

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 08-01-2016 , and ending 07-31-2017

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
Maine Telecommunications User Group
d/b/a/ Maine Technology Users Group

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 8549

City or town, state or province, country, and ZIP or foreign postal code
Portland, ME 04104

D Employer identification number
01-0520454

E Telephone number
(207) 370-5327

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.mtug.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization 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) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 92,200

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

		Revenue	
1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	92,125
3	Membership dues and assessments	3	
4	Investment income	4	75
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	92,200
		Expenses	
10	Grants and similar amounts paid (list in Schedule O)	10	4,000
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	32,595
13	Professional fees and other payments to independent contractors	13	2,025
14	Occupancy, rent, utilities, and maintenance	14	3,996
15	Printing, publications, postage, and shipping	15	5,804
16	Other expenses (describe in Schedule O)	16	54,245
17	Total expenses. Add lines 10 through 16 ▶	17	102,665
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,465
		Net Assets	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	112,909
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	102,444

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	112,609	22	104,494
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	300	24	0
25 Total assets	112,909	25	104,494
26 Total liabilities (describe in Schedule O).	0	26	2,050
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	112,909	27	102,444

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 MTUG's mission is to advance the understanding of the IT professional community regarding advances, trends, and regulatory/legal issues impacting business and organizational technology infrastructure MTUG provides economic and social benefits to MTUG members, Maine businesses, and residents by working with telecommunications providers and legislative and regulatory agencies to enhance the telecommunications infrastructure and services in Maine

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

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		29a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
30		30a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	44,799

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(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
Katherine Carpenter Executive Director	25 00	31,985	0	0
Al Bakutis President	1 50	0	0	0
Christopher Falk Vice President	1 50	0	0	0
Austin Brower Treasurer	1 50	0	0	0
Tonia Ennis Secretary	1 50	0	0	0
Ron Brown Scholarship & Board Liaison	1 50	0	0	0
Michael Begin Board Member	1 00	0	0	0
Joe Bourgault Board Member	1 00	0	0	0
Abbie Brown Board Member	1 00	0	0	0
John Foley Board Member	1 00	0	0	0
Brian Foote Board Member	1 00	0	0	0
Kevin Heatley Board Member	1 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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 (other than officer) is based on all information of which preparer has any knowledge

Sign Here *****
Signature of officer
Date 2018-03-02
Katherine Carpenter Executive Director
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Richard E Emerson Jr CPA CVA
Preparer's signature
Date: 2018-03-02
Check if self-employed
PTIN: P00095846
Firm's name: Purdy Powers & Company
Firm's EIN: 01-0463013
Firm's address: 130 Middle Street, Portland, ME 04101
Phone no: (207) 775-3496

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:

Software Version:

EIN: 01-0520454

Name: Maine Telecommunications User Group
d/b/a/ Maine Technology Users Group

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 Annual Technology Summit and Trade Show Provides 15 educational sessions and 59 vendor displays to an audience of 500+ people, as well as a keynote address on an important technology topic (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	39,573

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<p>29 Monthly educational programs (Sept-May), free to the public, about technology topics of importance to IT professionals, businesses, and organization leaders Planned, advertised, found speakers, and hosted 7 webinar events and 4 social networking events that included an educational component with 30 to 50 people per event For the webinars, program video is made available on MTUG's website's archives (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>5,226</p>

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 Outreach in the area of Workforce Development A new programmatic area, MTUG is beginning to reach out to STEM organizations and to be a connection between students and young people to careers in IT and technology employers MTUG works with the University of Maine Foundation and local businesses to fund multiple scholarships for technology students each year (Grants \$ 4,000) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>30a</p>	<p style="text-align: right;">0</p>

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: Maine Telecommunications User Group
d/b/a/ Maine Technology Users Group

EIN: 01-0520454

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2016

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Department of the Treasury
Internal Revenue Service

Name of the organization
Maine Telecommunications User Group
d/b/a/ Maine Technology Users Group

Employer identification number

01-0520454

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description Interest Income Amount 75

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification Grantee Name UMaine Foundation Amount Given 4,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description Advertising Amount 1,432 Description Conferences & Meetings Amount 28,411 Description Supplies Amount 5,860 Description Travel Amount 987 Description Telephone Amount 2,784 Description Insurance Amount 1,112 Description Outside Computer Services Amount 11,406 Description Membership Dues Amount 125 Description Other Expenses Amount 2,128 Total to Form 990-EZ, line 16 54,245

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24 - Other Assets	Description Other Assets Beg of Year Amount 300 End of Year Amount 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description Other Liability Beg of Year Amount 0 End of Year Amount 2,050