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, Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

A F	or the	2014 calenda	ar year, or tax year beginning January 1 , 2014, and ending	Dec	cember	31 , 20 14
B (Check if ap	oplicable	C Name of organization	D Emp	loyer ide	ntification number
	Address c	hange	Foundation for a Strong Maine Economy		30	-0036992
	Name cha	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	phone nui	mber
$\overline{}$	initial retui	m/terminated	125 Community Dr		207	7-623-4568
\equiv	rman retur Amended	up Exem	nption			
=	Applicatio	nber 🕨	114			
G /	Account	ting Method:	☐ Cash	Check	▶ ☐ if	the organization is not
	Vebsite					ch Schedule B
JT	ax-exen	npt status (che	eck only one) — 501(c)(3) □ 501(c) () (insert no) □ 4947(a)(1) or □ 527	(Form 9	90, 990	-EZ, or 990-PF).
		organization.				
LA	dd line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets		
(Pai	t II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	146,050
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	e instru	ctions	for Part I)
			the organization used Schedule O to respond to any question in this Part			
	1		ons, gifts, grants, and similar amounts received		1	146,050
	2		ervice revenue including government fees and contracts		2	0
	3		ip dues and assessments		3	0
	4	Investment			4	0
	5a	Gross amo	unt from sale of assets other than inventory 5a	0		
	b		or other basis and sales expenses	0	1 1	
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6		d fundraising events			
	a	Gross inco	ome from gaming (attach Schedule G if greater than			
ī		\$15,000) .	6a	0		
Revenue	b	Gross inco	me from fundraising events (not including \$ o of contribution)	ns	1	
æ		from fundr	aising events reported on line 1) (attach Schedule G if the			
		sum of suc	th gross income and contributions exceeds \$15,000) 6b	0	1	
	С	Less: direc	t expenses from gaming and fundraising events 6c	0	1	
	d	Net income	ubtract	1		
		line 6c) .		6d	0	
	7a	Gross sale	s of inventory, less returns and allowances	0		
	b		of goods sold	0		
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8		nue (describe in Schedule O)		8	0
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	146,050
	10		sımılar amounts paid (list in Schedule O)		10	0
	11	Benefits pa	aid to or for members		11	0
es	12		ther compensation, and employee benefits		12	0
Expense	13		al fees and other payments to independent contractors		13	10,822
ă.	14		/, rent, utilities, and maintenance		14	0
ú	15	Printing, pu	ublications, postage, and shipping		15	0
	16	Other expe	enses (describe in Schedule O)		16	24
	17	Total expe	nses. Add lines 10 through 16	. ▶	17	10,846
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	135,204
Se	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	e with		
Net Assets			r figure reported on prior year's return)		19	0
Ę	20		ges in net assets or fund balances (explain in Schedule 0)		20	0
_	21	Net assets	or fund balances at end of year Combine lines 18 through 20	. ▶	21	135,204
For	Paper		ion Act Notice, see the separate instructions. Cat No 10642			Form 990-EZ (2014)

ъPа	rt II	Balance Sheets (see the instructions	for Part II)				
		Check if the organization used Schedule		ny question in this	Part II		🗆
					(A) Beginning of year		(B) End of year
22		savings, and investments			0	22	98,226
23		and buildings				23	0
24		assets (describe in Schedule O)				24	37,000
25		assets			0	25	135,226
26		liabilities (describe in Schedule O)				26	22
27 221		ssets or fund balances (line 27 of columi Statement of Program Service Accom			Dowt III\	27	135,204
rai		Check if the organization used Schedule					Expenses
Wha		organization's primary exempt purpose?			Part III . 📋		quired for section
Desc as m	cribe the neasured ons ben	organization's program service accompl I by expenses. In a clear and concise refited, and other relevant information for e	ishments for each on nanner, describe the ach program title.	f its three largest pe services provided	I, the number of	orga	(c)(3) and 501(c)(4) anizations, optional for ers)
28	Began f	undraising to support Economic Focus Initi	ative - Researching B	usiness Segments in	Maine		:
	(Grants	\$ o) If this amount	t ıncludes foreign gra	ents check here	▶ □	28a	10.046
29	<u> Citarito</u>	ψ triis amoun		····	*******	200	10,846
30	(Grants	\$) If this amoun	t includes foreign gra	ants, check here .	▶ 🗆	2 9a	1
24	(Grants		t includes foreign gra			30a	3
31	(Grants	rogram services (describe in Schedule O)					
32		rogram service expenses (add lines 28a	t includes foreign gra	ints, check here .	· · P 🗀	31a	
		List of Officers, Directors, Trustees, and Ke		one even if not com	nensated—see the it		
		Check if the organization used Schedule				istiu	
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (rf not paid, enter -0-)	(d) Health benefits, contributions to employ	- -	Estimated amount of other compensation
Dana	F Conn	ors - Director					
			1	0		0	0
Melir	ida Poor	e - Director	-				
			0	0		0	0
Jame	es Atwell	- Director					
			0	0		0	0
Scot	Samsor	ı - Fınancial Coordinator	- _				_
			1	0		<u> </u>	0
			-				
							-
			-				
					1		
			-				
			.				
						\perp	. <u>-</u>
						+	
					 	+	
							•

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Pan	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	100	√
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		1
	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		
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		✓
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		✓
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a 200 000 000 0000 0000 0000 0000 000	37b 38a		✓ ✓
39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	section 4911 \blacktriangleright 0; section 4912 \blacktriangleright 0; section 4955 \blacktriangleright 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40b		✓
Ċ	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	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		√
41	List the states with which a copy of this return is filed ► None			
42a	1110 0.941 1120110 0.00110 4.101110 1120110 112	207-62		B
	Located at ► 125 Community Dr, Augusta, ME ZIP + 4 ►	043	330	
D	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:	42b	Yes	No ✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1	
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► □ No
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	103	√
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		√
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		1

Form 990-EZ	(2014)						Page 4
						Y	es No
	the organization engage, directly or in					tion	
	candidates for public office? If "Yes," o		, Part 1	· · · ·	· · · ·	46	
Part VI	Section 501(c)(3) organizations		-4: 47 40h				lun n n
	All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and (complete the	e tables for	iines
	50 and 51.						_
	Check if the organization used Scl	nedule O to respond	I to any question in	this Part V	<u> </u>	<u> </u>	<u>. , Ll</u>
							es No
	I the organization engage in lobbying ir? If "Yes," complete Schedule C, Par		section 501(h) electi		t during the	tax 47	1
48 ls th	he organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes." complete	Schedule	E	. 48	十一
	the organization make any transfers to					. 49a	+
	Yes," was the related organization a se					49b	- * -
	mplete this table for the organization's			her than o	fficers direct		and key
em	ployees) who each received more than	\$100 000 of compen	neation from the ora:	anization l	f there is non	e enter "No	na "
	proyectly will each received more than		1		alth benefits,		
•	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribution benefit plar	ons to employee ns, and deferred pensation	(e) Estimated a other compe	
None							
		**					
				 			
				+			
				-			
		A		<u> </u>			
	al number of other employees paid ov		. ▶		-		
	mplete this table for the organization			t contracto	ors who each	received m	ore than
\$10	00,000 of compensation from the orga	inization. If there is no	one, enter "None."				
((a) Name and business address of each independ	dent contractor	(b) Type of se	rvice	(c)	Compensation	
					,,,		
None							
]				
			1				
					_		
			1				
		-			+		
			1				
					+		
			4				
			A 400.000				
	al number of other independent contra			.▶		0	
	I the organization complete Schedumpleted Schedule A	ıle A? Note . All se	ection 501(c)(3) org	anizations · · · ·	must attach	na . <mark>▶ </mark>	□ No
	ies of perjury, I declare that I have examined this					nowledge and be	elief, it is
uue, correct,	and complete. Declaration of preparer (other than	onicer) is based on all info	ormation of which preparer	nas any knov	wiedge		
	1 Coloal X	nale				<u>-</u>	
Sign	Signature of officer			0	Date 1/2	. /	
Here	Dana Confiors, President				1/2	1/15	
	Type or print name and title						
Paid	Print/Type preparel's name	Preparer's signature	C	ate	Check	ıf PTIN	
					self-emplo		
Prepare				١.	Firm's EIN ▶		
Use Onl	Firm's address >						
May the IF	RS discuss this return with the prepare	r shown above? See	instructions		Phone no	► □ Yes	No
	to accept this retain with the propare	. 5.101111 000401 006		<u>· · · · · · · · · · · · · · · · · · · </u>			
						Form 990-	Ľ ∠ (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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Name	of the organization					Employer identification	number		
	dation For A Strong Maine Economy						36992		
Par			 				ns.		
	organization is not a private founda		•		•				
1	=								
2	A school described in section		•		470/5//	\/A\/:::\			
3 4	☐ A hospital or a cooperative hospital or cooperative hospital or a cooperative hospital or coope						iii) Enter the		
7	hospital's name, city, and state	•	orijanotion with a nosp	ntai acsc	iioca iii s		my. Littor the		
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in		
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its supp				n the general public		
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete f	Part II.)					
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business t	certain axable ii	exception ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its		
10	An organization organized and	operated exclus	sively to test for public	safety. S	See sect i	ion 509(a)(4).			
11	An organization organized and one or more publicly supported the box in lines 11a through 11s	d organizations d	escribed in section 50)9(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check		
а	☐ Type I. A supporting organize the supported organization(sorganization. You must corr) the power to re	gularly appoint or ele						
b	☐ Type II. A supporting organic control or management of the organization(s). You must ce	e supporting org	anization vested in th						
С	☐ Type III functionally integrated its supported organization(s)						y integrated with,		
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	•		
е	Check this box if the organiz functionally integrated, or Ty						I, Type III		
f	Enter the number of supported	organizations .							
g	Provide the following informatio	n about the supp	orted organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		:	(000 110110011011011011	Yes	No				
(A)									
(B)									
(C)									
(D)									
(E)									

Total

instructions . . .

Part	Support Schedule for Organiza	itions Desci	ribed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(\	<u>/i)</u>
	(Complete only if you checked the						alify under
<u> </u>	Part III. If the organization fails to	quality und	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(=) 0010	(h) 0044	(-) 0010	(4) 0040	(-) 0044	(0 Tabel
	dar year (or fiscal year beginning in) ► Gifts, grants, contributions, and	(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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.			<u> </u>		<u> </u>	<u>]</u>
	on B. Total Support			T	T	1	
_	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
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 or loss from the sale of capital assets (Explain in Part VI.)					; ;	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the				_		
	organization, check this box and stop he					<u> </u>	▶ 🔲
	on C. Computation of Public Suppor			14			
14 15	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch					14	<u>%</u>
16a	331/3% support test—2014. If the organization qua	zation did not	check the box	on line 13, and	d line 14 is 33	3% or more,	
b	331/3% support test—2013. If the organ check this box and stop here. The organ					e 15 is 33¹/3% · · ·	
	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts- acts-and-circ 	-and-circumsta umstances" tes	inces" test, che st. The organiz	eck this box ai ation qualifies 	nd stop here. as a publicly s	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization means are supported organization in supported organization in the control organization in t	tion meets the eets the "fact	e "facts-and-c	ircumstances" tances" test. T	test, check tl	nis box and s	top here. a publicly
18	Private foundation. If the organization di				or 17h choc		► []

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	on A. Public Support	411401 1110 100	no notou boro	m, picaco co	mpieto i airi	,	
	dar 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	(a) 2010	(0) 2011	(0) 2012	(u) 2010	(0) 2014	(i) Total
•	received. (Do not include any "unusual grants.")					140.050	440.050
2	Gross receipts from admissions, merchandise	0	0	0	0	146,050	146,050
-	sold or services performed, or facilities	i					
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	o	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	o	o	o	o	اه	0
5	The value of services or facilities						
•	furnished by a governmental unit to the	1					
	organization without charge			ام		ا	•
•	-	0	0	0	0	140.050	140.050
6 7-	Total. Add lines 1 through 5	0	0	0	0	146,050	146,050
7a	Amounts included on lines 1, 2, and 3					İ	
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3		1				
	received from other than disqualified						
	persons that exceed the greater of \$5,000			İ			
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	o	0
8	Public support (Subtract line 7c from	,				,-	
	line 6.)	` ,, ' ,, ']	, , , , , , , ,	ا برگ ، برده			146050
Secti	on B. Total Support	<u></u>			L	-1	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	0	146,050	146,050
10a	Gross income from interest, dividends,					140,000	140,000
ioa	payments received on securities loans, rents,					·	
	royalties and income from similar sources .				ا		•
	- ·	0	0	0	0	0	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included in line 10b, whether		-		ļ	-	
	or not the business is regularly carried on	0	o	o	o	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	o	o	o	o	o	0
13	Total support. (Add lines 9, 10c, 11,			<u> </u>		<u> </u>	
. •	and 12.)	o	0	0	0	146,050	146,050
14	First five years. If the Form 990 is for the						
17	organization, check this box and stop he						
Cask	ion C. Computation of Public Suppor			<u> </u>	<u> </u>	· · · · ·	🟲 🗸
			_	0		145	
15	Public support percentage for 2014 (line 8	• • •				15	%
16	Public support percentage from 2013 Sch			<u> </u>	· · ·	16	<u>%</u>
	on D. Computation of Investment In					T T	
17	Investment income percentage for 2014 (• • • • • • • • • • • • • • • • • • • •	•	` ''	17	%_
18	Investment income percentage from 2013					18	%
19a	331/3% support tests-2014. If the organ						
	17 is not more than 331,3%, check this box	and stop here.	The organization	on qualifies as a	a publicly suppo	orted organizati	on . 🟲 🗀
b	331/3% support tests - 2013. If the organiz	ation did not cl	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this l	box and stop h	e re. The organi	ization qualifies	as a publicly s	upported organi	zation 🕨 🔲
20	Private foundation If the organization du		_			· ·	

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.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	<u>ari v</u>	<u>·) </u>	
<u>Secti</u>	on A. All Supporting Organizations			Г:-
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
•		1		
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).	2		ļ.,,
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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 VI when and how the organization made the determination.	3b		
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	3c		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
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.	41		
_		4b	 - -	
С	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)			
	purposes.	4c		
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).	5a		ļ
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>		
	designated in the organization's organizing document?	5b		<u> </u>
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c		<u> </u>
6	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.	6		<u> </u>
7	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).			
	· · · · · · · · · · · · · · · · · · ·	7		ļ ,
8	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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	 	-	
30	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 .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	Ja	_	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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 .	9c		
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.	10a	ļ	
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1.54	<u> </u>	
_	determine whether the organization had excess business holdings)	10b		├ ──

Dard	W Supporting Organizations (antiqued)			- ugo O
Part	Supporting Organizations (continued)		V	NI-
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
'' a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a	 	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations		•	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			:
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	├-	 	_
•	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	İ .	
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		L	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	L	_	ļ
Casti		1		<u> </u>
Secu	on D. All Type III Supporting Organizations		V	N.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a		İ	'
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard.		ļ	
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3	<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	Ction	s):
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	 ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (statement). 	oo in	tn int	onol
		oc c IIIS		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	-		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		Ì	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20	 	 -
-	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		L	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a tru	st on Nov. 20, 1970, See	instructions. All
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E	
Section 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)			
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	<u> 1 </u>	(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):		2	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			<u> </u>
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		
Section 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 Minimum 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		
		to greate of True = 111 =	in a supporte est e est e
7 Check here if the current year is the organization's first as a non-functional instructions).	ıy-ın	tegrated Type III support	ing organization (see

Part		s) Supporting Organi	zations (continued)	0
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
3	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purp	nizations	-	
4	Amounts paid to acquire exempt-use assets	ooses of supported orga	riizations	<u> </u>
	Qualified set-aside amounts (prior IRS approval required)		<u></u>	<u> </u>
 6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	nonsive	· · · · · · · · · · · · · · · · · · ·
•	(provide details in Part VI) See instructions.	in the organization to rec	Policito	
9	Distributable amount for 2014 from Section C, line 6			-
10	Line 8 amount divided by Line 9 amount			~
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b			· · · · · · · · · · · · · · · · · · ·	
c				
d				
e	From 2013			
f	Total of lines 3a through e		<u></u> .	
<u>g</u>	Applied to underdistributions of prior years			<u> </u>
<u>h</u>	Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions)			
<u>-</u> -	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2014 from Section			7
4	D, line 7:			
а	Applied to underdistributions of prior years			1111
b	Applied to 2014 distributable amount		·	
С	Remainder. Subtract lines 4a and 4b from 4.		- 1	1
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).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
a				
b				
С				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (F	Form 990 or 990-EZ) 2014 Pr	age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions.)	nd
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		••

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization	Employer identification number
Foundation for a Strong Maine Economy	30-0036992
990-EZ Line 16 Bank Service Charges	
990-EZ Line 24 Accounts Receivable - Outstanding Support Invoicing	
000 F7 Line 2C Assessment Bounds	
990-EZ Line 26 Accounts Payable	
	•
•••••	