DLN: 93492009000049 **Short Form** OMB No 1545-1150 Form 990-EZ **Return of Organization Exempt From Income Tax** 2017 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/form990ez. Department of the Treasury Inspection Internal Revenue Service A For the 2017 calendar year, or tax year beginning 07-01-2017 and ending 06-30-2018 **B** Check if applicable C Name of organization D Employer identification number MAINE ASSOCIATION FOR COMMUNITY SERVICE ☐ Address change PROVIDERS 01-0382070 ☐ 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 149 ☐ Final return/terminated (207) 725-4371 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return HALLOWELL, ME 043470149 F Group Exemption ☐ Application pending Number Charle -I if the erganization is not

Form 990-EZ	(2017)	Page 3
Part V	Other Information (Note the Schedule A and personal benefit contract statement requirements in the	
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Form	990-EZ (2017)						Page 4
						Yes	No
46	Did the organization engage, directly or indirect candidates for public office? If "Yes," complete						l
Par		<u> </u>			46		No
-en	All section 501(c)(3) organization		47 4064 50		- C- I	50	
d	Total number of other independent contractor	rs each receiving over	\$100,000	· · · · · • _			
52	Did the organization complete Schedule A? N	NOTE All Section 501(c)(3) organizations mus	et attach a			
J2	completed Schedule A				- □ ve	es 🗆 r	No
Jndei	r penalties of perjury, I declare that I have exan	nined this return, inclu	dina accompanyina sch	edules and statements, and	to the	best of	mv
know	ledge and belief, it is true, correct, and complete ny knowledge						
145 4	I k						
- :	Signature of officer			2018-12-04 Date			
Sign Here							
2=	16.						
1.1	<u> </u>						
	A -						
•							
	Check if the organization used Schedule	e O to respond to any q	juestion in this Part VI .		<u> </u>		□ Na
						Yes	No
47	Did the organization engage in lobbying activiting If "Yes," complete Schedule C, Part II	ies or have a section 50	01(h) election in effect	during the tax year?	47		
					47		
48	Is the organization a school as described in sec			dule E			
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 had who each received more than \$100,000 of com				and key	employ	ees)
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits,	(e) Es	stimated	amoun
		hours per week devoted to position	compensation (Forms W-2/1099-	contributions to employee benefit plans, and	of oth	er comp	ensatior
		<u> </u>	MISC)	deferred compensation			
					<u> </u>		

Additional Data

Software ID:

Software Version:

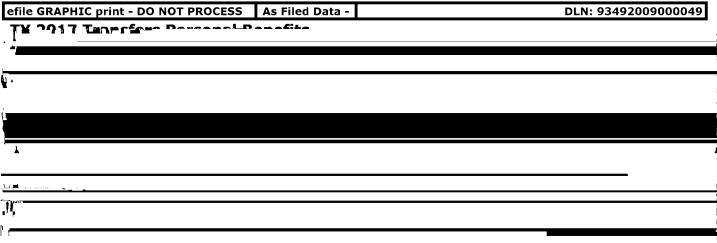
EIN: 01-0382070

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.)		
	5, HOLD MEETINGS FOR MEMBER ORGANIZATIONS, ATTEND LOCAL & NATIONAL G ISSUED FACING THE MENTALLY CHALLENGED	28a	58,762		
(Grants \$ 0)	If this amount includes foreign grants, check here \ldots . \blacktriangleright				



efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN			: 93492009000049		
SCHEDULI (Form 990 or 9 EZ)	m 990 or 990- 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.				
Name of the organization Marine Association FOR COMMUNITY SERVICE PROVIDERS 990 Schedule O, Supplemental Information Return Explanation		Employer ident 01-0382070	Employer identification number 01-0382070		
Reference FORM 990- EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 359				

Return Reference Explanation

FORM 990- DESCRIPTION OTHER REVENUE AMOUNT 1,513

990 Schedule O, Supplemental Information

REVENUE

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

990 Schedule O, Supplemental Information

Return Explanation

Reference

EXPENSES

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

Return Explanation

990 Schedule O, Supplemental Information

FORM 990- DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 1,610 END OF YEAR AMOUNT 1,259

EZ, PART II,

LINE 24
OTHER

ASSETS

Return Explanation
Reference

990 Schedule O, Supplemental Information

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