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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public ▶ 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.

| B Ceck 4 spokable Address change Address change Address change Name change Corp business as Name change India return Name change India return Name change Corp stown, state or power, country, and ZiP or torsign postal code Application parkinemental Appl | Ā | For the | 2016 cale | endar year, or tax year beginning , 2016, and ending | | <u> </u> | , 20 | | | |
|--|-------------------|-------------|----------------|---|----------------|--------------|---------------------------------------|---------------|--|--|
| Marine change Name change | <u></u> | | | | | | | | | |
| Description and attract for Po. box if mail is not delivered to street address) Room/surfe Port State Post Pos | $\overline{\Box}$ | | • • | | | 01-0377632 | | | | |
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| Prot removementated Amended return | = | | • | · | | | | | | |
| Application pending Filter and defress of principal officer Timothy Powers, President, PO Box 33, High site is group relational Very No. No. Pitts field, ME 04967 Very No. No. Pitts field, ME 04967 Very No. No | | | | | | | 201-023-01-12 | | | |
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| Prittafield, ME 04967 | 님 | | | | I | | | | | |
| Tax-exempt status: Sot(c)(3) Sot(c) 6 ★ (neart no) 4947(e)(1) or Sot | ب | Applicati | ion pending | | 1 ' | | | | | |
| Websits: | _ | | | <u></u> | | | | | | |
| Second Corporation Trust Association Other > Liveer of formation: 1985 Mistate of legal domicile: ME | Ļ. | | | ☐ 501(c)(3) ☐ 501(c) (| ┥ | | • | пој | | |
| Boundary Briefly describe the organization's mission or most significant activities: Advocating for our members as well as promoting harmess racing in Maine. Advocating for our members as well as promoting harmess racing in Maine. Advocating for our members as well as promoting harmess racing in Maine. Advocating for our members as well as promoting harmess racing in Maine. Advocating for our members as well as promoting harmess racing in Maine. Advocating for our members as well as promoting harmess racing in Maine. Advocating for our members as well as promoting harmess racing in Maine. Advocating for our members as well as promoting harmess racing in Maine. Advocating for our members as well as promoting harmess racing in Maine. Advocating for our members as well as promoting harmess racing in Maine. Advocating for our members as well as promoting harmess racing in Maine. Advocating for our members as well as promoting harmess racing in Maine. Advocating for our members as well as promoting harms and the promoting hards and promoting harms and t | <u>.</u> | | | | | | | | | |
| Briefly describe the organization's mission or most significant activities: Advocating for our members as well as promoting harness racing in Maine. 2 Check this box ▶□ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of independent voting members of the governing body (Part VI, line 1b). 4 Pumber of independent voting members of the governing body (Part VI, line 1b). 5 Total number of volunteers (seatmate if necessary). 6 0 0 0 7 Total unrelated business revenue from Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2h). 10 Investment income (Part VIII, line 2h). 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-5). 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Porfessional fundaising fees (Part IX, column (A), lines 15). 17 Cotal-revenue—add lines 8 through 11 (must equal Part IX). 18 Professional fundaising fees (Part IX, column (A), lines 1-5). 19 Janes (Part IX, column (A), lines 1-5). 10 Janes (Part IX, column (A), lines 1-10). 10 Janes (Part IX, column (A), lines 1-10). 11 Cotal-revenue—add lines 8 through 11 (must equal Part IX). 19 Janes (Part IX, column (A), lines 1-10). 10 Janes (Part IX, column (A), lines 1-10). 11 Cotal-revenue—add lines 8 through 11 (must equal Part IX). 12 Janes (Part IX, column (A), lines 1-10). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-10). 14 Benefits paid to or for members (Part IX, column (A), lines 5-10). 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 1-3). 1 | _ | | | | n: 1965 | M State | of legal domicile: | ME. | | |
| harness racing in Maine. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) | ŀ | _ | | . · · · · · · · · · · · · · · · · · · · | | | | | | |
| 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volting members of the governing body (Part VI, line 1a) | | 1 | _ | | ting for ou | r membe | rs as well as pr | omoting | | |
| b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year | 2 | | harness | racing in Maine. | | | | | | |
| b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year | Ē | 1 | | | | | | | | |
| b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year | Ş | 2 | | · · · · · · · · · · · · · · · · · · · | more than | า 25ุ% of | its net assets. | | | |
| b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year | g | 3 | | | | | | 9 | | |
| b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year | م ق | 4 | | | | 4 | | 9 | | |
| b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year | Ë | 5 | Total nur | mber of individuals employed in calendar year 2016 (Part V, line 2a) . | | 5 | | 1 | | |
| b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year | \$ | 6 | Total nur | nber of volunteers (estimate if necessary) | | 6 | | 0 | | |
| 8 Contributions and grants (Part VIII, line 1h) 28870 5038 9 Program service revenue (Part VIII, line 2g) 190106 201005 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 218997 251933 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 5850 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 69152 39910 16 Professional fundraising dees (Part IX, column (A), line 11e) 0 0 17 Colled Expenses (Part IX, column (A), line 11e) 0 0 18 Total Expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13888 171040 19 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13888 171040 10 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13888 171040 10 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13888 171040 10 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13888 171040 10 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13888 171040 10 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13888 171040 10 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13888 171040 10 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13888 171040 10 Total expenses (Part IX, column (A), lines 12b 10 10857 13858 171040 10 Total expenses (Part IX, column (A), lines 12b 10 10857 13858 171040 10 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13888 171040 10 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 13888 171040 10 Total expenses (Part IX, column (A), lines 12b 10 10857 13858 171040 10 Total expenses (Part IX, column (A), lines 12b 10 10857 13858 171040 171040 1710400000000000000000000 | ¥ | 7a | Total unr | elated business revenue from Part VIII, column (C), line 12 | | 7a | | 0 | | |
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| 17 Reher-expenses (Part X, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Additines 13-17 (must equal Part IX, column (A), line 25) 29 Revenue less expenses. Subtract line 18 from line 12 10857 34592 20 Total essets (Part X, line 16) 21 Oral lassets (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 35 Part II Signature Block Under penalties of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Print Type or print name and title Proparer Use Only Firm's name ▶ N/A Firm's address ▶ PO Box 31, Scarborough, ME 04070 Phone no. 207-653-1485 | ē | loa | | | | U | | | | |
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| Part II Signature Block Under penalties of perlury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (off)er than officer) is based on all information of which preparer has any knowledge. Sign Here Print/Type or print name and title Print/Type preparer's name Linwood M. Higgins Firm's name ➤ N/A Firm's address ➤ PO Box 31, Scarborough, ME 04070 Phone no. 207-653-1485 | 뙗 | 21 (| | | | 0 | | 0 | | |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (off)er than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Type or print name and title Print/Type preparer's name Linwood M. Higgins Firm's name ➤ N/A Firm's address ➤ PO Box 31, Scarborough, ME 04070 Phone no. 207-653-1485 | - | | | | ···· | 65602 | | 100194 | | |
| Type or print name and title Print/Type preparer's name Linwood M. Higgins Firm's name ➤ N/A Firm's address ➤ PO Box 31, Scarborough, ME 04070 Figure than officer is based on all information of which preparer has any knowledge. Date | P | art II | Signat | ture Block | | | | | | |
| Sign Here Signature of officer | Un | der penal | Ities of perju | ry, I declare that I have examined this return, including accompanying schedules and statement | ents, and to t | he best of i | my knowledge and | belief, it is | | |
| Here Michael Land Mag Ce President Date 17 Type or print name and title | tru | e, correct | t, and compi | ete Declaration of preparer tother than officer) is based on all information of which preparer h | as any know | ledge. | | | | |
| Here Michael Land Mag Ce President Date 17 Type or print name and title | | | <u> </u> | Michael L. Cola | | | | | | |
| Type or print name and title Paid Preparer Use Only Firm's name ► N/A Firm's address ► PO Box 31, Scarborough, ME 04070 Property Signature Preparer's signature O8/28/17 Check ☑ if self-employed O07-42-2946 Firm's EIN ► N/A Phone no. 207-653-1485 | | | Sign | ature of officer | Da | 19/1 | | | | |
| Print/Type preparer's name Preparer Use Only Firm's name ► N/A Firm's address ► PO Box 31, Scarborough, ME 04070 Preparer's signature 08/28/17 Check ☑ if self-employed 007-42-2946 Firm's EIN ► N/A Phone no. 207-653-1485 | He | re | | Michael L. Gishing Vice President | | 8/28/ | 17 | | | |
| Use Only Firm's name N/A Firm's address PO Box 31, Scarborough, ME 04070 Phone no. 207-653-1485 | | | Тур | or print name and title | | · · · | | | | |
| Use Only Firm's name N/A Firm's address PO Box 31, Scarborough, ME 04070 Phone no. 207-653-1485 | Po | id | Print/Ty | pe preparer's name Preparer's signature Date | 0/28/47 | Chack | A if PTIN | | | |
| Use Only Firm's name N/A Firm's EIN N/A Firm's address PO Box 31, Scarborough, ME 04070 Phone no. 207-653-1485 | | _ | Linwoo | od M. Higgins Favel VA Sh | 0/45/1/ | | | 2-2946 | | |
| Firm's address > PO Box 31, Scarborough, ME 04070 Phone no. 207-653-1485 | | • | 1 | ame ► N/A | Firm | | | | | |
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form **990** (2016)



MAINE HARNESS HORSEMEN'S ASSOCIATIO

01-0377632

| Form 99 | 0 (2016) | | | Page 2 |
|---------------|-----------|---|--------------------------------|----------------------|
| Part | | tatement of Program Service Accomplishments | | В |
| 1 | | heck if Schedule O contains a response or note to any line in this Part III | : -: -: - | . 🗵 |
| • | - | rting, representing our membership and promotion of harness racing in Maine. | | |
| | | | | |
| 2 | Did the | organization undertake any significant program services during the year which were not listed on | the | |
| | prior Fo | orm 990 or 990-EZ? | · 🗌 Yes | ☑ No |
| 3 | Did the | " describe these new services on Schedule O. organization cease conducting, or make significant changes in how it conducts, any programmers | ram · Yes | ☑ No |
| | | " describe these changes on Schedule O. | | |
| 4 | expens | be the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported. | ces, as meas allocations to | sured by o others |
| 4a | | 501(c)6) (Expenses \$ 216800 including grants of \$ 0) (Revenue \$ | | 3) |
| | | ate of Maine hAs 2 commercial race tracks and 9 county fair tracks. The MHHA is responsible for repre ership in front of the Maine Harness Racing Commission as well as management of all the racing venu | | · |
| | membe | riship in front of the Maine Harness Racing Commission as well as management of all the facing vent | ies in the stat | |
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| 4b | (Code: |) (Expenses \$ including grants of \$) (Revenue \$ | |) |
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| 4c | (Code: |) (Expenses \$ including grants of \$) (Revenue \$ | |) |
| | | | | |
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| _ | | | | |
| 4d | | program services (Describe in Schedule O.) | | |
| 40 | (Expens | ses \$ including grants of \$) (Revenue \$) | | |

Page 3

Form 990 (2016)

| 'art | Checklist of Required Schedules | | es No |
|--------|---|-----|-----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | J |
| 2 3 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campalgn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | V |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | |
| 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 98-197 If "Yes," complete Schedule C, Part III | 5 | / |
| 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 | 1 |
| 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 | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | 1 |
| 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 | / |
| 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 | / |
| 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. | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | / |
| 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 | / |
| С | 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 | / |
| đ | 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 | / |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . | 11e | √ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | 1 |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | V |
| | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14a | / |
| 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV | 14b | / |
| 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 | / |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | 1 |
| 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 | 1 |
| 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 | 1 |
| | | | 990 (2016 |

| Part | | | · | |
|----------|--|------------|---------------|----------|
| , | District the second of the sec | | Yes | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a 20b | | / |
| 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 | | ✓ |
| 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>v</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 Schedule J. | 23 | > | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | / |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b | | 1 |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | Z |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 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," complete Schedule L, Part II | 26 | | ✓ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | ✓ |
| 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 b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | 1 |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | / |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | ✓ ✓ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | <u>/</u> |
| 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 | | / |
| 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 | | 1 |
| 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 | | 1 |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 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 | y | |
| 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, | | | |
| 38 | Part VI | 37 | y | √ |
| | | For | n 99 0 | (2016) |

Page **5**

| art | | | | | |
|--------|--|-------------|----------------|----------|--------------|
| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | • | • • | <u> 7</u> |
| | | | _ | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a | | | , · . | ٠, |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | - [| . | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors | 1 . | | | - |
| ο | reportable gaming (gambling) winnings to prize winners? | · 1-3 | C | V | ļ |
| 2a | | | Ì | | ^ |
| _ | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | 2b | | |
| Þ | , , | _ | 10 | V | |
| 3a | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). Did the organization have unrelated business gross income of \$1,000 or more during the year? | 1 | 3a | | |
| b | the state of the s | · | 3b | | V _ |
| 4a | | · — | - | | <u> </u> |
| Ta | over, a financial account in a foreign country (such as a bank account, securities account, or other final | | | | |
| | account)? | | la i | | |
| h | If "Yes," enter the name of the foreign country: ▶ | | - | | - |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According | unts | İ | |] |
| | (FBAR). | | ł | | |
| 5a | | . 5 | sa | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | 5b | | 1 |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | ic | | |
| 6a | | the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | . [€ | a 🏻 | | / |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ns or | | | |
| | gifts were not tax deductible? | . е | 3b | | L |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | İ | • | 1 |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go | 1 | 1 | | |
| | | | 7a | | 1 |
| þ | | | rb | | ļ |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it | I | | | , |
| _ | required to file Form 8282? | · _7 | 7c | | Y |
| d | | — <u>,</u> | | | 7 |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr | | 7e | | Y |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | V |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 | | 7g 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by | | ''' | | |
| • | sponsoring organization have excess business holdings at any time during the year? | | 8 | | ľ |
| 9 | Sponsoring organizations maintaining donor advised funds. | · | - | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | . 9 | 9a | | 1 |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| 0 | 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 . 10b | | - 1 | | 1 |
| 1 | Section 501(c)(12) organizations. Enter: | | 1 | | |
| a | Gross income from members or shareholders | | - | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | . | | | |
| | against amounts due or received from them.) | | - { | | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104 | 1? 1 | 2a | | ļ |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | - | 1 |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | <u> </u> | | | ļ |
| а | Is the organization licensed to issue qualified health plans in more than one state? | · 1 | 3a | | - |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | - |
| þ | the annual tent of the second | } | 1 | • | ľ |
| _ | the organization is licensed to issue qualified health plans | | - | , | |
| C | Enter the amount of reserves on hand | -+- | _ | | - |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | | 4a | | V |
| D | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | . 114 | 4b | | 1 |

| Part | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C Check if Schedule O contains a response or note to any line in this Part VI |). See in: | struct | ions. |
|------------|--|----------------|----------------|--------|
| Section | on A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 9 | | |
| | If there are material differences in voting rights among members of the governing body, or | | · · | ĺ |
| | if the governing body delegated broad authority to an executive committee or similar | 1 | 1 | , . |
| | committee, explain in Schedule O. | 1 | - | - |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b | 9 | 1 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit any other officer, director, trustee, or key employee? | 2 | | 1 |
| 3 | Did the organization delegate control over management duties customarily performed by or under the directors, or trustees, or key employees to a management company or other person? | ct 3 | | / |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | / |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | 1 |
| 6 | Did the organization have members or stockholders? | 6 | 1 | |
| 7 a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | / | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body? | s, 7b | 1 | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | ig | | |
| а | The governing body? | 8a | | j |
| b | Each committee with authority to act on behalf of the governing body? | 8b | 1 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | at 9 | | 1 |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rev | renue C | ode. |) |
| | | | Yes | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 1 |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapter | 3, | | 1 |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | ? 11a | | 1 |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | - | T - | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | J | 1 |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflict | s? 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 | s," 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | 1 |
| 14 | Did the organization have a written document retention and destruction policy? | | | 1 |
| 15 | Did the process for determining compensation of the following persons include a review and approval independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | by 🗔 | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | 1 |
| b | Other officers or key employees of the organization | 15b | | 1 |
| | 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 arrangeme with a taxable entity during the year? | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it | | 1 | |
| - | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | he | | |
| Secti | on C. Disclosure | | .4-, | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ ME | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sec available for public inspection. Indicate how you made these available. Check all that apply. | tion 501 | (c)(3) | s only |
| | ☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of | f interest | polic | y, and |
| | financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and DEBBIE PATTERSON, 185 STATE ST., AUGUSTA, ME 207-623-6442 | d record | s: > | |

| Dana | • |
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| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and |
|----------|--|
| • | ndependent Contractors |

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

| ☑ Check this box if neither the organization no | r any relate | d orga | aniz | atio | n c | ompe | nsa | ted any curren | t officer, director | , or trustee. |
|---|-----------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|--------------|--|----------------------------------|------------------------------|
| | | | | • | ction | | | | | |
| (A) | (B) | | | eck | more | than o | | (D) | (E) | (F) |
| Name and Title | Average hours per | | | | | ıs both or/trust | | Reportable compensation | Reportable compensation from | Estimated amount of |
| | week (list any | | _ | | | | - | from | related | other |
| | hours for related | r divi | etutu | Officer | Key employee | 룡 | Former | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | organizations | dual | tti On | ٦ | ם | yee c | ¥ | (W-2/1099-MISC) | | organization |
| | below dotted line) | trus | ま | | ye e | ğ | | 4 | İ | and related organizations |
| | | Individual trustee or director | Institutional trustee | | | Highest compensated employee | | | | |
| | <u> </u> | | - | <u> </u> | - | 8 | | | | |
| (1) DAVID CROCHERE | | | | | | | | | | |
| DIRECTOR | 2 | V | _ | | ļ | | <u> </u> | <u> </u> | | |
| (2) DONALD MAREAN | 2 | ارا | | | | | ŀ | | | |
| DIRECTOR | <u> </u> | V | _ | <u> </u> | | | ļ | | | <u> </u> |
| (3) JAMES DUNN | 2 | ر ا | | | | 1 | | | | |
| DIRECTOR | | V | | <u> </u> | | | _ | | | |
| (4) RONALD CUSHING | 2 | , | | | ļ | | | 1 | | |
| DIRECTOR | | Y | - | | | | - | | | |
| (5) WILLIAM PHIPPS | 2 | 1 | | | | l | | | | |
| DIRECTOR (6) TIMOTHY POWERS | 5 | | | - | | - | - | | | |
| PRESIDENT | | | | _ | | | | | | |
| (7) MICHAEL CUSHING | 2 | -Y | - | Y | | | - | | | |
| VICE PRESIDENT | † - | | | ./ | 1 | | | | | |
| (8) AARON HALL | 2 | - Y | \vdash | Y | - | | | | | |
| TREASURER | | | j | | 1 | |] | | | |
| (9) DONNA DUBOIS | 2 | _ | <u> </u> | - | - | | | | | |
| SECRETARY | † - | / | | / | Ì | | | | | |
| (10) DEBBIE PATTERSON | 35 | | | _ | | | | | | |
| OFFICE MANAGER | | 1 | | | / | İ | İ | 36860 | | |
| (11) | | | | | | | | | | |
| (12) | | | - | | | | - | | | |
| (40) | | | <u> </u> | - | - | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | <u></u> | |

| Part | VII Section A. Officers, Directors, Trust | tees, Key E | mplo | ees | | nd F C) | lighes | st C | ompensated E | mpioyees (co | ontinue | <u>a)</u> | | |
|---------|--|--|---------------------------|--|----------|--|---------------------------------|------------------|--|-------------------------------------|----------|---------------------------------|--|----|
| | (A) Name and title | (B) Average hours per week (list any | officer and a director/tr | | | | | | (D) Reportable compensation from | (E) Reportable compensation related | | (F) Estimated m amount of other | | |
| | | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MI | | froi orgar and | ensation the dization related dization | 1 |
| (15) | | | - | | - | - | | - | | | _ | | | |
| (16) | | | | | - | \vdash | | - | | | | . — — | | |
| (17) | | | | | - | | | - | | | \dashv | | | |
| (18) | | | | _ | - | - | | - | | | | | | |
| (19) | | | | - | - | - | ļ <u>.</u> | - | | | _ | | | |
| (20) | | | - | - | | - | | - | | | | | | |
| (21) | | | | - | - | - | | - | | | | | | |
| (22) | | | _ | - | - | - | | - | | | | | | |
| (23) | | | | | | | | <u> </u> | | | | | | |
| (24) | | | | _ | - | - | | - | | | | | | |
| (25) | | | | _ | _ | - | | - | | | - | | | |
| 1b c | Sub-total | VII, Section |] ол А | <u>. </u> | <u> </u> | <u>. </u> | L | > > | 36860 | | | | | |
| d | Total (add lines 1b and 1c) | · · · · · | <u> </u> | | | | | > | 36860 | | 0.000 | of | | |
| | reportable compensation from the organ | | | | | | | | 0 | | | | | T |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete | | | | | | | emţ | oloyee, or high | est comper | sated | 3 | Yes | No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | sum of re | porta | ble | con | npe | nsatio | | | | | , | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | zation or indi | vidual | 5 | - | V |
| Section | on B. Independent Contractors | : 11 163, 6 | .UI110 | | 001 | 100 | | | such person | · · · · | · · · |) 5 | L | |
| 1 | Complete this table for your five highest compensation from the organization. Repear. | | | | | | | | | | | | | ax |
| | (A) Name and business add | iress | | | | | | | (B) Description of s | services | c | (C) compens | ation | |
| 2 | | | | | | | | | | | | | | |
| | | | | | | | | L | | | | | | |
| | | | | | | | | + | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | | o th | nose listed ab | ove) who | | | - | `` |

| Part | AIII | Statement of Rever Check if Schedule O | nue contains : | reen | onse or note to | any line in this | Part VIII | | 🛭 |
|---|------|---|-------------------|-------------|---------------------------------------|----------------------|--|--|--|
| | | Creck ii Schadie O | Contains | 103 | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| र्घ र | 1a | Federated campaigns | | 1a | 0 | | - | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues . | | 1b | 28110 | | | | |
| عَ ق | c | Fundraising events . | | 1c | 16528 | - , - | | | |
| F A | ď | Related organizations | | 1d | 5750 | | | | |
| 5 물 | e | Government grants (cont | | 1e | | , , , | _ | - | |
| 5 P | • | All other contributions, gif | | | | | * | , | * * * |
| 黄 | • | and similar amounts not incl | | 1f | ; | | × 5 - ". | ٠ | 5 - 5 |
| 울 | _ | Noncash contributions includ | 1 | | | , | | | 1. |
| 5 5 | 9 | | | | | 50388 | *- | - | |
| OB | h | Total. Add lines 1a-11 | | | Business Code | , , | | | 1 |
| Program Service Revenue | | | _ | | 900099 | 193203 | | | |
| eve | 2a | RACETRACK INCOME | | | | 2850 | | <u> </u> | |
| . E | ь | BANQUET RESERVA | | | 900099 | 3200 | | | |
| 妄 | C | YEARBOOK ADVERT | ISING | | 900099 | 3200 | | | |
| 8 | d | | | | | | | | |
| ᇤ | θ | | | | | 4770 | | | |
| og | f | All other program serv | | | 900099 | 1752 | | | |
| <u> </u> | g | Total. Add lines 2a-21 | f <u>, , ,</u> | | <u> ▶</u> | 201005 | | · | |
| | 3 | Investment income | | | | | | | |
| | | and other similar amo | ounts) . | | 🟲 | | | | ļ |
| | 4 | Income from investment | t of tax-exer | npt bo | ond proceeds ► | | | | ,,,,, |
| | 5 | Royalties | <u>.</u> | | 🕨 | | | | |
| | 1 | _ | (i) Real | | (ii) Personal | | | | - |
| | 6a | Gross rents | | | | , | | 1 | |
| | ь | Less: rental expenses | | | | | | | |
| | С | Rental income or (loss) | | | | | | | 1 |
| | d | Net rental income or (| loss) . | | > | | | | |
| | 7a | Gross amount from sales of | (i) Secunt | ies | (ii) Other | | | | |
| | | assets other than inventory | | | | | 1 | | / |
| | Ь | Less: cost or other basis | | | | ta a physic | | | |
| | | and sales expenses . | | | | | | | - |
| | c | Gain or (loss) | ļ ——— | | | | | 1 | • |
| | d | Net gain or (loss) | <u> </u> | | • | | | } | |
| | | rver gam or (1055) . | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 9 | 0- | Gross income from fu | ındroicina | | | | | | |
| | 8a | events (not including \$ | indialsing | | | - | | | , , , |
| ě | ł | of contributions reporte | od on line 1 | <u>~~</u> | | | | -[| |
| Other Rever | | | | - | | • | · · | | ' |
| 夏 | 1 | | | _ | | | , | 1 | ļ. |
| ð | | Less: direct expenses | | . b | | | | | * * |
| | | Net income or (loss) f | | | events . > | | <u> </u> | } | + |
| | 9a | Gross income from ga | | | | ` | ł | | |
| | i | See Part IV, line 19 . | | _ | | | , | 1. | - |
| | b | Less: direct expenses | | | | ļ | | | |
| | C | Net income or (loss) f | | | ivities > | | | | |
| | 10a | Gross sales of in | | less | | | | | |
| | | returns and allowance | es | · a | | | | | - |
| | b | Less: cost of goods s | | | | · · | | - | ` |
| | C | Net income or (loss) f | from sales | of inv | entory > | | <u> </u> | | |
| | | Miscellaneous F | | | Business Code | | | | |
| | 11a | | | | | | | | |
| | Ь | | | | | | | | |
| | C | | | | | | | | |
| | d | All other revenue . | | | | ļ | 1 | 1 | |
| | - | Total. Add lines 11a- | | • | <u> </u> | | | · | 15-5 |
| | 12 | Total revenue. See in | | | | 25139 | 3 | | |
| | 112 | i Otal I EVELIUE. OGG II | | | | 40130 | <u></u> | | Form 990 (2016 |

fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Page 10 Form 990 (2016) Part IX Statement of Functional Expenses 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 (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (D) Fundraising (A) Total expenses (B) Program service 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations n and domestic governments, See Part IV, line 21 . . . 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 Grants and other assistance to foreign 0 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 5850 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 36860 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Ō 9 Other employee benefits 3050 10 Payroll taxes 11 Fees for services (non-employees): Management 10525 Legal b 1750 Accounting . 14200 Lobbying d 0 Professional fundraising services. See Part IV, line 17 0 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . 3149 12 Advertising and promotion 6119 13 Office expenses 3859 Information technology 14 0 15 10200 16 8136 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 15615 19 Conferences, conventions, and meetings . 20 46357 21 Payments to affiliates Depreciation, depletion, and amortization . 22 39617 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) **SCHOLARSHIPS** 6580 4932 INDUSTRY DUES b C d All other expenses 11512 216800 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

| _ ٢ | art X | | | | |
|-----------------------------|----------|--|---------------------------------------|-----|---|
| | <u> </u> | Check if Schedule O contains a response or note to any line in this Pa | t X | | <u> 0</u> |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | 65602 | 1 | 100194 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 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 employees' beneficiary | · | | 4 |
| B | | organizations (see instructions). Complete Part II of Schedule 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 basis. Complete Part VI of Schedule D 10a | | | , |
| | b | Less: accumulated depreciation 10b | | 10c | |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | - | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 65602 | 16 | 100194 |
| | 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 | |
| co CO | 22 | Loans and other payables to current and former officers, directors, | | | , |
| Liabilities | | trustees, key employees, highest compensated employees, and | | | |
| a <u>p</u> | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| 3 | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 | 26 | 0 |
| % % | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. | | - | |
| Ē | 27 | Unrestricted net assets | | 27 | |
| 3af | 28 | Temporarily restricted net assets | | 28 | — ··- · · · · · · · · · · · · · · · · · |
| ğ | 29 | Permanently restricted net assets | · · · · · · · · · · · · · · · · · · · | 29 | |
| ٦ | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and | | | |
| Ž | | complete lines 30 through 34. | | | • |
| Net Assets or Fund Balances | 30 | Capital stock or trust principal, or current funds | - | 30 | , |
| 8 | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| As | 32 | Retained earnings, endowment, accumulated income, or other funds . | | 32 | |
| let. | 33 | Total net assets or fund balances | | 33 | |
| - | 34 | Total liabilities and net assets/fund balances | 65602 | | 100194 |
| | | | | | |

| Form 99 | 90 (2016) | | | Pa | ge 12 | | |
|--|--|-----------|----------|--------------|--------------|--|--|
| Part | XI Reconciliation of Net Assets | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | <u> </u> | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | | 251393 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 6801 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 34592 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | | | |
| 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 | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | |
| | 33, column (B)) | 10 | | 10 | 00194 | | |
| Part | XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> | · · · | | | | |
| | | | • | Yes | No | | |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | | | 1 | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | | | |
| | Schedule O. | | | - | | | |
| 2a | 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 com- | piled or | • | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | - | - | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | • | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or | | | | | | |
| of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | kplain in | ١ . | | | | |
| | Schedule O. | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | 1 | | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | _ | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? | | | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | iudits. | 3b | | | | |
| | | | Forr | n 990 | (2016) | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2016

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III. Name of organization **Employer identification number** 01-0377632 MAINE HARNESS HORSEMEN'S ASSOCIATION Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") 2 Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 \$ Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes Nα 4a Was a correction made? No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 2 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (e) Amount of political (a) Name (b) Address (c) EIN (d) Amount paid from contributions received and filing organization's funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-(1) (2)(3)(4)

(5)

(6)

| _ | | | • |
|----|---|---|---|
| ۲a | α | е | _ |

| Pa | rt II-A Complete if the organization section 501(h)). | is exempt ι | ınder section 50 | 01(c)(3) and file | d Form 5768 (ele | ection under |
|---|--|---------------------------------|--------------------|--------------------------------------|-----------------------|---------------------------------------|
| | Check ► ☐ if the filing organization belo name, address, EIN, expens | es, and sha | re of excess lobb | oying expenditur | es). | oup member's |
| <u>B</u> _ | Check ▶ ☐ if the filing organization chec | | | rol" provisions a | ipply. | |
| | Limits on Lobbyi | | | | (a) Filing | (b) Affiliated |
| | (The term "expenditures" mea | | <u> </u> | <u> </u> | organization's totals | group totals |
| 1 | Total lobbying expenditures to influence p | | | | | |
| | b Total lobbying expenditures to influence a | | | | | |
| | c Total lobbying expenditures (add lines 1a | • | | | | |
| | d Other exempt purpose expenditures | | | | | |
| | e Total exempt purpose expenditures (add l | | | | | · · · · · · · · · · · · · · · · · · · |
| | f Lobbying nontaxable amount. Enter th columns. | e amount fr | om the following | table in both | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying | nontaxable amoun | t is: | 3444 | |
| | Not over \$500,000 | 20% of the an | nount on line 1e. | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus | 15% of the excess | over \$500,000. | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus | 10% of the excess | over \$1,000,000. | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus | 5% of the excess o | ver \$1,500,000. | | |
| | Over \$17,000,000 | \$1,000,000. | | | | |
| | g Grassroots nontaxable amount (enter 25% | of line 1f) | | | | |
| | h Subtract line 1g from line 1a. If zero or less | s, enter -0- | | | | |
| | i Subtract line 1f from line 1c. If zero or less | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 | | | | | | |
| | reporting section 4911 tax for this year? | · · · · | | | | Yes No |
| | (Some organizations that made a secti See the s | ion 501(h) ele eparate insti | uctions for lines | e to complete all 2a through 2f.) | of the five colum | ns below. |
| _ | Lobbying E | xpenditures | During 4-Year Av | reraging Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
| 2 | a Lobbying nontaxable amount | | | | | |
| | b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| | c Total lobbying expenditures | | | | | |
| | d Grassroots nontaxable amount | | | | | |
| | e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| | f Grassroots lobbying expenditures | | | | | |

| | (election under section 501(h)). | | | (b) | | |
|------------------|--|----------|-----------|-------------|--|-----|
| | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity. | Yes | No | A | mount | t |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | | |
| a b | Volunteers? | | | | | |
| c d | Media advertisements? | | <u> </u> | | | |
| e f | Publications, or published or broadcast statements? | | | | | |
| g h | Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i i | Other activities? | | | | | - |
| 2a b | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | 2% |
| c d | If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| Part | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). | (5), | or se | ction | | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | Yes | No |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 2 | ├ ^ | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | | | Х |
| 1 2 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes." Dues, assessments and similar amounts from members | | 1 | | | |
| а | political expenses for which the section 527(f) tax was paid). Current year | | 2a | | | |
| c b | Carryover from last year | | 2b 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby | ıng | | | | |
| _ | and political expenditure next year? | | 4 | | | |
| 5 Par | Taxable amount of lobbying and political expenditures (see instructions) | <u> </u> | 5 | <u> </u> | | |
| Provid 2 (see | le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information. .obbying is done on a contract basis which includes mileage. All expenses were for contact with state legislators and Govi | | | | | and |
| | No donations or cash contributions were made during the year | 511101 8 | 5 Stail I | Augus | | |
| | | | • | | | |
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| | m 990 or 990-EZ) 2016 | Page 4 |
|---------|--------------------------------------|---------------|
| Part IV | Supplemental Information (continued) | |
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SCHEDULE J (Form 990) ·

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Maine Harness Horsemen's Association Employer identification number 01-0377632

| Part | Questions Regarding Compensation | | | |
|-------------|---|----------------|-----|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | Yes | No |
| | ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (such as, maid, chauffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | - |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Compensation survey or study Form 990 of other organizations | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a b c | Receive a severance payment or change-of-control payment? | 4a 4b 4c | | V |
| 5 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a b | The organization? | 5a 5b | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a b | The organization? | 6a 6b | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Retirement and (D) Notative No. (C) Retirement and (D) Notative No. (C) Retirement and (D) Notative No. (C) Retirement and (D) Notative No. (C) Retirement and (D) Notative No. (C) Retirement and (D) Notative No. (C) Retirement and (D) No. (C) Retirement and (E) Total of columns (B)(i)–(D) (C) Retirement and (F) Compensation (D) Nontaxable benefits other deferred compensation in column (B) reported as deferred on prior Form 990 (i) Base (ii) Bonus & incentive (iii) Other (A) Name and Title compensation reportable compensation compensation (1) 36860 Debble Patterson, Office Mgr (ii) (i) (ii) (i) (ii) (i) (ii) (ı) (ii) (i) (ii) (i) (ii) (1) (ti) (1) (ii) (1) (ii) 10 (i) (ii) 11 (i) (ii) 12 (i) (ii) (1) (11) (1) (ii) 15 (i) (ii) 16

Schedule J (Form 990) 2016

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 2016

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

| Maine Harness Horsemen's Association | 01-0377632 | | | |
|---|----------------------------|--|--|--|
| Form 990 Part V line 13a: The MHHA is not involved with or does it issue any qualified health plans. | | | | |
| Form 990 Part VI lines 7a and 7b: Board members have the right to fill a vacancy 3 months prior to an election. All members are | | | | |
| able to vote to ratify the budget at our annual meeting in January. | | | | |
| Part IV line 11b Members of the Board are given a copy of this return each year. | | | | |
| Part VI lines 15a and 15b All employees are interviewed by the Board. | | | | |
| Part VI line 19 All documents are available for view during normal business hours at our office at 1 | 85 State St., Augusta, ME. | | | |
| Form 990 Part VI Part A Lines 1a, 1b Lines 2-7b: There are over 500 members of the Association. The | ney elect a 9 member Board | | | |
| of Directors to carry out the normal business of the Association. An annual meeting is held in Jar | nuary to conduct elections | | | |
| and discuss and vote on any pertinent matters. | | | | |
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