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SCHEDULE A (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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Employer identification number					number			
Foundation for a Strong Maine Economy					30-0036992			
Par							ons.	
	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
	A church, convention of church	-						
	A school described in section							
	A hospital or a cooperative ho		•			,, ,, ,		
4	A medical research organization	-	onjunction with a hosp	pital desc	ribed in s	section 170(b)(1)(A)	` ' \	
_	hospital's name, city, and stat	e:					13/FD 0	
5	section 170(b)(1)(A)(iv). (Com	panization operated for the benefit of a college or university owned or operated by a governmental unit described in n 170(b)(1)(A)(iv). (Complete Part II.)						
6	A federal, state, or local gover	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	18 1010 7計	
7	described in section 170(b)(1)	reganization that normally receives: (1) more than 331/9% of its support from contributions more responsible from the general public reganization that normally receives a substantial part of its support from a government at unit of the general public model in section 170(b)(1)(A)(vi). (Complete Part II.)						
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete	Part II.)		\ ____\G\	DEI	
9	An organization that normally					indutions, methodis	mip iees, and gioss	
	receipts from activities related							
	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		-		-			
	☐ An organization organized and	-		-			out the purposes of	
	one or more publicly supported							
	the box in lines 11a through 11	d that describes	the type of supporting	organiza	tion and o	complete lines 11e, 1	1f, and 11g.	
а	☐ Type I. A supporting organiz	ation operated,	supervised, or control	lled by its	supporte	ed organization(s), ty	pically by giving	
	the supported organization(s	s) the power to re	egularly appoint or ele	ct a majo	rity of the	e directors or trustee	es of the supporting	
	organization. You must con	iplete Part IV, S	ections A and B.					
b	☐ Type II. A supporting organi	zation supervise	d or controlled in con	nection w	ith its su	pported organizatio	n(s), by having	
	control or management of th			ne same p	ersons th	nat control or manaç	ge the supported	
	organization(s). You must c	•						
С	☐ Type III functionally integrated its supported organization(s)						y integrated with,	
d	☐ Type III non-functionally in	tegrated. A supp	porting organization o	perated i	n connec	tion with its support	ted organization(s)	
	that is not functionally integr	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	an attentiveness	
	requirement (see instructions	s). You must co i	mplete Part IV, Secti	ons A an	d D, and	Part V.		
е	☐ Check this box if the organiz	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III						
	functionally integrated, or Ty	pe III non-function	onally integrated supp	orting or	ganizatıo	n.		
f	Enter the number of supported							
<u> </u>	Provide the following information	n about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of	
			(described on lines 1–9 above (see instructions))	listed in your governing document?		support (see instructions)	other support (see instructions)	
				L		,	,	
				Yes	No			
(A)								
								
(B)								
			 -	 	<u> </u>			
(C)								
				 				
(D)				1				
				-				
(E)						1		
		[1	l			

Part X Balance Sheet

	•	Check if Schedule O contains a response or note to any line in this Par	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	135226	1	6856
	2	Savings and temporary cash investments		2	0
	3	Pledges and grants receivable, net		3_	EVED O
	4	Accounts receivable, net		£(FINE OF O
	5	Loans and other receivables from current and former officers, directors,	7		16 1 8 5016 PM
	ŀ	trustees, key employees, and highest compensated employees.	7.7		15 18 1010 JEN
		Complete Part II of Schedule L	B062	5 \	JG 1 8 2016 12
	6	Loans and other receivables from other disqualified persons (as defined under section	(B)	_ ا	SEN. U
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	\		GULLIN
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	V		
sts.		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	0
⋖	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
				40	_
		Less: accumulated depreciation 10b 0		10c	0
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11		12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15 16	Other assets. See Part IV, line 11		15	0
	17	Total assets. Add lines 1 through 15 (must equal line 34)	135226	16 17	6856
	18	Grants payable	22	18	0
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities		20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	0
S	22	Loans and other payables to current and former officers, directors,			
ţį	22	trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	0
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related third			
	_	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	0
	26	Total liabilities. Add lines 17 through 25	22	26	0
(0		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and			
ë	•	complete lines 27 through 29, and lines 33 and 34.)		
lan	27	Unrestricted net assets	135204	27	6859
Ba	28	Temporarily restricted net assets		28	0
P	29	Permanently restricted net assets		29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □	į		
		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net A	32	Retained earnings, endowment, accumulated income, or other funds .		32	
	33	Total net assets or fund balances		33	6859
	34	Total liabilities and net assets/fund balances	135226	34	6859

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	00 (2010)				90	
Par	XI Reconciliation of Net Assets			•		
•	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	88000	
2	Total expenses (must equal Part IX, column (A), line 25)			516249		
3	Revenue less expenses. Subtract line 2 from line 1			-128345		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	35226	
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)					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1				
	33, column (B))	10			6859	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	· · · ·	· ·	_Ц	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other		.			
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain in	١			
00			2a			
24	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				√	
	reviewed on a separate basis, consolidated basis, or both:	nied of				
	•					
L	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b		,	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited.	 d on a			<u> </u>	
	separate basis, consolidated basis, or both:	u on a	·			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	. .			
v	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c			
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	,				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in				
	the Single Audit Act and OMB Circular A-133?		3a	į	1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde	rgo the				
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b			
			Form	990	(2015)	
			. 217		/	

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

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
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Name of the organization Employer identification number Foundation for a Strong Maine Economy 30-0036992 Ill 4a: Economic Focus Initiative to Researching and Reporting on Business Segments in Maine. Initial fundraising begun in 2014. Research report continued in 2015 with majority of expenses paid in 2015. IV 11b: No investments IV 19: No gaming activities V 3a: No Unrelated business gross Income V 14b: No Tanning Services VI 11b: Review of final 990 by signing director VI 12c: Review of payments to companies and the officers involvement with those companies when bills are received VI 19: Documents, Policies and financials available on request IX 11g: McKinsey and Company - Research report \$447008 XII: No Independent Accountant - Review by director

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30-0036992 201512 67

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FOUNDATION FOR A STRONG MAINE ECONOMY
125 COMMUNITY DRIVE
AUGUSTA ME 04330



DECLARATION

028455

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of authorized individual Date

Date

Title

