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Form 990-EZ

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/form990ez.

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

C Name of organization
MAINE ASSOCIATION FOR COMMUNITY SERVICE PROVIDERS

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 149

City or town, state or province, country, and ZIP or foreign postal code
HALLOWELL, ME 043470149

D Employer identification number
01-0382070

E Telephone number
(207) 725-4371

F Group Exemption Number ▶

H Check ▶ ☑ if the organization is **not**

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	205,136	22	212,420
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	1,610	24	1,259
25 **Total assets**	206,746	25	213,679
26 **Total liabilities** (describe in Schedule O)	14,059	26	14,985
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	192,687	27	198,694

[redacted]

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 . . . . . ☑

[redacted]

		Yes	No
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.

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

****** 2018-12-04

Signature of officer Date

[redacted]

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

			Yes	No
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**		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(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

Additional Data

Software ID:

Software Version:

EIN: 01-0382070

Name: MAINE ASSOCIATION FOR COMMUNITY SERVICE PROVIDERS

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.)	
28 WORK WITH LEGISLATORS, HOLD MEETINGS FOR MEMBER ORGANIZATIONS, ATTEND LOCAL & NATIONAL CONFERENCES REGARDING ISSUED FACING THE MENTALLY CHALLENGED (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	58,762

TX 2017 Transfers Personal Benefits

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ 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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
MAINE ASSOCIATION FOR COMMUNITY SERVICE PROVIDERS

Employer identification number
01-0382070

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 359

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER REVENUE AMOUNT 1,513

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MANAGEMENT AND GENERAL AMOUNT 13,561 DESCRIPTION LEGISLATIVE, ADVOCACY AN D EDUCATION AMOUNT 58,762 DESCRIPTION PAYROLL TAXES AMOUNT 5,830 TOTAL TO FORM 990-EZ, LINE 16 78,153

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 1,610 END OF YEAR AMOUNT 1,259

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCRUED WAGES & COMPENSATED ABSENCES BEG OF YEAR AMOUNT 14,059 END OF YEA R AMOUNT 12,342 DESCRIPTION DEFERRED REVENUE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUN T 2,643