### Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

- The organization may have to use a copy of this return to satisfy state reporting requirements.

#### A For the 2001 calendar year, or tax year beginning 2001, and ending

<table>
<thead>
<tr>
<th>C Name of organization</th>
<th>D Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAINE ASSOCIATION OF NONPROFITS</td>
<td>01-0488538</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number and street (or P.O. box if mail is not delivered to street address)</th>
<th>Room/suite</th>
</tr>
</thead>
<tbody>
<tr>
<td>565 CONGRESS STREET, SUITE 301</td>
<td>(207) 871-1865</td>
</tr>
</tbody>
</table>

**City or town, state or country, and ZIP + 4**

**PORTLAND, ME 04101**

*Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

#### G Web site: [ ]

#### J Organization type (check only one) [ ] 501(c)(3) [ ] 4947(a)(1) [ ] 527 [ ]

#### K Check here [ ] if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

#### L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12

<table>
<thead>
<tr>
<th>1 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Contributions, gifts, grants, and similar amounts received:</td>
</tr>
<tr>
<td>(STMT 1)</td>
</tr>
<tr>
<td>Direct public support</td>
</tr>
<tr>
<td>Indirect public support</td>
</tr>
<tr>
<td>Government contributions (grants)</td>
</tr>
<tr>
<td>b Total (add lines 1a through 1c) (cash $ 54,000, noncash $)</td>
</tr>
<tr>
<td>Program service revenue including government fees and contracts (from Part VII, line 93)</td>
</tr>
<tr>
<td>Membership dues and assessments</td>
</tr>
<tr>
<td>Interest on savings and temporary cash investments</td>
</tr>
<tr>
<td>Dividends and interest from securities</td>
</tr>
<tr>
<td>a Gross rents</td>
</tr>
<tr>
<td>Less: rental expenses</td>
</tr>
<tr>
<td>Net rental income or (loss) (subtract line 6b from line 6a)</td>
</tr>
<tr>
<td>b Other investment income (describe)</td>
</tr>
<tr>
<td>a Gross amount from sales of assets other than inventory</td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
</tr>
<tr>
<td>Gain or (loss) (attach schedule)</td>
</tr>
<tr>
<td>d Net gain or (loss) (combine line 8c, columns (A) and (B))</td>
</tr>
<tr>
<td>Special events and activities (attach schedule)</td>
</tr>
<tr>
<td>a Gross revenue (not including $ of contributions reported on line 1a)</td>
</tr>
<tr>
<td>b Less: direct expenses other than fundraising expenses</td>
</tr>
<tr>
<td>Net income or (loss) from special events (subtract line 9b from line 9a)</td>
</tr>
<tr>
<td>a Gross sales of inventory, less returns and allowances</td>
</tr>
<tr>
<td>b Less: cost of goods sold</td>
</tr>
<tr>
<td>Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)</td>
</tr>
<tr>
<td>Other revenue (from Part VII, line 103)</td>
</tr>
<tr>
<td>Total revenue (add lines 1d, 2, 3, 4, 5, 6a, 7, 8d, 9c, 10c, and 11)</td>
</tr>
<tr>
<td>a Program services (from line 44, column (B))</td>
</tr>
<tr>
<td>Management and general (from line 44, column (C))</td>
</tr>
<tr>
<td>Fundraising (from line 44, column (D))</td>
</tr>
<tr>
<td>Payments to affiliates (attach schedule)</td>
</tr>
<tr>
<td>Total expenses (add lines 16 and 44, column (A))</td>
</tr>
<tr>
<td>Excess or (deficit) for the year (subtract line 17 from line 12)</td>
</tr>
<tr>
<td>Net assets or fund balances at beginning of year (from line 73, column (A))</td>
</tr>
<tr>
<td>Other changes in net assets or fund balances (attach explanation)</td>
</tr>
<tr>
<td>Net assets or fund balances at end of year (combine lines 18, 19, and 20)</td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the separate instructions.
## Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

<table>
<thead>
<tr>
<th>Item</th>
<th>(A) Total</th>
<th>(B) Program services</th>
<th>(C) Management and general</th>
<th>(D) Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Grants and allocations (attach schedule)</td>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(cash $<em><strong>) noncash $</strong></em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Specific assistance to individuals (attach schedule)</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Benefits paid to or for members (attach schedule)</td>
<td>24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Compensation of officers, directors, etc.</td>
<td>25 52,885. 50,241. 2,115. 529.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other salaries and wages</td>
<td>26 196,934. 187,437. 7,224. 2,273.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Pension plan contributions</td>
<td>27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other employee benefits</td>
<td>28 6,980. 6,186. 611. 183.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Professional fundraising fees</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Accounting fees</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Legal fees</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Supplies</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Telephone</td>
<td>34 7,090. 6,168. 709. 213.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Postage and shipping</td>
<td>35 8,372. 7,135. 1,237.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Occupancy</td>
<td>36 17,489. 15,215. 1,749. 525.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Equipment rental and maintenance</td>
<td>37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Printing and publications</td>
<td>38 7,513. 5,910. 1,603.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Travel</td>
<td>39 5,537. 3,788. 1,749.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Conferences, conventions, and meetings</td>
<td>40 3,592. 1,603. 1,989.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Interest</td>
<td>41 2,776. 832. 1,915. 29.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Depreciation, depletion, etc. (attach schedule)</td>
<td>42 5,428. 4,761. 513. 154.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Other expenses not covered above (itemize): $718</td>
<td>43a 74,648. 69,578. 3,946. 1,124.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b $718</td>
<td>43b</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c $718</td>
<td>43c</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d $718</td>
<td>43d</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e $718</td>
<td>43e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Total functional expenses (add lines 22 through 43).</td>
<td>44 413,221. 379,714. 27,758. 5,749.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Joint Costs

Check [ ] if you are following SOP 88-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [x] No

If "Yes," enter (i) the aggregate amount of these joint costs $_________; (ii) the amount allocated to Program services $_________; (iii) the amount allocated to Management and general $_________; and (iv) the amount allocated to Fundraising $_________.

## Part III Statement of Program Service Accomplishments

(See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? [ ] STMT 4

All organizations must describe their exempt purpose achievement in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

<table>
<thead>
<tr>
<th>Program Service Expenses</th>
<th>STMT 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>126,266.</td>
</tr>
<tr>
<td>GROUP SERVICES - LEVERAGING MEMBER PURCHASING POWER FOR DISCOUNTS ON GOODS AND SERVICES AND OBTAINING AFFORDABLE BENEFITS FOR NONPROFIT EMPLOYEES.</td>
<td>114,234.</td>
</tr>
<tr>
<td>MEMBER SERVICES - PROVIDING MEMBERS WITH ACCESS TO LIBRARY REFERENCE SERVICES, LEADERSHIP NETWORKS AND GUIDANCE IN DEVELOPING NEW PROGRAMS AND SERVICES.</td>
<td>113,385.</td>
</tr>
<tr>
<td>ADVOCACY - PROVIDING A FORUM ON NONPROFIT ACCOUNTABILITY AND ETHICS, ECONOMIC DEVELOPMENT, SOCIAL SERVICES, EDUCATION AND CULTURAL PROGRESS THROUGH NEWSLETTERS AND OTHER MEDIA.</td>
<td>25,829.</td>
</tr>
</tbody>
</table>

| Total of Program Service Expenses (should equal line 44, column (B), Program services) | 379,714. |
### Balance Sheets

**Part IV**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Cash - non-interest-bearing</td>
<td>32,568.45</td>
<td>4,979.46</td>
</tr>
<tr>
<td>46</td>
<td>Savings and temporary cash investments</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>47a</td>
<td>Accounts receivable</td>
<td>38,520.47a</td>
<td>38,520.47c</td>
</tr>
<tr>
<td></td>
<td>Less: allowance for doubtful accounts</td>
<td>47b</td>
<td></td>
</tr>
<tr>
<td>48a</td>
<td>Pledges receivable</td>
<td>48a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less: allowance for doubtful accounts</td>
<td>48b</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Grants receivable</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Receivables from officers, directors, trustees, and key employees (attach schedule)</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>51a</td>
<td>Other notes and loans receivable (attach schedule)</td>
<td>51a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less: allowance for doubtful accounts</td>
<td>51b</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Inventories for sale or use</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Prepaid expenses and deferred charges</td>
<td>3,270.53</td>
<td>1,075.52</td>
</tr>
<tr>
<td>54</td>
<td>Investments - securities (attach schedule)</td>
<td>Cost FMV 54</td>
<td></td>
</tr>
<tr>
<td>55a</td>
<td>Investments - land, buildings, and equipment: basis</td>
<td>55a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less: accumulated depreciation (attach schedule)</td>
<td>55b</td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>Investments - other (attach schedule)</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>57a</td>
<td>Land, buildings, and equipment: basis</td>
<td>30,772.57a</td>
<td>20,114.57c</td>
</tr>
<tr>
<td></td>
<td>Less: accumulated depreciation (attach schedule)</td>
<td>8,743.57b</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Other assets (describe ▶)</td>
<td>58</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>59</td>
<td>Total assets (add lines 45 through 58) (must equal line 74)</td>
<td>112,469.59</td>
<td>66,603.60</td>
</tr>
<tr>
<td>60</td>
<td>Accounts payable and accrued expenses</td>
<td>45,770.60</td>
<td>69,189.61</td>
</tr>
<tr>
<td>61</td>
<td>Grants payable</td>
<td>81</td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>Deferred revenue</td>
<td>58,839.62</td>
<td>29,037.63</td>
</tr>
<tr>
<td>63</td>
<td>Loans from officers, directors, trustees, and key employees (attach schedule)</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>64a</td>
<td>Tax-exempt bond liabilities (attach schedule)</td>
<td>64a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mortgages and other notes payable (attach schedule)</td>
<td>64b</td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>Other liabilities (describe ▶) STMT 6</td>
<td>19,949.65</td>
<td>16,707.66</td>
</tr>
</tbody>
</table>

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>Total liabilities (add lines 60 through 65)</td>
<td>124,558.66</td>
<td>114,933.67</td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117, check here ▶ X and complete lines 67 through 69 and lines 73 and 74.**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td>Unrestricted</td>
<td>-12,089.67</td>
<td>-48,330.68</td>
</tr>
<tr>
<td>68</td>
<td>Temporarily restricted</td>
<td>68</td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>Permanently restricted</td>
<td>69</td>
<td></td>
</tr>
</tbody>
</table>

**Organizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Capital stock, trust principal, or current funds</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>71</td>
<td>Paid-in or capital surplus, or land, building, and equipment fund</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>72</td>
<td></td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances (add lines 67 through 69 OR lines 70 through 72):**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>73</td>
<td>Total net assets or fund balances</td>
<td>-12,089.73</td>
</tr>
</tbody>
</table>

**Total liabilities and net assets / fund balances (add lines 66 and 73):**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>74</td>
<td>112,469.74</td>
</tr>
</tbody>
</table>

---

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.
### Part IV-A  Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

- **a.** Total revenue, gains, and other support per audited financial statements
- **b.** Amounts included on line a but not on line 12, Form 990:
  - (1) Net unrealized gains NOT APPLICABLE on investments
  - (2) Donated services and use of facilities
  - (3) Recoveries of prior year grants
  - (4) Other (specify):

  Add amounts on lines (1) through (4)

- **c.** Line a minus line b
- **d.** Amounts included on line 12, Form 990 but not on line a:
  - (1) Investment expenses not included on line 6b, Form 990
  - (2) Other (specify):

  Add amounts on lines (1) and (2)

- **e.** Total revenue per line 12, Form 990 (line c plus line d)

### Part IV-B  Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

- **a.** Total expenses and losses per audited financial statements
- **b.** Amounts included on line a but not on line 17, Form 990:
  - (1) Donated services and use of facilities
  - (2) Prior year adjustments reported on line 20, Form 990
  - (3) Losses reported on line 20, Form 990
  - (4) Other (specify):

  Add amounts on lines (1) through (4)

- **c.** Line a minus line b
- **d.** Amounts included on line 17, Form 990 but not on line a:
  - (1) Investment expenses not included on line 6b, Form 990
  - (2) Other (specify):

  Add amounts on lines (1) and (2)

- **e.** Total expenses per line 17, Form 990 (line c plus line d)

### Part V  List of Officers, Directors, Trustees, and Key Employees

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (If not paid, enter 0)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE STATEMENT 9</td>
<td>52,885 0 0</td>
<td>-0 0</td>
<td>-0 0</td>
<td></td>
</tr>
</tbody>
</table>

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? □ Yes X No

If "Yes," attach schedule - see Specific Instructions on page 27.
Form 990 (2001)  01-0498538

Part VI  Other Information (See Specific Instructions on page 27.)

76  Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.  
77  Were any changes made in the organizing or governing documents but not reported to the IRS?  
78a  Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?  
78b  If "Yes," has it filed a tax return on Form 990-T for this year?  
79  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.  
80a  Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  
81a  Enter direct or indirect political expenditure. See line 81 instructions.  
81b  Did the organization file Form 1120-POL for this year?  
82a  Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  
82b  If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)  
83a  Did the organization comply with the public inspection requirements for returns and exemption applications?  
83b  Did the organization comply with the disclosure requirements relating to quid pro quo contributions?  
84a  Did the organization solicit any contributions or gifts that were not tax deductible?  
84b  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  
85a  501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?  
85b  Did the organization make only in-house lobbying expenditures of $2,000 or less?  
85c  Dues, assessments, and similar amounts from members  
85d  Section 182(e) lobbying and political expenditures  
85e  Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  
85f  Taxable amount of lobbying and political expenditures (line 85d less 85e)  
85g  Does the organization elect to pay the section 6033(e) tax on the amount in 85f?  
85h  If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?  
86  501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12  
86a  N/A  
86b  Gross receipts, included on line 12, for public use of club facilities  
87  501(c)(12) orgs. Enter: a Gross income from members or shareholders  
87a  N/A  
87b  Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  
88  At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?  
88a  501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:  
89a  b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction  
89b  c  Amount of tax imposed on the organization managers or disqualified persons under sections 4912, 4955, and 4958.  
89c  d  Amount of tax on line 89c, above, reimbursed by the organization  
90  List the states with which a copy of this return is filed  
90a  b Number of employees employed in the pay period that includes March 12, 2001 (See instructions)  
91  The books are in care of  
92  Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year.
**Part VII** Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

<table>
<thead>
<tr>
<th>Note: Enter gross amounts unless otherwise indicated.</th>
</tr>
</thead>
<tbody>
<tr>
<td>93 Program service revenue:</td>
</tr>
<tr>
<td>a SERVICE REVENUE</td>
</tr>
<tr>
<td>b</td>
</tr>
<tr>
<td>c</td>
</tr>
<tr>
<td>d</td>
</tr>
<tr>
<td>e</td>
</tr>
<tr>
<td>f Medicare/Medicaid payments</td>
</tr>
<tr>
<td>g Fees and contracts from government agencies</td>
</tr>
<tr>
<td>94 Membership dues and assessments</td>
</tr>
<tr>
<td>95 Interest on savings and temporary cash investments</td>
</tr>
<tr>
<td>96 Dividends and interest from securities</td>
</tr>
<tr>
<td>97 Net rental income or (loss) from real estate</td>
</tr>
<tr>
<td>a debt-financed property</td>
</tr>
<tr>
<td>b not debt-financed property</td>
</tr>
<tr>
<td>98 Net rental income or (loss) from personal property</td>
</tr>
<tr>
<td>99 Other investment income</td>
</tr>
<tr>
<td>100 Gain or (loss) from sales of assets other than inventory</td>
</tr>
<tr>
<td>101 Net income or (loss) from special events</td>
</tr>
<tr>
<td>102 Gross profit or (loss) from sales of inventory</td>
</tr>
<tr>
<td>103 Other revenue: a</td>
</tr>
<tr>
<td>b SUBSCRIPTIONS</td>
</tr>
<tr>
<td>c MISCELLANEOUS</td>
</tr>
<tr>
<td>d</td>
</tr>
<tr>
<td>e</td>
</tr>
<tr>
<td>104 Subtotal (add columns (B), (D), and (E))</td>
</tr>
<tr>
<td>105 Total (add line 104, columns (B), (D), and (E))</td>
</tr>
</tbody>
</table>

**Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**

**Part VIII** Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

- **Line No.** Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

| 93 ALL INCOME IN COLUMN (E) WAS USED TO PROMOTE AND SUPPORT |
| NONPROFIT ORGANIZATIONS THROUGH EDUCATION, ADVOCACY AND |
| MEMBER SERVICES. |

**Part IX** Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

<table>
<thead>
<tr>
<th>(A) Name, address, and EIN of corporation, partnership, or disregarded entity</th>
<th>(B) Percentage of ownership interest</th>
<th>(C) Nature of activities</th>
<th>(D) Total income</th>
<th>(E) End-of-year assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part X** Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **Yes X No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **Yes X No**

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

---

**Please Sign Here**

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.

Signature of officer

Date

**Type or print name and title.**

**Paid Preparer's Use Only**

Preparer's signature

Date 9-17-2002

Check if self-employed □

Preparer's SSN or PTIN (See Gen. Inst. W)

P00018362

Firm's name or hours if self-employed

ALBIN, RANDALL & BENNETT, CPA'S

EIN □ 01-0448006

ONE PORTLAND SQUARE, PO BOX 445

PHONE NO. □ 207-772-1981

PORTLAND, ME 04112-0445

Form 990 (2001)

JSA

1E1055 2.000
**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(h), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

Name of the organization: **MAINE ASSOCIATION OF NONPROFITS**

Employer identification number: **01-0488538**

**Part I**

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $50,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other employees paid over $50,000: **NONE**

**Part II**

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of others receiving over $50,000 for professional services: **NONE**

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.
Part III  Statements About Activities (See page 2 of the instructions.)

1  During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? if "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______________ (Must equal amount on line 38, Part VI-A, or line 1 or Part VI-B.)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2  During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

   a  Sale, exchange, or leasing of property? .......................................................... 2a  X
   b  Lending of money or other extension of credit? ........................................... 2b  X
   c  Furnishing of goods, services, or facilities? .................................................. 2c  X
   d  Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? .......................................................... 2d  X
   e  Transfer of any part of its income or assets? ............................................... 2e  X

3  Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.) 3  X

4  Do you have a section 403(b) annuity plan for your employees? 4  X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV  Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box)

5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  
6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(iv).
9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(vii). Enter the hospital's name, city, and state ▶

10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

11a  X  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

<table>
<thead>
<tr>
<th>(a) Name(s) of supported organization(s)</th>
<th>(b) Line number from above</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14  X  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)
Part IV-A  Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2000</th>
<th>(b) 1999</th>
<th>(c) 1998</th>
<th>(d) 1997</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15  Gifts, grants, and contributions received</td>
<td>94,500</td>
<td>67,000</td>
<td>62,875</td>
<td>60,225</td>
<td>284,600</td>
</tr>
<tr>
<td>16  Membership fees received</td>
<td>119,078</td>
<td>103,663</td>
<td>101,434</td>
<td>120,167</td>
<td>444,342</td>
</tr>
<tr>
<td>17  Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose</td>
<td>57,296</td>
<td>66,293</td>
<td>37,920</td>
<td>29,790</td>
<td>191,299</td>
</tr>
<tr>
<td>18  Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19  Net income from unrelated business activities not included in line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20  Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21  The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22  Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets</td>
<td>STMT 11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23  Total of lines 15 through 22</td>
<td>293,304</td>
<td>248,193</td>
<td>202,229</td>
<td>210,182</td>
<td>953,908</td>
</tr>
<tr>
<td>24  Line 23 minus line 17</td>
<td>236,008</td>
<td>181,900</td>
<td>164,309</td>
<td>180,392</td>
<td>762,609</td>
</tr>
<tr>
<td>25  Enter 1% of line 23</td>
<td>2,933</td>
<td>2,482</td>
<td>2,022</td>
<td>2,102</td>
<td></td>
</tr>
<tr>
<td>26  Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total support for section 509(a)(1) test: Enter line 24, column (e)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Add: Amounts from column (e) for lines:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Public support (line 26c minus line 26d total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27  Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a &quot;disqualified person,&quot; prepare a list for your records to show the name of, and total amounts received in each year from, each &quot;disqualified person.&quot; Do not file this list with your return. Enter the sum of such amounts for each year:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b For any amount included in line 17 that was received from each person (other than &quot;disqualified persons&quot;), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000. (Include the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add: Amounts from column (e) for lines:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Add: Line 27a total and line 27b total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Public support (line 27c total minus line 27d total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28  Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part V  Private School Questionnaire**  
*(See page 7 of the instructions.)*  
*(To be completed ONLY by schools that checked the box on line 6 in Part IV)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
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<tr>
<td>31</td>
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<tr>
<td>32</td>
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<tr>
<td>33</td>
<td></td>
<td></td>
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<tr>
<td>34a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Instructions:**  
- Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?  
- Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  
- Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the community it serves?  
- If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)  
- Does the organization maintain the following:  
  - Records indicating the racial composition of the student body, faculty, and administrative staff?  
  - Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  
  - Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  
  - Copies of all material used by the organization or on its behalf to solicit contributions?  
- If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  
- Does the organization discriminate by race in any way with respect to:  
  - Students' rights or privileges?  
  - Admissions policies?  
  - Employment of faculty or administrative staff?  
  - Scholarships or other financial assistance?  
  - Educational policies?  
  - Use of facilities?  
  - Athletic programs?  
  - Other extracurricular activities?  
- If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)  
- Does the organization receive any financial aid or assistance from a governmental agency?  
- Has the organization's right to such aid ever been revoked or suspended?  
- If you answered "Yes" to either 34a or b, please explain using an attached statement.  
- Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.
### Part VI-A: Lobbying Expenditures by Electing Public Charities

(See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

<table>
<thead>
<tr>
<th>Check</th>
<th>a</th>
<th>if the organization belongs to an affiliated group.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check</td>
<td>b</td>
<td>if you checked &quot;a&quot; and &quot;limited control&quot; provisions apply.</td>
</tr>
</tbody>
</table>

#### Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

<table>
<thead>
<tr>
<th></th>
<th>(a) Affiliated group totals</th>
<th>(b) To be completed for ALL electing organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>36</td>
</tr>
<tr>
<td>37</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>37</td>
</tr>
<tr>
<td>38</td>
<td>Total lobbying expenditures (add lines 36 and 37)</td>
<td>38</td>
</tr>
<tr>
<td>39</td>
<td>Other exempt purpose expenditures</td>
<td>39</td>
</tr>
<tr>
<td>40</td>
<td>Total exempt purpose expenditures (add lines 38 and 39)</td>
<td>40</td>
</tr>
<tr>
<td>41</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table: If the amount on line 40 is: The lobbying nontaxable amount is:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Not over $500,000</td>
<td>20% of the amount on line 40</td>
</tr>
<tr>
<td></td>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000</td>
</tr>
<tr>
<td></td>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000</td>
</tr>
<tr>
<td></td>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000</td>
</tr>
<tr>
<td></td>
<td>Over $17,000,000</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>42</td>
<td>Grassroots nontaxable amount (enter 25% of line 41)</td>
<td>42</td>
</tr>
<tr>
<td>43</td>
<td>Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36</td>
<td>43</td>
</tr>
<tr>
<td>44</td>
<td>Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38</td>
<td>44</td>
</tr>
</tbody>
</table>

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 Lobbying nontaxable amount . . . . . . . .</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46 Lobbying ceiling amount (150% of line 45(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47 Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49 Grassroots nontaxable ceiling amount (150% of line 48(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part VI-B: Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.
51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Cash</td>
<td>51a(i) X</td>
</tr>
<tr>
<td>(ii) Other assets</td>
<td>a(ii) X</td>
</tr>
</tbody>
</table>

b Other transactions:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Sales or exchanges of assets with a noncharitable exempt organization</td>
<td>b(i) X</td>
</tr>
<tr>
<td>(ii) Purchases of assets from a noncharitable exempt organization</td>
<td>b(ii) X</td>
</tr>
<tr>
<td>(iii) Rental of facilities, equipment, or other assets</td>
<td>b(iii) X</td>
</tr>
<tr>
<td>(iv) Reimbursement arrangements</td>
<td>b(iv) X</td>
</tr>
<tr>
<td>(v) Loans or loan guarantees</td>
<td>b(v) X</td>
</tr>
<tr>
<td>(vi) Performance of services or membership or fundraising solicitations</td>
<td>b(vi) X</td>
</tr>
</tbody>
</table>

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | c X |

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Line no.</td>
<td>(a) Amount involved</td>
<td>(b) Name of noncharitable exempt organization</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes X No</td>
</tr>
</tbody>
</table>

b If "Yes," complete the following schedule:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name of organization</td>
<td>(b) Type of organization</td>
<td>(c) Description of relationship</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Schedule B
(1990, 990-EZ, 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

2001

Employer Identification number

MAINE ASSOCIATION OF NONPROFITS

01-0488538

Organization Type (check one):

Filers of: Section:

Form 990 or 990-EZ

☐ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General rule or a Special rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions.)

General Rule -

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) ................................................................. $

Caution: Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)) -

List in Part I each contributor whose contributions total more than $1,000 during the year that were for a religious, charitable, etc., purpose. To determine the $1,000, aggregate all of a contributor’s gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If a section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor’s name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer’s name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor’s number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property’s fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes must complete Parts I through III for those persons whose gifts totaled more than $1,000 during the year. Show also, in the heading of Part III, total gifts that were $1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.
### Part I Contributors (See Specific Instructions.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address and ZIP + 4</th>
<th>Aggregate contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BINGHAM FOUNDATION 45 MEMORIAL CIRCLE AUGUSTA, ME 04330</td>
<td>40,000.</td>
<td>Payroll X</td>
</tr>
<tr>
<td>2</td>
<td>THE BETTERMINT FUND ROOM 3500, 330 MADISON AVE. NEW YORK, NY 10017</td>
<td>7,500.</td>
<td>Person X</td>
</tr>
<tr>
<td>3</td>
<td>NELLIE MAE FOUNDATION 50 BRAINTREE HILL PARK BRAINTREE, MA 02184</td>
<td>5,000.</td>
<td>Person X</td>
</tr>
</tbody>
</table>

(Complete Part II if there is a noncash contribution.)
Application for Extension of Time To File an Exempt Organization Return

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I**

**Automatic 3-Month Extension of Time**—Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Type or print**

File by the due date for filing your return. See instructions.

<table>
<thead>
<tr>
<th>Name of Exempt Organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine Association of Nonprofits</td>
<td>01:0488638</td>
</tr>
</tbody>
</table>

Number, street, and room or suite no. If a P.O. box, see instructions.

516 Congress St., Suite 301

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Portland, ME 04101

Check type of return to be filed (file a separate application for each return):

- [x] Form 990
- [ ] Form 990-T (corporation)
- [ ] Form 990-T (sec. 401(a) or 408(a) trust)
- [ ] Form 990-T (trust other than above)
- [ ] Form 1041-A
- [ ] Form 4720
- [ ] Form 5227
- [ ] Form 6069
- [ ] Form 8870

If the organization does not have an office or place of business in the United States, check this box.

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1. I request an automatic 3-month (6-month, for 990-T corporation) extension of time until Aug. 15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
   - [x] calendar year 2002, or
   - [ ] tax year beginning __________________________, 20___, and ending __________________________, 20___

2. If this tax year is for less than 12 months, check reason:
   - [ ] Initial return
   - [ ] Final return
   - [ ] Change in accounting period

3a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonrefundable credits. See instructions

3b. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

3c. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature]
Title: [Title]
Date: [Date]

For Paperwork Reduction Act Notice, see Instruction

Cat. No. 279180
Form 8868 (12-2002)
Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization:
MAINE ASSOCIATION OF NONPROFITS

Employer Identification number:
01-0488538

For IRS use only

Number, street, and room or suite no. If a P.O. box, see instructions.
565 CONGRESS STREET, SUITE 301

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
PORTLAND, ME 04101

Check type of return to be filed (File a separate application for each return):
X Form 990  □ Form 960-EZ  □ Form 990-T (sec. 401(a) or 408(a) trust)  □ Form 1041-A  □ Form 5227  □ Form 8870
□ Form 990-BL  □ Form 990-PF  □ Form 990-T (trust other than above)  □ Form 4720  □ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

☐ If the organization does not have an office or place of business in the United States, check this box.
☐ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) if this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.


5 For calendar year 2001, or other tax year beginning and ending

6 If this tax year is for less than 12 months, check reason: Initial return  Final return  Change in accounting period

7 State in detail why you need the extension DUE TO A CHANGE OF EXECUTIVE DIRECTOR.

ADDITIONAL TIME IS REQUIRED IN ORDER TO PREPARE AN ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title  ALBIN, RANDALL & BENNETT, CPA'S
Date  8/13/2002

Notice to Applicant - To Be Completed by the IRS

☐ We have approved this application. Please attach this form to the organization's return.
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

By:
Date:

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name
ALBIN, RANDALL & BENNETT, CPA'S

Number and street (Include suite, room, or apt. no.) Or a P.O. box number
ONE PORTLAND SQUARE, PO BOX 445

City or town, province or state, and country (including postal or ZIP code)
PORTLAND, ME 04112-0445

EXTENSION APPROVED

AUG 20 2002

LINDA WEISKOFF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

Form 8868 (12-2000)
<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Date</th>
<th>Indirect Public Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bingham Foundation</td>
<td></td>
<td>40,000</td>
</tr>
<tr>
<td>45 Memorial Circle, Augusta, ME 04330</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Betterment Fund</td>
<td></td>
<td>7,500</td>
</tr>
<tr>
<td>Room 3500, 330 Madison Ave., New York, NY 10017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nellie Mae Foundation</td>
<td></td>
<td>5,000</td>
</tr>
<tr>
<td>50 Braintree Hill Park, Braintree, MA 02184</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Sector</td>
<td></td>
<td>1,500</td>
</tr>
<tr>
<td>1828 L Street, NW, Washington, DC 20036</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Contribution Amounts

54,000
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>GROSS REVENUE</th>
<th>DIRECT EXPENSES</th>
<th>NET INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORKSHOP REVENUE</td>
<td>70,154</td>
<td>37,087</td>
<td>33,067</td>
</tr>
<tr>
<td>TOTALS</td>
<td>70,154</td>
<td>37,087</td>
<td>33,067</td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>TOTAL</td>
<td>PROGRAM SERVICES</td>
<td>MANAGEMENT AND GENERAL</td>
</tr>
<tr>
<td>---------------------------</td>
<td>--------</td>
<td>------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>BAD DEBTS</td>
<td>25,395.</td>
<td>25,395.</td>
<td></td>
</tr>
<tr>
<td>DUES &amp; SUBSCRIPTIONS</td>
<td>1,212.</td>
<td>1,155.</td>
<td>57.</td>
</tr>
<tr>
<td>INSURANCE</td>
<td>6,201.</td>
<td>5,395.</td>
<td>620.</td>
</tr>
<tr>
<td>OFFICE</td>
<td>11,618.</td>
<td>10,597.</td>
<td>785.</td>
</tr>
<tr>
<td>PROFESSIONAL FEES</td>
<td>25,519.</td>
<td>22,880.</td>
<td>2,030.</td>
</tr>
<tr>
<td>STAFF DEVELOPMENT</td>
<td>1,132.</td>
<td>990.</td>
<td>142.</td>
</tr>
<tr>
<td>ADVERTISING</td>
<td>3,571.</td>
<td>3,166.</td>
<td>312.</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td>74,648.</td>
<td>69,578.</td>
<td>3,946.</td>
</tr>
</tbody>
</table>
FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE SERVICES, RESOURCES, LEADERSHIP, TRAINING, TECHNICAL SUPPORT, AND A VOICE FOR ALL NONPROFIT PUBLIC AND CORPORATE ORGANIZATIONS SERVING MAINE COMMUNITIES.
FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

EDUCATION - ASSISTING MEMBERS WITH OPERATIONS, BOARD
GOVERNANCE, FUND DEVELOPMENT, FINANCIAL MANAGEMENT,
VOLUNTEER DEVELOPMENT AND PERSONNEL ISSUES THROUGH WORKSHOPS
AND CONFERENCES.

EXPENSES

126,266

TOTAL

379,714
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEGINNING BOOK VALUE</th>
<th>ENDING BOOK VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LINE OF CREDIT</td>
<td>5,000.</td>
<td>NONE</td>
</tr>
<tr>
<td>CAPITAL LEASE OBLIGATIONS</td>
<td>14,949.</td>
<td>16,707.</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>19,949.</strong></td>
<td><strong>16,707.</strong></td>
</tr>
<tr>
<td>NAME AND ADDRESS</td>
<td>TITLE AND TIME</td>
<td>DEVOTED TO POSITION</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>----------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>TIMOTHY KITTREDGE</td>
<td>PRESIDENT</td>
<td>AS NEEDED</td>
</tr>
<tr>
<td>35 RAND ROAD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YARMOUTH, ME 04096</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAROL GOLOFF</td>
<td>TREASURER</td>
<td>AS NEEDED</td>
</tr>
<tr>
<td>BATH IRON WORKS, MAIL STOP 3200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>700 WASHINGTON AVE.</td>
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<td>BATH, ME 04530</td>
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<tr>
<td>JOHN WALKER</td>
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<tr>
<td>565 CONGRESS ST., SUITE 301</td>
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<td>STACY BEGIN</td>
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<tr>
<td>CHILDREN'S THEATER OF MAINE</td>
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<td>P.O. BOX 1011</td>
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<tr>
<td>BONNIE-JEAN BROOKS</td>
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<td>O.H.I.</td>
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<td>2B FREEDOM PARKWAY</td>
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<td>BECKIE CONRAD</td>
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<td>LA EXCELS</td>
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<td>ISLAND INSTITUTE</td>
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<tr>
<td>NAME AND ADDRESS</td>
<td>TITLE AND TIME DEVOTED TO POSITION</td>
<td>COMPENSATION</td>
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<tr>
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<tr>
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<td>CHRISTINE FORCE BOARD MEMBER</td>
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<tr>
<td>HANNAFORD BROS., INC. AS NEEDED</td>
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<td>GEORGE LAMBERT BOARD MEMBER</td>
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<tr>
<td>BAKER, NEWMAN &amp; NOYES AS NEEDED</td>
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<td>P.O. BOX 507</td>
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<td>ELLEN MOY BOARD MEMBER</td>
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<td>HISTORICAL SOCIETY OF WELLS &amp; OUNQ AS NEEDED</td>
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<td>22 TANGLEWOOD DRIVE</td>
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<td>KENNEBUNK, ME 04043</td>
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<tr>
<td>SUSAN PATNEAUBE BOARD MEMBER</td>
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<td>RURAL COMMUNITY ACTION MINISTRY AS NEEDED</td>
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<td>RR2 BOX 2900</td>
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<td>PRETI, FLAHERTY, BELIVEAU, PACHOIS AS NEEDED</td>
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<td>RICHARD RODERICK BOARD MEMBER</td>
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<td>DEAD RIVER COMPANY AS NEEDED</td>
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<td>P.O. BOX 17577</td>
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<td>PORTLAND, ME 04112-8577</td>
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<tr>
<td>NAME AND ADDRESS</td>
<td>TITLE AND TIME</td>
<td>COMPENSATION</td>
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<tr>
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<tr>
<td>NANCY WINSLOW</td>
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<tr>
<td>DAVIS FAMILY FOUNDATION</td>
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<td>4 FUNDY ROAD</td>
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<td>FALMOUTH, ME 04105</td>
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<td>GREG SHEA</td>
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<td>TRI-COUNTY MENTAL HEALTH</td>
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<td>P.O. BOX 2008</td>
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<td>LEWISTON, ME 04241-2008</td>
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<td>ANN TARTRE</td>
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<td>MAINE COMMUNITY FOUNDATION</td>
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<tr>
<td>RUTH VINAL</td>
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<td>THE IRIS NETWORK</td>
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<tr>
<td>189 PARK AVE.</td>
<td></td>
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<tr>
<td>PORTLAND, ME 04402</td>
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</table>

GRAND TOTALS 52,885.
SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE PART V, FORM 990
# SCHEDULE A, PART IV-A - OTHER INCOME

<table>
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<td>18,044.</td>
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<td>Totals</td>
<td>22,430.</td>
<td>11,237.</td>
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<td>33,667.</td>
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Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I

Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print

Name of Exempt Organization

Maine Association of Nonprofits

Employer identification number

01-0488538

File by the due date for filing your return. See instructions.

Number, street, and room or suite no. If a P.O. box, see instructions.

565 Congress St., Suite 301

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Portland, ME 04101

Check type of return to be filed (file a separate application for each return):

☑ Form 990

☐ Form 990-BL

☐ Form 990-T (sec. 401(a) or 408(a) trust)

☐ Form 990-EZ

☐ Form 990-T (trust other than above)

☐ Form 990-PF

☐ Form 1041-A

☐ Form 4720

☐ Form 5227

☐ Form 6089

☐ Form 8870

- If the organization does not have an office or place of business in the United States, check this box.

- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members of the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until Aug 15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☑ calendar year 2002,

☐ tax year beginning ____________________________, 20__, and ending ____________________________, 20__

2 If this tax year is for less than 12 months, check reason:

☐ Initial return

☐ Final return

☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

$______________________________

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

$______________________________

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

$______________________________

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: __________________________

Walter H. Nunnally

Title: Interim Exec. Director

Date: 4/24/02

For Paperwork Reduction Act Notice, see Instructions

Cat. No. 2791-ED

Form 8868 (12-2000)
• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.**

<table>
<thead>
<tr>
<th>Name of Exempt Organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAINE ASSOCIATION OF NONPROFITS</td>
<td>01-0488538</td>
</tr>
</tbody>
</table>

**File the extended due date for filing the return. See instructions.**

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Number, street, and room or suite no. If a P.O. box, see instructions.</th>
<th>City, town or post office, state, and ZIP codes. For a foreign address, see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990</td>
<td>565 CONGRESS STREET, SUITE 301</td>
<td>PORTLAND, ME 04101</td>
</tr>
<tr>
<td>Form 990-EZ</td>
<td>For IRS use only</td>
<td></td>
</tr>
<tr>
<td>Form 990-T</td>
<td></td>
<td></td>
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<tr>
<td>Form 1041-A</td>
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<td>Form 5227</td>
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<tr>
<td>Form 4720</td>
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<td></td>
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<tr>
<td>Form 6069</td>
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</tr>
</tbody>
</table>

**Check type of return to be filed (File a separate application for each return):**

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust
- Form 1041-A
- Form 5227
- Form 4720
- Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members of the extension is for.

4 I request an additional 3-month extension of time until 11/15/2002
5 For calendar year 2001 , or other tax year beginning and ending .
6 If this tax year is for less than 12 months, check reason:
   - Initial return
   - Final return
   - Change in accounting period
7 State in detail why you need the extension DUE TO A CHANGE OF EXECUTIVE DIRECTOR.

**ADDITIONAL TIME IS REQUIRED IN ORDER TO PREPARE AN ACCURATE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .

8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 .

8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature]
Title: [Title]
Date: [Date]

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

By: [Signature]
Date: [Date]

**Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.**

<table>
<thead>
<tr>
<th>Name</th>
<th>City or town, province or state, and country (including postal or ZIP code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALBIN, RANDALL &amp; BENNETT, CPA'S</td>
<td>PORTLAND, ME 04112-0445</td>
</tr>
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</table>

**JSA**

[1F8050 1.000]