Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For the	2018 calendar year, or tax year beginning and e	nding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres change	MAINE ASSOCIATION OF NONPROFITS			
	Name change			01-0	488538
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	565 CONGRESS STREET 3	01	(207) 871-1885
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	797,778.
	Amend return	PORTLAND, ME 04101		H(a) Is this a group re	
	Applica tion pending	F Name and address of principal officer. O EMMITTER TIOTCHIND		for subordinates	? Yes X No
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	· ·	list. (see instructions)
		e: ► WWW.NONPROFITMAINE.ORG		H(c) Group exemptio	
K		organization: X Corporation Trust Association Other ►	L Year o	of formation: 1996 N	1 State of legal domicile: ME
Р		Summary	TCCTO	N TO MO OMDI	SNOWILEN WILE
ģ	1	Briefly describe the organization's mission or most significant activities: OUR MLEADERSHIP, VOICE AND ORGANIZATIONAL EFFEC	TSSTO	IEGG OF OUD	CMAME'C
ju e		Check this box if the organization discontinued its operations or dispose			
Activities & Governance	3 1			1 . 1	16
ć	4 1	Number of independent voting members of the governing body (Part VI, line 1a)			16
≪ "	5 5	Fotal number of individuals employed in calendar year 2018 (Part V, line 2a)			10
<u></u>	6	Total number of volunteers (estimate if necessary)			88
ξ	7a	Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Ā	b	Net unrelated business taxable income from Form 990-T, line 38			5,840.
		,		Prior Year	Current Year
ď	8 (Contributions and grants (Part VIII, line 1h)		420,277.	521,905.
į	9	Program service revenue (Part VIII, line 2g)		236,043.	275,520.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		298.	353.
α	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		656,618.	797,778.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ď	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		397,709.	430,250.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	0.
Ž	b	Total fundraising expenses (Part IX, column (D), line 25)		201 770	202 272
	'' \	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		281,770. 679,479.	282,372. 712,622.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-22,861.	85,156.
	19 I	Revenue less expenses. Subtract line 18 from line 12	Day	ginning of Current Year	
ts o	20	Total assets (Part X, line 16)		160,058.	End of Year 245,807.
Asse	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		23,706.	24,299.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		136,352.	221,508.
P	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
		\			
Sig	jn	Signature of officer		Date	
Не	re	JENNIFER HUTCHINS, EXECUTIVE DIRECTOR			
		Type or print name and title	- 15		
		Print/Type preparer's name Preparer's signature		Oate Check	PTIN
Pai		PATRICK NICHOLAS, CPA PATRICK NICHOLAS	, CP 0		
	parer	Firm's name WIPFLI LLP		Firm's EIN ▶	39-0758449
Use	Only	Firm's address 30 LONG CREEK DRIVE			7 774 5764
_		SOUTH PORTLAND, ME 04106-2437		Phone no. 20	7.774.5701
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

rai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	OUR MISSION IS TO STRENGTHEN THE LEADERSHIP, VOICE AND ORGANIZATIONAL
	EFFECTIVENESS OF OUR STATE'S NONPROFIT ORGANIZATIONS SO THEY CAN
	BETTER ENRICH THE QUALITY OF COMMUNITY AND PERSONAL LIFE IN MAINE.
	DETTER ENRICH THE QUADITY OF COMMONITY AND PERSONAL HIPE IN MATNE.
	Diddle and in the second of th
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	EDUCATION AND TRAINING- MANP PROVIDES STATEWIDE MANAGEMENT TRAINING
	PROGRAMS ON FINANCIAL MANAGEMENT, FUNDRAISING, MARKETING, BOARD
	GOVERNANCE, HUMAN RESOURCES AND ORGANIZATIONAL MANAGEMENT THROUGH A
	VARIETY OF SEMINARS, INSTITUTES, TRAININGS AND WEBINARS. THESE
	PROGRAMS ARE ATTENDED BY OVER 1,500 NONPROFIT MANAGERS A YEAR AND ARE
	DISCOUNTED FOR MANP MEMBERS.
4b	(Code:) (Expenses \$ 177,493. including grants of \$) (Revenue \$ 83,855.
	MEMBERSHIP SERVICES- MANP PROVIDES A BROAD RANGE OF SERVICES FOR ITS
	MORE THAN 900 NONPROFIT MEMBERS, INCLUDING GUIDING PRINCIPLES &
	PRACTICES FOR NONPROFIT EXCELLENCE IN MAINE ONLINE AND PRINTED BEST
	PRACTICE RESOURCES, TECHNICAL ASSISTANCE THROUGH THE STAFF HELP LINE
	AND ANSWER CENTER RESOURCE LIBRARY, A BIENNIAL WAGE & BENEFIT REPORT,
	AN ONLINE JOB BOARD, THE NONPROFIT YELLOW PAGES, FEATURED MEMBER
	SPOTLIGHT, DISCOUNTED GRANTSTATION SUBSCRIPTIONS, DISCOUNTED
	PUBLICATIONS, PRO BONO LEGAL AND ACCOUNTING HELP.
	FUBLICATIONS, FRU BONO DEGAL AND ACCOUNTING HELF.
	70.066
4c	(Code:) (Expenses \$70,066. including grants of \$) (Revenue \$)
	ADVOCACY- MANP PROVIDES ADVOCACY RELATED PROGRAMS AND SERVICES SUCH AS
	ITS ADDING UP IMPACT: THE MAINE NONPROFIT SECTOR AT WORK ECONOMIC AND
	SOCIAL IMPACT REPORT, LEGISLATIVE ALERTS ON STATE AND FEDERAL
	LEGISLATION AFFECTING NONPROFITS, LEGISLATIVE ADVOCACY ON ISSUES
	IMPACTING THE ENTIRE MAINE NONPROFIT SECTOR, TRAINING, AND ONLINE
	RESOURCES ABOUT THE NONPROFIT SECTOR AND LEGISLATIVE ADVOCACY. IN
	ADDITION MANP HOSTS AN ANNUAL NONPROFIT DAY AT THE STATEHOUSE TO
	HIGHLIGHT THE SIGNIFICANT ECONOMIC AND SOCIAL CONTRIBUTIONS OF THE
	MAINE NONPROFIT SECTOR.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 27,293 • including grants of \$) (Revenue \$ 27,900 •)
40	Total program conico expenses > 597 420.

Form 990 (2018) MAINE ASSOCIATION OF NONPROFITS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. 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	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_V
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		├^
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_~
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_~
00	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_~
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) MAINE ASSOCIATION OF NONPROFITS
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			77
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<u> </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-		38	Х	1
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2018) MAINE ASSOCIATION OF NONPROFITS Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		X				
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٠.						
_	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).			Х				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Λ				
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b						
C		7c		Х				
٨	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		21				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g								
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
•	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	8						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand			7.5				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7.7				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.			v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							

Form 990 (2018) MAINE ASSOCIATION OF NONPROFITS 01-0488538 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 2 throug Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevenue Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	10.0		
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	onlv) :	availah	ole
	for public inspection. Indicate how you made these available. Check all that apply.			-
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.		-	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JENNIFER HUTCHINS - (207) 871-1885			
	565 CONGRESS STREET, NO. 301, PORTLAND, ME 04101			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	elated organization compensated (C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	d a di	irecto	r/trust	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	Institutional trustee		ee/	m pen		(***2/1099-101130)		and related
	below	dualt	utio na	Ji.	Key employee	st co	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			· ·
(1) DOUG WOODBURY	1.00									
DIRECTOR		Х						0.	0.	0.
(2) TINA CHAPMAN	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) JOAN SMITH	5.00									
TREASURER		Х		Х				0.	0.	0.
(4) STEVE MORTIMER	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) HAYDEN ANDERSON	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(6) MICHAEL BURKE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JANE CROSBY GILES	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(8) LELIA DEANDRADE	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(9) WENDY RICHARDS	1.00	.,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(10) MICHAEL MITCHELL	1.00	v							0	0
DIRECTOR (11) MARCIA SHARP	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(12) LINDA NELSON	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(13) SHIRAR PATTERSON	5.00							0.	0.	<u></u>
SECRETARY	3.00	Х		Х				0.	0.	0.
(14) GERARD QUEALLY	1.00							•	•	•
DIRECTOR		х						0.	0.	0.
(15) LAURA QUINN	1.00								3.	- 30
DIRECTOR		х						0.	0.	0.
(16) JIM ROBBINS	1.00								-	-
DIRECTOR		Х						0.	0.	0.
(17) JENNIFER HUTCHINS	40.00									
EXECUTIVE DIRECTOR				Х				79,997.	0.	8,700.

Form 990 (2018)

Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	<u>l Hi</u>	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	j
Name and title	Average	(da	Position (do not check more than one					Reportable	Reportable		Estima	
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation		amour	nt of
	week	offi	cer ar	id a di	irecto	or/trus	tee)	from	from related		othe	ər
	(list any	ector						the	organizations		compen	
	hours for	or dir	9			ated		organization	(W-2/1099-MISC	;)	from	
	related organizations	ıstee	truste		a a	bens		(W-2/1099-MISC)			organiz	
	below	ual tru	ional		ploye	t com					and rel	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	3110115
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1b Sub-total							ightharpoons	79,997.		0.	8,	700.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								79,997.	(0.	8,	700.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												0
										_	Ye	s No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," con	•				•			· ·		Г	5	Х
Section B. Independent Contractors												
Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of compe	nsati	on from	
the organization. Report compensation for												
(A)				<u> </u>				(B)			(C)	
Name and business	address	NO	ONE	C				Description of s	ervices	Cc	mpensat	ion
							7					
							\dashv		-			
O Total number of independent control of	- خرجا جواله بالوو	ot III	ni+	1 4 - 4	th	na II:-	ا- ۵۰	abaya) who :	ave then			
2 Total number of independent contractors (i		ot III	ıntec	ı (O 1	_		rea	above) who received mo	ore man			
\$100,000 of compensation from the organi	zation 📂				(- 000) (0010)

01-0488538

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
			,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		321,894.				
<u>₽</u> ,		Fundraising events		-				
ifts ar A		Related organizations						
s, G		Government grants (contribution						
Sign		All other contributions, gifts, grant						
buti		similar amounts not included above		200,011.				
n di	g	Noncash contributions included in lines 1	la-1f: \$					
a S	h	Total. Add lines 1a-1f			521,905.			
				Business Code				
ė		EDUCATION REVEN		611430	163,765.	163,765.		
e Ki		OTHER PROGRAM R	EVENUE	611430	83,855.	83,855.		
Se	С	SERVICE REVENUE		611430	27,900.	27,900.		
am eve	d							
Program Service Revenue	е							
P.	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f		>	275,520.			
	3	Investment income (including			252			252
		other similar amounts)			353.			353.
	4	Income from investment of tax						
	5	Royalties		1				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
	h	assets other than inventory Less: cost or other basis						
	b	and sales expenses						
	•	Gain or (loss)						
		Net gain or (loss)		•				
ē		Gross income from fundraising	g events (not					
Other Revenu		including \$						
Re		contributions reported on line	•					
Ē		Part IV, line 18		1				
₹		Less: direct expenses						
		Net income or (loss) from fund Gross income from gaming ac						
	эа	Part IV, line 19						
	h	Less: direct expenses		1				
		Net income or (loss) from gam						
		Gross sales of inventory, less i						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
Ī		Miscellaneous Revenue		Business Code				
Ì	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions	<u></u>	▶│	797,778.	275,520.	0.	353.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<u> </u>	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	88,697.	71,004.	15,783.	1,910.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	292,522.	234,171.	52,052.	6,299.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	00 001	16 685	2 606	4.40
9	Other employee benefits	20,831.	16,675.	3,707. 5,018.	449. 607.
10	Payroll taxes	28,200.	22,575.	5,018.	607.
11	Fees for services (non-employees):				
_	Management				
b		10,430.	8,483.	1,737.	210.
	Accounting	10,430.	0,403.	1,757.	210.
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
y	column (A) amount, list line 11g expenses on Sch 0.)	42,294.	34,397.	7,044.	853.
12	Advertising and promotion	876.	747.	115.	14.
13	Office expenses	2,711.	2,189.	466.	56.
14	Information technology	_,			
15	Royalties				
16	Occupancy	36,677.	29,489.	6,412.	776.
17	Travel	2,183.	1,920.	235.	28.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	103,155.	102,342.	725.	88.
20	Interest				
21	Payments to affiliates	_			
22	Depreciation, depletion, and amortization	6,214.	4,975.	1,105.	134.
23	Insurance	2,873.	2,264.	542.	67.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	17 470	15 140	2 070	252
а	MEMBERSHIPS AND SUBSCRI	17,479.	15,148.	2,079.	252.
b	GRANT FUNDED EXPENSES	17,447.	17,447.	1 701	017
C	BANK SERVICE CHARGES	10,064.	8,056. 7,430.	1,791.	217. 173.
d	PRINTING AND REPRODUCTI	9,030. 20,939.		1,427.	305.
	All other expenses Add lines 1 through 24s	712,622.	18,108. 597,420.	2,526.	12,438.
25	Total functional expenses. Add lines 1 through 24e	114,044.	JJ1,44U•	104,704.	14,430.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here figure if following SOP 98-2 (ASC 958-720)				
	11 TOHOWING OUT 30-2 (MOO 300-120)		L		5 000 (2212)

Form 990 (2018)
Part X Balance Sheet

Pai	TX	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	112,425.	1	179,365.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	32,345.	4	55,150.		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated em	oloyees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			8,814.	9	11,031.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	130,237.			
	b	Less: accumulated depreciation	10b	129,976.	6,474.	10c	261.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal	160,058.	16	245,807.		
	17	Accounts payable and accrued expenses		1	20,789.	17	24,299.
	18	Grants payable			0.015	18	
	19	Deferred revenue			2,917.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former					
Ě		key employees, highest compensated employee	s, and o	disqualified persons.			
Liabilities						22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 1 7-24).	Complete Part X of			
		Schedule D			22 706	25	24 200
	26	Total liabilities. Add lines 17 through 25			23,706.	26	24,299.
		Organizations that follow SFAS 117 (ASC 958		there 🕨 🛕 and			
es		complete lines 27 through 29, and lines 33 an			124 646		171 100
anc	27	Unrestricted net assets			124,646. 11,706.	27	174,488.
Bal	28	Temporarily restricted net assets			11,700.	28	47,020.
Б	29					29	
ß		Organizations that do not follow SFAS 117 (A	SC 958	, check here			
ŏ		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			136,352.	32	221,508.
_	33	Total net assets or fund balances			160,058.	33	
	34	Total liabilities and net assets/fund balances			100,030.	34	245,807.

Form **990** (2018)

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	79'	7,7	78.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,6				
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4							
5	Net unrealized gains (losses) on investments	5		5,3				
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
10		10	22.	1,5	08.			
Pa	column (B)) rt XII Financial Statements and Reporting	10		_ , _				
	Check if Schedule O contains a response or note to any line in this Part XII							
	Officer if octroduce o contains a response of flote to any line in this fact Air			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit						
	Act and OMB Circular A-133?		. 3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							
	and the complete value in Cabadula O and decaying any store talken to underso such audite		امدا		l			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MAINE ASSOCIATION OF NONPROFITS

Employer identification number

01-0488538 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 exempt 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). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	511,624.	407,286.	474,922.	420,277.	521,905.	2336014.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						_
4	Total. Add lines 1 through 3	511,624.	407,286.	474,922.	420,277.	521,905.	2336014.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						329,617.
	Public support. Subtract line 5 from line 4.						2006397.
Sec	ction B. Total Support				T		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	511,624.	407,286.	474,922.	420,277.	521,905.	2336014.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		2.42	24.5			4 600
	and income from similar sources	323.	349.	316.	298.	353.	1,639.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						0000000
11	Total support. Add lines 7 through 10					1	2337653.
12	Gross receipts from related activities,	•	,				,063,316.
13	First five years. If the Form 990 is for	~			•		
Sec	organization, check this box and stop ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (li			olumn (fl)		14	85.83 %
14						15	80.33 %
15	Public support percentage from 2017 33 1/3% support test - 2018. If the control of the control o						
104	stop here. The organization qualifies						
۲	33 1/3% support test - 2017. If the control of the		-			or more, check thi	
	and stop here. The organization qual	· ·		Ť		•	. \square
17=	10% -facts-and-circumstances test	•	•			and line 14 is 10% (
.,,	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"						
r	10% -facts-and-circumstances test						
	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ		•		•		•
18	Private foundation. If the organization			•			• • • • • • • • • • • • • • • • • • •

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

• Costing 504(a)(4) (5) and (6) and are instructions), then	Same Campulata David III			
 Section 501(c)(4), (5), or (6) organization 	ons: Complete Part III.		Fm	ployer identification number
· ·	SSOCIATION OF NO	NDROFTTC		01-0488538
Part I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 o	
 Provide a description of the organization Political campaign activity expenditure Volunteer hours for political campaign 	ation's direct and indirect politic	cal campaign activities	in Part IV.	
Part I-B Complete if the org	anization is exempt und	er section 501(c)((3).	
1 Enter the amount of any excise tax i	ncurred by the organization und	der section 4955	>	· \$
2 Enter the amount of any excise tax i	ncurred by organization manag	ers under section 4955	5 >	\$
3 If the organization incurred a section4a Was a correction made?				
b If "Yes," describe in Part IV. Part I-C Complete if the org	anization is exempt und	er section 501(c)	except section 501	(c)(3)
Enter the amount directly expended				
 2 Enter the amount of the filing organiexempt function activities 3 Total exempt function expenditures line 17b 	zation's funds contributed to ot Add lines 1 and 2. Enter here a	ther organizations for so and on Form 1120-POL	ection 527	\$
 Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization contributions received that were propolitical action committee (PAC). If a 	ployer identification number (El ion listed, enter the amount pai emptly and directly delivered to	N) of all section 527 po d from the filing organi a separate political org	olitical organizations to whi zation's funds. Also enter t anization, such as a separ	ch the filing organization the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of	line 1f)	32,973.	
h	Subtract line 1g from line 1a. If zero or less, e	nter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, er	nter -0-	0.	
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total				
2a Lobbying nontaxable amount	126,384.	122,582.	126,922.	131,893.	507,781.				
b Lobbying ceiling amount (150% of line 2a, column(e))					761,672.				
c Total lobbying expenditures	2,399.	300.	5,246.	1,089.	9,034.				
d Grassroots nontaxable amount	31,596.	30,646.	31,731.	32,973.	126,946.				
e Grassroots ceiling amount (150% of line 2d, column (e))					190,419.				
f Grassroots lobbying expenditures	901.	225.	1,388.		2,514.				

Schedule C (Form 990 or 990-EZ) 2018

Yes

reporting section 4911 tax for this year?

Schedule C (Form 990 or 990-EZ) 2018 MAINE ASSOCIATION OF NONPROFITS 01-04885 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		,	(b)	
4 5	bbying activity.	Yes	No	Amo	ount	
1 Du	uring the year, did the filing organization attempt to influence foreign, national, state, or					
	cal legislation, including any attempt to influence public opinion on a legislative matter					
or	referendum, through the use of:					
a Vo	lunteers?					
	iid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с Ме	edia advertisements?					
d Ma	ailings to members, legislators, or the public?					
e Pu	iblications, or published or broadcast statements?					
	ants to other organizations for lobbying purposes?					
	rect contact with legislators, their staffs, government officials, or a legislative body?					
	Illies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	her activities?					
	tal. Add lines 1c through 1i					
	d the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	Yes," enter the amount of any tax incurred under section 4912					
	Yes," enter the amount of any tax incurred by organization managers under section 4912					
u II t	I-A Complete if the organization is exempt under section 501(c)(4), section	1 501(c)(5), or sec	ction		
art II	501(c)(6).		,,			
art II	30 1 (5)(5).					
art II	33 1(3)(3).			Yes	No	
			1	Yes	No	
1 We	ere substantially all (90% or more) dues received nondeductible by members? d the organization make only in-house lobbying expenditures of \$2,000 or less?			Yes	No	
1 We 2 Dio 3 Dio	ere substantially all (90% or more) dues received nondeductible by members?	prior year?	2 3 5), or sec	etion		
1 We 2 Did 3 Did art II	ere substantially all (90% or more) dues received nondeductible by members? d the organization make only in-house lobbying expenditures of \$2,000 or less? d the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	e prior year? n 501(c)(5 No," OR	2 3 5), or sec (b) Part	etion	No e 3, is	
1 We 2 Did 3 Did art II	ere substantially all (90% or more) dues received nondeductible by members? d the organization make only in-house lobbying expenditures of \$2,000 or less? d the organization agree to carry over lobbying and political campaign activity expenditures from the I-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." les, assessments and similar amounts from members	e prior year? n 501(c)(5 No," OR	2 3 5), or sec (b) Part	etion		
I We 2 Did 3 Did art II	ere substantially all (90% or more) dues received nondeductible by members? d the organization make only in-house lobbying expenditures of \$2,000 or less? d the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	e prior year? n 501(c)(5 No," OR	2 3 5), or sec (b) Part	etion		
1 We 2 Did 3 Did art II 1 Du 2 Se ex	ere substantially all (90% or more) dues received nondeductible by members? d the organization make only in-house lobbying expenditures of \$2,000 or less? d the organization agree to carry over lobbying and political campaign activity expenditures from the I-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." les, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic penses for which the section 527(f) tax was paid).	prior year? 1 501(c)(5 No," OR	2 3 5), or sec (b) Part	etion		
Duckson Duckso	ere substantially all (90% or more) dues received nondeductible by members? d the organization make only in-house lobbying expenditures of \$2,000 or less? d the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." les, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic penses for which the section 527(f) tax was paid). Internet year	prior year? 1 501(c)(5 No," OR	2 3 5), or sec (b) Part	etion		
1 We 2 Dic 3 Dic art II 1 Du 2 Se ex a Cu	ere substantially all (90% or more) dues received nondeductible by members? d the organization make only in-house lobbying expenditures of \$2,000 or less? d the organization agree to carry over lobbying and political campaign activity expenditures from the I-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." les, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic penses for which the section 527(f) tax was paid). arrent year erryover from last year	e prior year? n 501(c)(5 No," OR	2 3 5), or sec (b) Part	etion		
I We 2 Did 3 Did art II I Du 2 Se ex a Cu b Ca	ere substantially all (90% or more) dues received nondeductible by members? d the organization make only in-house lobbying expenditures of \$2,000 or less? d the organization agree to carry over lobbying and political campaign activity expenditures from the I-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." les, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic penses for which the section 527(f) tax was paid). arrent year arryover from last year	e prior year? n 501(c)(5 No," OR	2 3 5), or sec (b) Part	etion		
1 We 2 Dice 3 Dice art II 1 Du 2 Se ex a Cu b Ca c To 3 Ag	ere substantially all (90% or more) dues received nondeductible by members? d the organization make only in-house lobbying expenditures of \$2,000 or less? d the organization agree to carry over lobbying and political campaign activity expenditures from the I-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." les, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic penses for which the section 527(f) tax was paid). urrent year erryover from last year tal	e prior year? 1 501(c)(5 No," OR	2 3 5), or sec (b) Part	etion		
Duce Process of the Cartest of the C	ere substantially all (90% or more) dues received nondeductible by members? d the organization make only in-house lobbying expenditures of \$2,000 or less? d the organization agree to carry over lobbying and political campaign activity expenditures from the I-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." les, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic penses for which the section 527(f) tax was paid). surrent year arryover from last year tal gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	prior year? n 501(c)(5 No," OR	2 3 5), or sec (b) Part	etion		
Duce Process of the p	ere substantially all (90% or more) dues received nondeductible by members? d the organization make only in-house lobbying expenditures of \$2,000 or less? d the organization agree to carry over lobbying and political campaign activity expenditures from the I-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." les, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic penses for which the section 527(f) tax was paid). arrent year erryover from last year tal egregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues es the organization agree to carryover to the reasonable estimate of nondeductible lobbying and popenditure next year?	prior year? n 501(c)(5 No," OR	2 3 5), or sec (b) Part 1 2a 2b 2c 3	etion		
1 We 2 Did 3 Did 2 art II 1 Du 2 Se ex a Cu b Ca c To 3 Ag 4 If r do ex	ere substantially all (90% or more) dues received nondeductible by members? d the organization make only in-house lobbying expenditures of \$2,000 or less? d the organization agree to carry over lobbying and political campaign activity expenditures from the I-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." les, assessments and similar amounts from members action 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic penses for which the section 527(f) tax was paid). Jurrent year arryover from last year tal agregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and popenditure next year? Example 2 (a the organization and political expenditures (see instructions)	prior year? n 501(c)(5 No," OR	2 3 5), or sec (b) Part	etion		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MAINE ASSOCIATION OF NONPROFITS

Employer identification number 01-0488538

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, $\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{\boldsymbol{l}}}}}$	handling of violations, and enforcing con	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
D -	conservation easements.	A de Historia de la Terra de la Constantina del Constantina de la	Iller O're'ller Assets
Par			tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			> \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

Pai	rt III Organizations Maintaining Col	lections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar A	Assets	(continu	ed)
3	Using the organization's acquisition, accession								,	
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explair	n how th	ey further th	ne organizatio	on's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit or re									
	to be sold to raise funds rather than to be main				•			\square	Yes	☐ No
Pai	rt IV Escrow and Custodial Arrange								ine 9, or	
	reported an amount on Form 990, Part >			· ·			·	-	,	
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for c	ontribution	s or other as:	sets not in	cluded			
	on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII an									
	, ,	•	Ü						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
	Did the organization include an amount on Forr								Yes	No
	If "Yes," explain the arrangement in Part XIII. Cl	* *	•						_	
	rt V Endowment Funds. Complete if the									
		(a) Current year		rior year	(c) Two yea		d) Three yea	ars back	(e) Four v	ears back
1a	Beginning of year balance					,				
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
ŭ										
f	and programs Administrative expenses									
g 2	Provide the estimated percentage of the curren	t year end halance	l (line 1c	column (a)) hold as:					
a	Board designated or quasi-endowment		% (IIII) 5	i, coluitiii (a)) Held as.					
b	Permanent endowment	%	_′0							
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c should									
20	Are there endowment funds not in the possessi		tion that	t are hold a	ad administo	rad for tha	organizati	on		
Ja		ion of the organiza	uon ma	are rielu ai	iu auministe	led for the	Gigariizati	OH	T.	es No
	by: (i) unrelated organizations								3a(i)	<u>'es No</u>
h	(ii) related organizations	no listed as requir	ad an S	shadula D2					3a(ii) 3b	
4									SU	
	Describe in Part XIII the intended uses of the or rt VI Land, Buildings, and Equipmen		willent i	arius.						
	Complete if the organization answered "		Dort IV	lino 11a S	Soo Form OOC	Dort V li	no 10			
					t or other				(d) Dools	
	Description of property	(a) Cost or o basis (investr		` '	(other)		cumulated reciation		(d) Book	value
	Land	Daoio (iiivostii		24313	(30.101)	аср	. 55,41,011			
_	Land									
b	Buildings							+		
C	Leasehold improvements	I		1 2	0,237.	1	29,97	. 		261.
d	Equipment			1.3	0,431.		<u> </u>	- 		<u> </u>
_	Other			(D) "	2)		-			261.
rota	I. Add lines 1a through 1e. (Column (d) must equ	aı Form 990. Part .	x. colum	າກ (ʁ). line 1	UC.)					□ ∪ ⊥ •

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 MAINE ASSOC	IATION OF NON	NPROFITS	01-	0488538 Page
Part VII Investments - Other Securities.				<u> </u>
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" (e 11d. See Form 990,	Part X, line 15.	(la) Da alcuelus
	Description			(b) Book value
<u>(1)</u>			+	
(2)			+	
(3)			+	
(4)			+	
(5)			+	
(6)				
(8)				
<u>(9)</u>				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		P	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)	1			

(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI Reconciliation of Revenue per Audited Financial S		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			045 150
1	Total revenue, gains, and other support per audited financial statements			1	845,150.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	• • • • • • • • • • • • • • • • • • • •		45.050		
b			47,372.		
С	Recoveries of prior year grants				
d	,	2d			45 050
е				2e	47,372. 797,778.
3	Subtract line 2e from line 1			3	797,778.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,				
b	,	4b			•
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XII Reconciliation of Expenses per Audited Financial S	12.)		5	797,778.
Ра			Expenses per F	teturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV				
1	Total expenses and losses per audited financial statements			1	759,994.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	4- 0-0		
а			47,372.		
b	, , , , , , , , , , , , , , , , , , , ,				
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е				2e	47,372. 712,622.
3	Subtract line 2e from line 1			3	712,622.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,				
b	,	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	e 18.)		5	712,622.
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b a	ınd 2b; Part V, line 4	; Part X, I	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional inform	ation.		

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MAINE ASSOCIATION OF NONPROFITS

Employer identification number 01-0488538

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NONPROFIT ORGANIZATIONS SO THEY CAN BETTER ENRICH THE QUALITY OF COMMUNITY AND PERSONAL LIFE IN MAINE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COALITION/GROUP SERVICES - MANP PROVIDES ITS MEMBERS WITH ACCESS TO THE SERVICES OF THE NONPROFIT RISK MANAGEMENT CENTER AND UNEMPLOYMENT SERVICES TRUST. EXPENSES \$ 27,293. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 27,900.** FORM 990, PART VI, SECTION A, LINE 6: LINE 6 EXPLANATION - NONPROFIT ORGANIZATIONS WHICH ARE REGISTERED IN MAINE AND WHICH ARE OR WOULD BE ELIGIBLE TO BE TAX EXEMPT UNDER 501(C)(3) OR SUCCESSOR PROVISIONS OF THE INTERNAL REVENUE CODE ARE ELIGIBLE FOR MEMBERSHIP IN THE ORGANIZATION, SUBJECT TO ANY ADDITIONAL STANDARDS WHICH MAY BE SET BY THE BOARD OF DIRECTORS. NONPROFIT ORGANIZATIONS WILL BE DUES PAYING MEMBERS. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11A EXPLANATION - PRELIMINARY DRAFTS OF THE 990 ARE REVIEWED BY MANP'S BOOKKEEPER, EXECUTIVE DIRECTOR AND BOARD TREASURER. THE FINAL DRAFT IS

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO REPORT ANY POTENTIAL CONFLICT OF INTEREST

THEN DISSEMINATED TO THE MANP BOARD FOR COMMENTS, ADJUSTMENTS AND FINAL

APPROVAL.

Name of the organization

MAINE ASSOCIATION OF NONPROFITS

Employer identification number 01-0488538

ISSUES. ADDITIONALLY, SUCH MATTERS MAY COME TO LIGHT IN THE COURSE OF THE BOARD'S ACTIVE ROLE IN THE OVERSIGHT AND PLANNING OF THE ORGANIZATION'S ACTIVITIES. IF ANY ISSUES RELATED TO CONFLICT OF INTEREST ARISE, IT IS DISCUSSED BY THE ENTIRE BOARD OF DIRECTORS. NO SUCH ISSUES AROSE IN 2018.

FORM 990, PART VI, SECTION B, LINE 15A:

THE MANP BOARD HIRED AN INDEPENDENT ORGANIZATION WITH EXTENSIVE EXPERIENCE

IN SALARY SURVEYS, EXECUTIVE SERVICE CORPS, TO DO A SURVEY OF SIMILAR

ORGANIZATIONS IN 2007 TO BE ABLE TO SET AN APPROPRIATE SALARY RANGE FOR THE

MANP EXECUTIVE DIRECTOR. THAT RANGE WAS USED TO SET THE EXECUTIVE

DIRECTOR'S SALARY IN SUCCESSIVE CONTRACTS, WHICH EXPIRED AS OF THAT

EXECUTIVE DIRECTOR'S DEPARTURE IN JULY 2016.

IN 2016, THE BOARD HIRED A NEW EXECUTIVE DIRECTOR. TO DETERMINE APPROPRIATE COMPENSATION THE BOARD'S TRANSITION COMMITTEE RELIED ON DATA ABOUT AVERAGE WAGES AND BENEFITS FOR ORGANIZATIONS OF COMPARABLE SIZE AND REGION, AS COLLECTED THROUGH MANP'S 2014 AND 2016 SURVEYS OF MAINE NONPROFIT WAGES AND BENEFITS. AS MANP'S BUDGET SIZE HAD DROPPED SIGNIFICANTLY, THE NEW EXECUTIVE DIRECTOR'S COMPENSATION HAS BEEN CORRESPONDINGLY LOWER, AS COMPARED TO THE OUTGOING EXECUTIVE DIRECTOR.

THE BOARD CONDUCTS A FORMAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR ON

AN ANNUAL BASIS TO REVIEW PROGRESS AGAINST AGREED UPON GOALS. THE EXECUTIVE

DIRECTOR'S COMPENSATION PACKAGE IS REVIEWED DURING OR SOON AFTER THIS

PROCESS BY THE BOARD CHAIR AND A RECOMMENDATION PROVIDED TO THE EXECUTIVE

COMMITTEE OF THE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: