efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492289014507 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 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. Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 07-01-2016 and ending 06-30-2017 B Check if applicable C Name of organization D Employer identification number AMERICAN COUNCIL OF ENGINEERING \square Address change COMPANIES OF MAINE 01-0414899 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 5191 ☐ Final return/terminated (207) 622-5714 City or town, state or province, country, and ZIP or foreign postal code □ Amended return AUGUSTA, ME 043325191 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is not □ Cash ☑ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www acecmaine org **J Tax-exempt status**(check only one) - □ 501(c)(3) ☑ 501(c)(6) ◀(insert no) □ 4947(a)(1) or □ 527 ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 9,000 1 2 2 Program service revenue including government fees and contracts 8,533 3 Membership dues and assessments 3 105,369 4 4 5a Gross amount from sale of assets other than inventory b 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 6b 648 sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d648 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 Other revenue (describe in Schedule O) 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 123,550 10 10 Grants and similar amounts paid (list in Schedule O) 45,881 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 59,175 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 698 16 Other expenses (describe in Schedule O) 16 16,288 17 Total expenses. Add lines 10 through 16 17 122,042 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 1,508 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 49,352 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 50,860 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		wastian in this Bart I	11		
	Check if the organization used Schedule	O to respond to any t) Beginning of year	• •	(B) End of year
22 Cash. sa	avings, and investments		(^	47,821	22	37,630
	d buildings			,	23	37,000
24 Other as	ssets (describe in Schedule O)			5,573	24	19,330
25 Total as	ssets			53,394	25	56,960
26 Total lia	abilities (describe in Schedule O)			4,042	26	6,100
27 Net ass	ets or fund balances (line 27 of column	(B) must agree with	line 21)	49,352	27	50,860
Part III	Statement of Program Service And Check if the organization used Schedule	-			/ _D	Expenses Leguired for section 501(c)
TO PROTECT BOTH NATION ENGINEERIF Describe the measured b	organization's primary exempt purpose? I THE PUBLIC INTEREST, TO ADVANCE THE PUBLIC INTEREST, TO ADVANCE THE CONTINUALLY AND IN MAINE BY CONTINUALLY NG, AND OTHERWISE TO PROMOTE THE CONTINUAL PROPERTY. I organization's program service accomplicy expenses. In a clear and concise manner.	HE PROFESSIONAL QUIMPROVING THE BUSICOMMON BUSINESS IN Shments for each of iter, describe the service	ALITY OF CONSULTII NESS PRACTICES OF ITERESTS OF ITS ME s three largest progra	NG ENGINEERING F CONSULTING MBERS am services, as	(3 or) and 501(c)(4) ganizations, optional for hers)
28	nd other relevant information for each pro nal Data Table	ogram dde				
·	-c.u			. 🗆		
(Grants \$)	If this amoun	t includes foreign gran	its, check here .	▶ ⊔	288	
29					298	3
(C + +)	76.11			▶ □		
(Grants \$)	It this amoun	t includes foreign gran	its, check here .	🔻 🗆		
30					30a	a
				. 🗖		
(Grants \$)		t includes foreign gran		▶ ⊔		
31 Other pr	ogram services (describe in Schedule O)					
(Grants \$)		t includes foreign gran			31a	
	ogram service expenses (add lines 28a List of Officers, Directors, Trustees,		(list each one even if n			
Part IV	Check if the organization used Schedule	O to respond to any o	uestion in this Part 1	IV see the	• 11150	
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid	- benefit plans,	nploy and	vee of other compensation
	ani Data Tabia		enter -0-)			
See Addition	nal Data Table					

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	9	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . $$.		🗆	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			No
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)			
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	35c	Yes	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37ь		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]		
40a	Section $501(c)(3)$ organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	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		
c	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 sections4912, 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		No
41 42a	List the states with which a copy of this return is filed ► The organization's books are in care of ► ASSOCIATION MGM SOLUTIONS OF ME Telephone no ►	(207) 5	88-7815	
7 2 4	Located at ▶ 74 MATTHEW LANE WEST GARDINER, ME ZIP + 4 ▶	0434		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	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 • 43			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44d		
452	explanation in Schedule O	45a		No No
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning			
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

candidates for candid	inization engage, directly or indirectly or public office? If "Yes," complete tion 501(c)(3) organizations ection 501(c)(3) organizations k if the organization used Schedule	Schedule C, Part I some sonly must answer questi				46	Yes	No
candidates for candid	or public office? If "Yes," complete tion 501(c)(3) organization: ection 501(c)(3) organizations	Schedule C, Part I some sonly must answer questi						No
All sect All sect Check 7 Did the orga If "Yes," com	tion 501(c)(3) organizations	s only must answer questi						No
All se Check 7 Did the orga If "Yes," com	ection $501(c)(3)$ organizations	must answer questi	ons 47-49b and 5					
7 Did the orga If "Yes," com	k if the organization used Schedule	O to respond to any a	ons in isbanas	2, and c	complete the table	es for li	nes 50	and 5
If "Yes," com		e to respond to any q	uestion in this Part \	/I	<u></u>		Yes	□ No
If "Yes," com		_						
8 Is the organi	inization engage in lobbying activiti nplete Schedule C, Part II)1(h) election in effe		the tax year?	47		
0.9411	ızatıon a school as described in sec	tion 170(b)(1)(A)(ii)? I	If "Yes," complete So	:hedule E		48		
9a Did the orga	inization make any transfers to an o	exempt non-charitable	related organization	?		49a		
b If "Yes," was	s the related organization a section	527 organization?				49b		
	is table for the organization's five h	-	mployees (other tha	n officers	, directors, trustees	and key	employ	rees)
who each red	ceived more than \$100,000 of com	pensation from the org	janization If there is	none, e	nter "None "			
(a) Name	and title of each employee	(b) Average hours per week	(c) Reportable compensation	contr	l) Health benefits, ibutions to employe	1 ' '	stimated er comp	
		devoted to position	(Forms W-2/1099 MISC)		enefit plans, and erred compensation			
f Total numb	ber of other employees paid over \$	100,000			-			
	is table for the organization's five he on from the organization. If there is		dependent contracto	rs who e	each received more	han \$10	0,000 o	f
·	a) Name and business address of e	·	actor	(b) T	ype of service (c) Comp	ensation	<u> </u>
					+			
d Total numb	ber of other independent contractor	s each receiving over s	\$100,000		• _			
2 Did the or	ganization complete Schedule A? N	OTE. All Section 501(:)(3) organizations n	nust atta	ch a			
completed	d Schedule A		· · · · · · · · · · · · · · · · · · ·			► □ Ye	es 🗆 t	No
	perjury, I declare that I have exam							
owledge and bell s any knowledge	lief, it is true, correct, and complete e	Declaration of prepai	er (other than office	r) is base	ed on all information	n of whic	h prepa	rer
	: * *				2017-10-10			
gn	ature of officer				Date			
	MCCARTHY EXECUTIVE DIRECTOR							
	or print name and title Print/Type preparer's name	Preparer's signature	l Da	te	PTIN			
ı	AMY P TRUNNELL	Treparer 3 signature		17-10-10		01030		
aid	self-employed Firm's name					3527		
reparer	THITIS HAIRE P AIRT I TROUVELLE CIA	Firm's address ▶ 200 OLD KENTS HILL RD Phone no (207) 685-9:						
aid reparer se Only		RD			Phone no (207) 685-	9202		
reparer					Phone no (207) 685-	9202		

Additional Data

Software ID: Software Version:

EIN: 01-0414899

Name: AMERICAN COUNCIL OF ENGINEERING

COMPANIES OF MAINE

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	`(c	Expenses quired for section 501)(3) and 501(c)(4) quizations; optional for others.)
ACTIVITIES INCLUDE FINANCIALLY SUPPORTING THE NATIONAL ACEC TO ASSURE MEMBER ACCESS TO THEIR SERVICES, MANAGE THE FALL FORUM, ENGINEERING EXCELLENCE AWARDS PROGRAM, STATEWIDE AND REGIONAL MEMBERSHIP MEETINGS, THE ACEC OF MAINE WEBSITE AND QUARTERLY NEWSLETTERS, MONITOR, REPORT AND PARTICIPATE IN STATE AND FEDERAL LEGISLATIVE, REGULATORY AND ADMINISTRATIVE ACTIONS, AND ENSURE MEMBER PARTICIPATION ON JOINT COMMITTEES WITH THE MAINE DEPARTMENT OF TRANSPORTATION AND THE MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION	28a	
(Grants \$) If this amount includes foreign grants, check here ▶ □		

Form 990EZ, Part IV - List of Offi (list each one even if not compensated — Check if the organization used Schedule C	see the instructions for Part 1) to respond to any question i	IV) n this Part IV		<u> </u>
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
RICK MCCARTHY EXECUTIVE DI	6 50	0		
OWEN MCCULLOUGH PRESIDENT	2 00	0		
TIM BOYCE PRESIDENT EL	2 00	0		
JAMES WILSON PAST PRESIDE	2 00	0		
THERESA PATTEN SECRETARY	2 00	0		
GENE SHEPHARD TREASURER	2 00	0		
CAROLYN BIRD STATE DIRECT	1 00	0		
RAY BOLDUC STATE DIRECT	1 00	0		
PEGGY DUVAL STATE DIRECT	1 00	0		
DALE MITCHELL STATE DIRECT	1 00	0		
RYAN WINGARD STATE DIRECT	1 00	0		
TRAVIS NOYES STATE DIRECT	1 00	0		
SCOTT GRAHAM NATIONAL DIR	1 00	0		

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93492289014507

Open to Public Inspection

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

SCHEDULE C (Form 990 or 990-

> ▶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.

• the	Section 501(c) (other than section 5 Section 527 organizations Comple e organization answered "Yes" o Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under 9 t have NOT filed Form 5768 (election u n Form 990, Part IV, Line 5 (Proxy Ta is), then	s I-A and C below 990-EZ, Part VI, Iir section 501(h)) Co nder section 501(h	ne 47 (Lobbying Act ion Complete Part II-A Do r (i)) Complete Part II-B	vities not co Do i	omplete Part II- not complete P	art II-A
Nar AME	me of the organization ERICAN COUNCIL OF ENGINEERING			Employer	iden	ntification num	nber
	MPANIES OF MAINE T I-A Complete if the orga	nization is exempt under section	on 501(c) or is	01-041489 a section 527 or		zation.	
1 2 3		nization's direct and indirect political cai			,	\$	
Par	t I-B Complete if the orga	nization is exempt under section	on 501(c)(3).				
1 2 3	Enter the amount of any excise to	ax incurred by the organization under s ax incurred by organization managers u tion 4955 tax, did it file Form 4720 for	ınder section 4955)	•	\$\$ \$	□ No
4a	Was a correction made?					☐ Yes	□ No
b			501(-)		\/2\		
1 2 3	Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$						
4 5	Tes 🗆 No						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds If none, en -0-	ı's	(e) Amount contribution and promi directly delivered organization enter	s received otly and vered to a political i If none,
!							
}							
ļ							
j							
;							
or D	Paperwork Reduction Act Notice see	the instructions for Form 990 or 990-F7		N FOODAG Cabada	I- C (F 000 00	0 57) 2016

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

Total Add lines 1c through 1i

activity

1

2

3

c Total

Part IV

3

Current year

Carryover from last year

expenditure next year?

Return Reference

(b)

Amount

(a)

Yes

1

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2016

No

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 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?

(6). Were substantially all (90% or more) dues received nondeductible by members? 1

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Yes No 1 Nο

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

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

2 No No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

answered "Yes." Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

31.173 34.772

105,369

31,173

-3.599

efile GRAPHIC print - DO NOT PROCESS			DLN:	93492289014507		
SCHEDUL (Form 990 or EZ)	990-	Complete to pro Form 990 o ▶ Information about	vide information for r 990-EZ or to provi ▶ Attach to Forn	990 or 990-EZ) and its instru	ons on n.	OMB No 1545-0047 2016 Open to Public Inspection
Internal Review Service American Council of Engliseering AMERICAN COUNCIL OF ENGINEERING COMPANIES OF MAINE 990 Schedule O, Supplemental Information				fication number		
Return Reference				Explanation		
FORM 990- EZ, PART I, LINE 10	ACEC N	ATIONAL DUES 45,881				

Return Explanation Pafaranca

Reference	
FORM 990-	PAC FUNDRAISER RAFFLE ITEMS 200 EXPENSES PAC DONATION 632 MEMBERSHIP SUPPORT 150 WEBSITE 3
EZ. PART I.	8 TELEPHONE 290 TRAVEL 1.141 MEETINGS 4.426 NATIONAL CONVENTION 4.489 FORUM AWARDS PROGRAM

3.668 INSURANCE 1.254 TOTAL 16.288 LINE 16

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990-PRIOR PERIOD ADJUSTMENTS- VOID CKS 0 EZ, PART I,

LINE 20

Return Explanation

Reference	
FORM 990- EZ, PART II,	ACCOUNTS RECEIVABLE 5,573 6,748 PREPAID EXPENSES AND DEFERRED CHARGES 0 12,582 TOTAL 5,573 19,330

LINE 24

Return Explanation
Reference

LINE 26

FORM 990- ACCOUNTS PAYABLE AND ACCRUED EXPENSES 4,042 6,100 EZ, PART II,

Return Explanation

FORM 990-	TO PROTECT THE PUBLIC INTEREST, TO ADVANCE THE PROFESSIONAL QUALITY OF CONSULTING ENGINEER
EZ, PART III	ING BOTH NATIONALLY AND IN MAINE BY CONTINUALLY IMPROVING THE BUSINESS PRACTICES OF CONSUL
	TING ENGINEERING. AND OTHERWISE TO PROMOTE THE COMMON BUSINESS INTERESTS OF ITS MEMBERS

Return Explanation
Reference

FORM 990-	ACTIVITIES INCLUDE FINANCIALLY SUPPORTING THE NATIONAL ACEC TO ASSURE MEMBER ACCESS TO TH
EZ, PART III,	EIR SERVICES, MANAGE THE FALL FORUM, ENGINEERING EXCELLENCE AWARDS PROGRAM, STATEWIDE AND
LINE 28	REGIONAL MEMBERSHIP MEETINGS, THE ACEC OF MAINE WEBSITE AND QUARTERLY NEWSLETTERS, MONITOR
	, REPORT AND PARTICIPATE IN STATE AND FEDERAL LEGISLATIVE, REGULATORY AND ADMINISTRATIVE A
	CTIONS, AND ENSURE MEMBER PARTICIPATION ON JOINT COMMITTEES WITH THE MAINE DEPARTMENT OF T
	RANSPORTATION AND THE MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION