·	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	79,441.	102,887.	123,565.	212,232.	176,120.	694,245.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on .						
10	Other income. Do not include gain					<u> </u>	
	or loss from the sale of capital					İ	
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						694,245.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor					<u> </u>	<u>▶</u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage			,	
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11,	column (f)) .		14	70.72 %
15	Public support percentage from 2013	3 Schedule A, Part	li, line 14			15	66.34 %
16a	33 1/3% support test - 2014. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	
	stop here. The organization qualifies	as a publicly supp	orted organization	ı		• •	. ►X
t	33 1/3% support test - 2013. If the	-			d line 15 is 33 1/ 39	6 or more, check t	his box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop l	here. Explain in Pa	rt VI how the orga	ınızation
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
t	10% -facts-and-circumstances tes	t - 2013. If the org	anızation did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets to	he "facts-and-circu	ımstances" test, c	heck this box and	l stop here. Explai	n in Part VI how th	е
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	licly supported org	anızatıon	. ▶Щ
18	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box	and see instruction	ns 🕨
					Sch	edule A (Form 99	0 or 990-EZ) 2014

432022

Schedule A (Form 990 or 990-EZ) 2014 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.)

Section A. Public Support		,				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,	-					
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-	-			-	 	
ization's benefit and either paid to						
or expended on its behalf						
·			ļ		 	_
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge			1			
6 Total. Add lines 1 through 5				-	-	_
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			<u> </u>			ļ <u></u>
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						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support					"	
Calendar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on					10	}
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						•
c Add lines 10a and 10b			·-			
11 Net income from unrelated business						-
activities not included in line 10b,				ŀ		
whether or not the business is		1				
regularly carried on 12 Other income. Do not include gain			+		 	
or loss from the sale of capital						
assets (Explain in Part VI.)			+	 	4	
13 Total support. (Add lines 9, 10c, 11, and 12)			<u> </u>		<u> </u>	
14 First five years. If the Form 990 is fo	r the organization	's first, second, the	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organı	zation,
check this box and stop here				.	· ·	▶
Section C. Computation of Publ						<u>.</u>
15 Public support percentage for 2014 (•	column (f))		15	%
16 Public support percentage from 2013					16	
Section D. Computation of Inve						
17 Investment income percentage for 26			ine 13, column (f))		17	9
18 Investment income percentage from	2013 Schedule A	, Part III, line 17			18	9
19a 33 1/3% support tests - 2014. If the	e organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	and stop here. Th	e organization qua	alifies as a publicly	supported organi	zation	. ▶□
b 33 1/3% support tests - 2013. If the			-	· · · · · · · ·		and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization					-	▶

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VIhow the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part Viwhen and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3ь		
	20		
	3c		
	4a		
	4b		
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	4c		
	5a		
	5b		
	5c		
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	8		
	0-		
	9a		
	9ь		
	9c		
	90		
	4.5		
	10a		
	10b		
n 99	90 or 99	0-E Z)	2014

activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.

that these activities constituted substantially all of its activities.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these

2a

2b

3a

Par 1	Type III Non-Functionally Integrated 509(a)(3) Supportin Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	g trust on	Nov. 20, 1970. See instr	uctions. All
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	·	
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona instructions).	lly-integrat	ted Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2014

Par	Type III Non-Functionally Integrated	509(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	n exempt purposes		
2	Amounts paid to perform activity that directly furthers e	xempt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt pu	rposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required	<u> </u>		
6	Other distributions (describe in Part VI). See instruction	s.		
7	Total annual distributions. Add lines 1 through 6.		 -	
8	Distributions to attentive supported organizations to wh	nich the organization is responsive		
	(provide details in Part VI). See instructions.			
	Distributable amount for 2014 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			_
	Underdistributions, if any, for years prior to 2014	1773	111 112 M. 1	
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:		· · · · · · · · · · · · · · · · · · ·	
a	Disease distributions sair jovery in air jy to zer in			
b	, <u> , , , , , , , , , , , , , ,</u>		· · · · · · · · · · · · · · · · · · ·	
d	1 11 - sole mildered years		· ····	
	From 2013			<u></u>
	Total of lines 3a through e		47 - 1γ1η * 1	· · · · · · · · · · · · · · · · · · ·
	Applied to underdistributions of prior years			
	Applied to underdistributions or prior years Applied to 2014 distributable amount		· -(, A)	1
<u>''</u>	Carryover from 2009 not applied (see instructions)			
- ;	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
•	_ · ·	į.		
				————
	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
	Applied to 2014 distributable amount			-
	Remainder. Subtract lines 4a and 4b from 4.		<u> </u>	· · · · · · · · · · · · · · · · · · ·
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).	Dh.		
6	Remaining underdistributions for 2014. Subtract lines 3	PII [
	and 4b from line 1 (if amount greater than zero, see	E E		
	instructions).		···. · · · · · · · · · · · · · · · · ·	
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.	· · · · · · · · · · · · · · · · · · ·	1.11 11.1 1"	H47H7 1H1274-14-74
	Breakdown of line 7:			
a_		.,		
<u>b</u>				-
<u>c</u>	17717311414	· · · · · · · · · · · · · · · · · · ·	<u></u>	
	Excess from 2013			
е	Excess from 2014	[[1

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 MAINE GOLF HOUSE, INC.	26-2355154 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a o	r 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
		
		· · · · · · · · · · · · · · · · · · ·
_		
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MAINE GOLF HOUSE, INC.

Employer identification number 26-2355154

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's	_	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	
	year ▶	,,	······································
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		•
	violations, and enforcement of the conservation easements i	• • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$_
	(ii) Assets included in Form 990, Part X		▶ \$ ▶ \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		- •
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

Complete if the organization answered "Yes (a) Description of security or category (including name of security)				d-of-year market value
Garage demonstrate	(b) Book value	(c) Method of V	aidation. Cost of en	U VI YEAI IIIAIREL VAIUE
Financial derivatives				
Closely-held equity interests		_		
Other				
(A)		 	· · · · -	
(B)				
(C)				
(D)		 		·
<u>(E)</u>				
(F)				
(G)				
(H)				
lal. (Col. (b) must equal Form 990, Part X, col. (8) line 12.)	<u> </u>			
art VIII Investments - Program Related.				
Complete if the organization answered "Yes		11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1)				
(2)				. <u></u>
(3)				
(4)			·	
(5)			-	
(6)			-	
(7)		-		
(8)				
(9)				
art IX Other Assets.		a 11d. See Form 990	Part X line 15	
Complete if the organization answered 'Yes		e 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered 'Yes (1)	s" to Form 990, Part IV, lin	e 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered 'Yes (1) (2)	s" to Form 990, Part IV, lin	e 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered 'Yes (1) (2) (3)	s" to Form 990, Part IV, lin	e 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (1) (2) (3) (4)	s" to Form 990, Part IV, lin	e 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (1) (2) (3) (4) (5)	s" to Form 990, Part IV, lin	e 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (1) (2) (3) (4) (5)	s" to Form 990, Part IV, lin	e 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (1) (2) (3) (4) (5)	s" to Form 990, Part IV, lin	e 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (1) (2) (3) (4) (5)	s" to Form 990, Part IV, lin	e 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered 'Yes (1) (2) (3) (4) (5) (6) (7)	s" to Form 990, Part IV, lin	e 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes (i) (1) (2) (3) (4) (5) (6) (7) (8)	s* to Form 990, Part IV, lin	e 11d. See Form 990,	Part X, line 15.	(b) Book value
Complete if the organization answered "Yes (i) (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes	s* to Form 990, Part IV, lin a) Description	e 11e or 11f. See Form		
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432053 10-01-14

Schedule D (Form 990) 2014

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

ame of the organization	Schedule G (Form 990 or 990-EZ) :	and its	instruc	ctions is at WWW.IFS.		ntification number
_	F HOUSE, INC.				26-2355	
Fundraising Activities. Correquired to complete this part.		red 'Y	es" to	Form 990, Part IV, li		
Indicate whether the organization raised for a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations In-per	e Solicitat f Solicitat g Special al agreement with any individual //I) or entity in connection with properties or entities (fundraisers) pursu	ion of i ion of g fundra (includ	non-go govern Ising of Ing of onal fo	overnment grants nment grants events ficers, directors, trus undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	rol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						
					_	
	-					
			•			
otal		•	•			
3 List all states in which the organization is or licensing.	registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from r	egistration
		•				
			-	-		
			_			
HA For Paperwork Reduction Act Notice,	see the Instructions for Farm	000	000	E7 4	Schedule G (Form 9	200 or 000 EZ 201

2 Enter the state(s) in which the organization conducts gaming activities: 2 a is the organization licensed to conduct gaming activities in each of these states? 3 b if "No," explain:	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax b f "Yes," explain:	(year? Yes No
422082 08-28-14	Schedule G (Form 990 or 990-F7) 2014

Sch	nedule G (Form 990 or 990-EZ) 2014 MAINE GOLF HOUSE, INC. 26	<u>,–23</u>	<u>355154</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	_	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	E. A		13b	<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	٠. ١		
17	Enter the name and address of the person who prepares the organization's gaming special events books and records.			
	Name ▶			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
	h If "Voo." agter the amount of coming revenue recovered by the averagination. • • • • • • • • • • • • • • • • • • •			
	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	c If "Yes," enter name and address of the third party:			
	Name			
	Address		_	
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	· · · · · · · · · · · · · · · · · · ·			
	Description of services provided ▶			
				
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
ŧ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he		
	organization's own exempt activities during the tax year ▶ \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part	t III. In	nes 9, 9b,	10b, 15b,
<u> </u>	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		,	
	respectively.			
_		_	·	
_				
				

Schedule G	(Form 990 or 990-EZ)	MAINE GOLF	HOUSE,	INC.		26-2355154 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)		_	—	
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

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

2014	Open to Public	Inspection
	2014	2014 Open to Public

Employer identification number ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization MATNE GOLF HOUSE.	F HOUSE,	INC.					Employer identification number $26-2355154$	mber 54
Part 1 General Information on Grants and Assistance	nd Assistance							
Does the organization maintain records to substantiate the amount of	o substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	:	;
criteria used to award the grants or assistance? One of grant funds in the United States.	tance?	torno the use of grant	funds in the United	States			Nes A	8
Part I Grants and Other Assistance to Domestic Organizations and	Somestic Organi	zations and Domestic	Governments. C	omplete if the orga	Inization answered "Y	Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if additi	onal space is need	led.				
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
FOX RIDGE GOLF CLUB							PROGRAM COSTS	
550 PENLEY CORNER RD			1 680.	0			(REIMBURSEMENT)	
DUNEGRASS GOLF CLUB							SHEAD WAREDOAD	
				•			Caramin Caramin	
OLD ORCHARD BEACH, ME 04064			9,030.	0			(REIMBORSEMENT)	
SOUTH PORTLAND MUNICIPAL GC								
155 WESCOTT ROAD							PROGRAM COSTS	
SOUTH PORTLAND, ME 04106			3,440.	0.			(REIMBURSEMENT)	
BANGOR MUNICIPAL GC								
278 WEBSTER AVE							PROGRAM COSTS	
BANGOR, ME 04401			2,760.	0.			(REIMBURSEMENT)	
THE FIRST TEE								
ONE WORLD GOLF PLACE							NATIONAL SCHOOL PROGRAM	AM &
ST. AUGUSTINE, FL 32092			5,600.	0.			DRIVE PROGRAM	
								,
2 Enter total number of section 501(c)(3) and government organizations	nd government or	lons	listed in the line 1 table					- -
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•	
4	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2014)	(2014)

Schedule I (Form 990) (2014) MAINE GOLF HOUSE, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

26-2355154

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information required in	ured in Part I, lin	e 2, Part III, column	(b), and any other a	Part I, line 2, Part III, column (b), and any other additional information.	

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public Inspection

Name of the organization

MAINE GOLF HOUSE, INC.

Employer identification number 26-2355154

THINK COLL HOUSE/ INC. 20 25011
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE VALUES OF HONESTY, INTEGRITY, AND PERSERVERANCE THAT THE GAME
TEACHES. THE ORGANIZATION PROVIDES EDUCATIONAL OPPORTUNITIES TO THE
PUBLIC REGARDING THE RULES AND ETIQUETTE OF THE GAME, OFFERS LIFE
SKILLS PROGRAMS THAT BUILD CHARACTER IN YOUTH THROUGH THE GAME OF GOLF,
AND RUNS OUTREACH PROGRAMS THAT INTRODUCE GOLF TO PARTNER ORGANIZATIONS
SUCH AS BOYS AND GIRLS CLUBS AND VOLUNTEERS OF AMERICA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ETIQUETTE OF THE GAME, OFFERS LIFE SKILLS PROGRAMS THAT BUILD CHARACTER
IN YOUTH THROUGH THE GAME OF GOLF, AND RUNS OUTREACH PROGRAMS THAT
INTRODUCE GOLF TO PARTNER ORGANIZATIONS SUCH AS BOYS AND GIRLS CLUBS
AND VOLUNTEERS OF AMERICA.
FORM 990, PART VI, SECTION B, LINE 11:
A COPY OF FORM 990 IS ELECTRONICALLY SENT TO ALL BOARD MEMBERS PRIOR TO
BEING SIGNED AND FILED BY THE BOARD PRESIDENT.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION DOES NOT ENGAGE IN TRANSACTIONS WHICH WOULD VIOLATE THE
CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DISCUSSED AND APPROVED DURING

EXECUTIVE SESSIONS OF THE BOARD OF DIRECTOR MEETINGS.

Schedule O (Form 990 or 990-EZ) (2014)	Page <u>2</u>
Name of the organization MAINE GOLF HOUSE, INC.	Employer identification number 26-2355154
FORM 990, PART VI, SECTION C, LINE 19:	
ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.	