

Form **990EZ**
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.
Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization: MAINE LIBRARY ASSOCIATION
Number and street (or P O box, if mail is not delivered to street address): 93 Saco Avenue
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Old Orchard Beach, ME 04064

D Employer identification number: 01-0383486
E Telephone number: (207) 730-3028
F Group Exemption Number:

G Accounting Method: Cash Accrual Other (specify) _____

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

I Website: www.mainelibraries.org
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

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. **\$ 81,930**

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
Revenue	1	Contributions, gifts, grants, and similar amounts received																												13,762	
	2	Program service revenue including government fees and contracts																												51,585	
	3	Membership dues and assessments																												16,470	
	4	Investment income																												113	
	5a	Gross amount from sale of assets other than inventory						0																							
	5b	Less cost or other basis and sales expenses						0																							
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)							0																						
	6	Gaming and fundraising events																													
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																													
	6b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																													
6c	Less direct expenses from gaming and fundraising events																														
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													0	
7a	Gross sales of inventory, less returns and allowances																														
7b	Less cost of goods sold																														
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																													0	
8	Other revenue (describe in Schedule O)																													0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																													81,930	
Expenses	10	Grants and similar amounts paid (list in Schedule O)																												2,620	
	11	Benefits paid to or for members																												0	
	12	Salaries, other compensation, and employee benefits																												0	
	13	Professional fees and other payments to independent contractors																													7,000
	14	Occupancy, rent, utilities, and maintenance																												0	
	15	Printing, publications, postage, and shipping																													1,049
	16	Other expenses (describe in Schedule O)																													34,775
17	Total expenses. Add lines 10 through 16																													45,444	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																												36,486	
	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)																												62,541	
	20	Other changes in net assets or fund balances (explain in Schedule O)																												0	
	21	Net assets or fund balances at end of year Combine lines 18 through 20																													99,027

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	62,541	22	99,027
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	62,541	25	99,027
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,541	27	99,027

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

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

What is the organization's primary exempt purpose?
Professional & Educational Association

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

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
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	0

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
Jenna Davis Executive Director	10	7,000	0	0
Jennifer Alvino President	10	0	0	0
Wynter Giddings Vice President	10	0	0	0
Alisia Revitt Past President	10	0	0	0
Nissa Flanagan Treasurer	2	0	0	0
Courtney Sparks Secretary	2	0	0	0
Kara Reiman ALA Councilor	2	0	0	0
Cadence Atchinson Member at Large	2	0	0	0
Kate Wing Member at Large	2	0	0	0
Michelle Sampson NELA Representative	2	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 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

The organization's books are in care of Jenna Davis Telephone no (207) 730-3028
Located at 93 Saco Avenue Old Orchard Beach, ME ZIP + 4 04064

Table with columns for question number, question text, and Yes/No columns. Rows include 42b, 42c.

43 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

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	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.
 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

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 "

(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.

<div style="display: flex; align-items: center;"> <div style="font-weight: bold; margin-right: 5px;">Sign Here</div> <div style="border-bottom: 1px solid black; flex-grow: 1;"> Signature of officer </div> </div>	2020-05-14 Date
<div style="display: flex; align-items: center;"> <div style="font-weight: bold; margin-right: 5px;">Sign Here</div> <div style="border-bottom: 1px solid black; flex-grow: 1;"> Nissa Flanagan Systems/Technical Services Librar </div> </div> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶			Firm's EIN ▶	
	Firm's address ▶			Phone no	

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

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 01-0383486

Name: MAINE LIBRARY ASSOCIATION

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 Maine Library Association Annual Conference provides professional development opportunities to approximately 200 librarians, as well as the opportunity to present, network, and hear speakers from outside the state (Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	28a	

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<p>29 Maine Library Association Annual Meeting provides an opportunity for approximately 50 librarians to share ideas along the topic of Libraries with No Development Staff (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

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<p>30 Engaging with the ACRL Framework A Catalyst for Exploring and Expanding Our Teaching Practices was a workshop for 61 librarians, primarily academic (Grants \$)</p>	<p>30a</p>	

If this amount includes foreign grants, check here . . .

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Maine Academic Libraries Day was a networking and professional development event for 100 librarians, primarily academic (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

Name of the organization
MAINE LIBRARY ASSOCIATION

Employer identification number

01-0383486

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10	Ainsworth Scholarship - \$350 Conference Scholarship - \$270 New England Library Leadership program - \$2000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	Description, Amount^Chapter Dues to the American Library Association, 300 Expenses for running professional development events, 25620 Bank fees, 190 Insurance, 1076 Member dues share to New England Library Association, 705 Conference travel expenses, 4713 Website and Membership Mgmt Software, 2171^Total, 34775^