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## Return of Organization Exempt From Income Tax

OMB No 1545 0047

2005

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)Open to Public  
Inspection

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

**A For the 2005 calendar year, or tax year beginning** , 2005, and ending

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See specific instructions.

**MAINE GROCERS ASSOCIATION**  
**P O BOX 190**  
**HALLOWELL, ME 04347-0190**

**D Employer Identification Number**  
 01-0165097

**E Telephone number**  
 (207) 622-4461

**F Accounting method:** ☐ Cash ☒ Accrual  
☐ Other (specify) \_\_\_\_\_

**G Web site:** MAINEGROCERS.ORG

**J Organization type** (check only one) ☒ 501(c) 06 (insert no ) ☐ 4947(a)(1) or ☐ 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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12. 178,424.

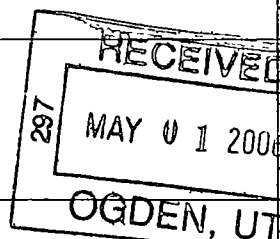
**M** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**H and I are not applicable to section 527 organizations.**  
**H (a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H (b)** If 'Yes,' enter number of affiliates: \_\_\_\_\_  
**H (c)** Are all affiliates included? ☐ Yes ☐ No  
 (If 'No,' attach a list. See instructions.)  
**H (d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No  
**I** Group Exemption Number: \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Instructions)

<b>1</b> Contributions, gifts, and similar amounts received			
<b>a</b> Direct public support	<b>1a</b>	19,375.	
<b>b</b> Indirect public support	<b>1b</b>		
<b>c</b> Government contributions (grants)	<b>1c</b>		
<b>d</b> Total (add lines 1a through 1c) (cash \$ 18,075. noncash \$ 1,300.)	<b>1d</b>		19,375.
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		53,972.
<b>3</b> Membership dues and assessments	<b>3</b>		53,964.
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		551.
<b>5</b> Dividends and interest from securities	<b>5</b>		
<b>6a</b> Gross rents	<b>6a</b>		
<b>b</b> Less rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe _____)	<b>7</b>		
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>		
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>8d</b>		
<b>a</b> Gross revenue (not including \$ 11,950. of contributions reported on line 1a)	<b>9a</b>	31,040.	
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	14,119.	
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	STATEMENT 1	16,921.
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b> Less cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		19,522.
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		164,305.
<b>13</b> Program services (from line 44, column (B))	<b>13</b>		56,054.
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		97,416.
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		9,955.
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		163,425.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		880.
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		-6,093.
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		-5,213.

SCANNED JUN 11 2006



**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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25	0.	0.	0.
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	3,250.	3,250.	
32	Legal fees	32	44.	44.	
33	Supplies	33	159.	68.	91.
34	Telephone	34	1,303.	1,303.	
35	Postage and shipping	35	3,244.	1,422.	213.
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38	10,912.	2,654.	6,498.
39	Travel	39			
40	Conferences, conventions, and meetings	40	24,976.	24,976.	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	43a	119,537.	26,934.	89,359.
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	163,425.	56,054.	97,416.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ 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 \$ \_\_\_\_\_

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Form 990 (2005)

**Part III Statement of Program Service Accomplishments**

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 3

All organizations must describe their exempt purpose achievements 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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

**a** CONDUCTING CONVENTIONS, BANQUETS, AND OTHER ACTIVITIES PROMOTING THE GROCERY BUSINESS IN MAINE.

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

56,054.

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e** Other program services

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f** **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

56,054.

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Form 990 (2005)

**Part IV Balance Sheets** (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>A S S E T S</b>	<b>45</b> Cash — non-interest-bearing	14,097.	<b>45</b>	
	<b>46</b> Savings and temporary cash investments		<b>46</b>	13,813.
	<b>47a</b> Accounts receivable	5,907.		
	<b>b</b> Less allowance for doubtful accounts		550.	<b>47c</b> 5,907.
	<b>48a</b> Pledges receivable			
	<b>b</b> Less allowance for doubtful accounts			<b>48c</b>
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
	<b>51a</b> Other notes & loans receivable (attach sch)			
	<b>b</b> Less allowance for doubtful accounts			<b>51c</b>
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges	2,209.	<b>53</b>	2,771.
	<b>54</b> Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54</b>	
	<b>55a</b> Investments — land, buildings, & equipment basis			
	<b>b</b> Less accumulated depreciation (attach schedule)			<b>55c</b>
<b>56</b> Investments — other (attach schedule)		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	3,921.			
<b>b</b> Less accumulated depreciation (attach schedule)			<b>57c</b>	
<b>58</b> Other assets (describe <input type="checkbox"/> STATEMENT 4 )		<b>58</b>		
<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58	16,856.	<b>59</b>	22,491.	
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses	12,599.	<b>60</b>	11,947.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue	1,900.	<b>62</b>	10,037.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)	8,450.	<b>64b</b>	5,720.
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )		<b>65</b>	
	<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65	22,949.	<b>66</b>	27,704.
<b>N E T A S S E T S O R F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted	-6,093.	<b>67</b>	-8,013.
	<b>68</b> Temporarily restricted		<b>68</b>	2,800.
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	-6,093.	<b>73</b>	-5,213.
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	16,856.	<b>74</b>	22,491.

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Form 990 (2005)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)**

<b>a</b>	Total revenue, gains, and other support per audited financial statements			<b>a</b>	177,873.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12				
	1 Net unrealized gains on investments	<b>b1</b>			
	2 Donated services and use of facilities	<b>b2</b>			
	3 Recoveries of prior year grants	<b>b3</b>			
	4 Other (specify) _____	<b>b4</b>			
	Add lines <b>b1</b> through <b>b4</b>			<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>			<b>c</b>	177,873.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :				
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>			
	2 Other (specify) _____	<b>d2</b>	-13,568.		
	Add lines <b>d1</b> and <b>d2</b>			<b>d</b>	-13,568.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>			<b>e</b>	164,305.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	176,993.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
	1 Donated services and use of facilities	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>	
	3 Losses reported on Part I, line 20	<b>b3</b>	
	4 Other (specify) _____	<b>b4</b>	13,568.
	SEE STMT 6		
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	13,568.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	163,425.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>	
	2 Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	163,425.

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions.)

[illegible]

Yes	No
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75b		X
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75c		X
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75d	X	
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**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

<b>Part VI</b>	<b>Other Information</b> <i>(See the instructions )</i>	<b>Yes</b>	<b>No</b>
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76		X

77		X
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78a	X	
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78b	X	
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79		X

80 a		X

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81 a 0.

81 b		X
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**Part VI Other Information** (continued)

		Yes	No
<b>82 a</b>	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?		X
<b>82 b</b>	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.)		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>83 b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>84 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85 a</b>	<b>501(c)(4), (5), or (6) organizations</b> Were substantially all dues nondeductible by members?		X
<b>85 b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>85 c</b>	Dues, assessments, and similar amounts from members	53,964.	
<b>85 d</b>	Section 162(e) lobbying and political expenditures	0.	
<b>85 e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	5,396.	
<b>85 f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	-5,396.	
<b>85 g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>85 h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
<b>86 a</b>	<b>501(c)(7) organizations</b> Enter a Initiation fees and capital contributions included on line 12	N/A	
<b>86 b</b>	Gross receipts, included on line 12, for public use of club facilities	N/A	
<b>87 a</b>	<b>501(c)(12) organizations</b> Enter a Gross income from members or shareholders	N/A	
<b>87 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
<b>88</b>	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? If 'Yes,' complete Part IX		X
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> , section 4912 <u>N/A</u> , section 4955 <u>N/A</u>		
<b>89 b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> 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	N/A	
<b>c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
<b>d</b>	Enter. Amount of tax on line 89c, above, reimbursed by the organization		N/A
<b>90 a</b>	List the states with which a copy of this return is filed <u>NONE</u>		
<b>90 b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions )		0
<b>91 a</b>	The books are in care of <u>MAINE GROCERS ASSOCIATION</u> Telephone number <u>(207) 622-4461</u> Located at <u>P O BOX 190 HALLOWELL, ME,</u> ZIP + 4 <u>04347-0190</u>		
<b>91 b</b>	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)? If 'Yes,' enter the name of the foreign country <u>See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements</u>		X
<b>91 c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country <u></u>		X
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A

BAA

Form 990 (2005)



**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a CONVENTION					53,972.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					53,964.
95 Interest on savings & temporary cash invmnts			14	551.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					16,921.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MAGAZINE ADVERTISING	541800	9,710.			
c MISCELLANEOUS					1,739.
d REFERRAL PROGRAMS	541900	8,073.			
e					
104 Subtotal (add columns (B), (D), and (E))		17,783.		551.	126,596.
105 Total (add line 104, columns (B), (D), and (E))					144,930.

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 the instructions)

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)
1	SEE STATEMENT 8
2	
3	
4	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ 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: DANA A. EDWARDS Date: 4/28/06

Type or print name and title: DANA A. EDWARDS Board President

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 4-19-06

Firm's name (or yours if self-employed), address, and ZIP + 4: MACDONALD PAGE & CO LLC  
30 LONG CREEK DR  
SOUTH PORTLAND, ME 04106

Check if self-employed: ☐

Preparer's SSN or PTIN (See General Instruction W): P00321474

EIN: 01-0242373

Phone no: 207-774-5701

## MAINE GROCERS ASSOCIATION

01-0165097

**STATEMENT 1**  
**FORM 990, PART I, LINE 9**  
**NET INCOME (LOSS) FROM SPECIAL EVENTS**

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI-BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
GOLF TOURNAMENT	26,590.	11,950.	14,640.	9,701.	4,939.
LEGISLATIVE RECEPTION FEE	16,400.	0.	16,400.	4,418.	11,982.
RAFFLES	0.	0.	0.	0.	0.
<b>TOTAL</b>	<b>\$ 42,990.</b>	<b>\$ 11,950.</b>	<b>\$ 31,040.</b>	<b>\$ 14,119.</b>	<b>\$ 16,921.</b>

**STATEMENT 2**  
**FORM 990, PART II, LINE 43**  
**OTHER EXPENSES**

	<u>(A) TOTAL</u>	<u>(B) PROGRAM SERVICES</u>	<u>(C) MANAGEMENT &amp; GENERAL</u>	<u>(D) FUNDRAISING</u>
BANK CHARGES	676.		676.	
DUES & SUBSCRIPTIONS	642.		642.	
INCOME TAX EXPENSE	576.	576.		
LIABILITY INSURANCE	6,083.	709.	5,374.	
MANAGEMENT FEE	108,137.	23,790.	81,103.	3,244.
MISCELLANEOUS	2,423.	859.	1,564.	
SCHOLARSHIP	1,000.	1,000.		
<b>TOTAL</b>	<b>\$ 119,537.</b>	<b>\$ 26,934.</b>	<b>\$ 89,359.</b>	<b>\$ 3,244.</b>

**STATEMENT 3**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

TO PROMOTE THE GROCERY INDUSTRY IN MAINE

**STATEMENT 4**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
MISCELLANEOUS	\$ 3,921.	\$ 3,921.	\$ 0.
<b>TOTAL</b>	<b>\$ 3,921.</b>	<b>\$ 3,921.</b>	<b>\$ 0.</b>

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**STATEMENT 5**  
**FORM 990, PART IV-A, LINE D(2)**  
**OTHER AMOUNTS**

DIRECT EXPENSES FOR SPECIAL EVENTS	\$	-14,119.
INTEREST INCOME		551.
TOTAL	\$	<u>-13,568.</u>

**STATEMENT 6**  
**FORM 990, PART IV-B, LINE B(4)**  
**OTHER AMOUNTS**

DIRECT EXPENSES FOR SPECIAL EVENTS	\$	14,119.
INTEREST INCOME		-551.
TOTAL	\$	<u>13,568.</u>

**STATEMENT 7**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DAREN HACHEY	PRESIDENT	\$ 0.	\$ 0.	\$ 0.
MISTER MARKET,	0			
STUART WATT	IMM. PAST PRES.	0.	0.	0.
INDIAN HILL SHOP'NSAVE,	0			
CHUCK WILSON	VICE PRESIDENT	0.	0.	0.
HANNAFORD BROS. CO.,	0			
DANA EDWARDS	1ST VICE PRES.	0.	0.	0.
GRAVES SUPERMARKETS,	0			
KEITH CANNING	0	0.	0.	0.
PINE STATE TRADING CO.,				
KIM MURPHY	0	0.	0.	0.
TRENTON MARKETPLACE,				
DON BLANCHETTE	0	0.	0.	0.
C&S WHOLESALE GROCER,				

## MAINE GROCERS ASSOCIATION

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STATEMENT 7 (CONTINUED)  
 FORM 990, PART V-A  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BILL BOUTIN	0	\$ 0.	\$ 0.	\$ 0.
COCA COLA BOTTLING,				
KIM BRACKETT	0	0.	0.	0.
BRACKETT'S MARKET,				
CATHY CALLAHAN	SECRETARY 0	0.	0.	0.
ASSOC. GROCERS OF ME,				
BARBARA DAVIDSON	0	0.	0.	0.
CARVER'S HARBOR MARKET,				
MARK DAVIS	0	0.	0.	0.
PEPSI BOTTLING,				
JOHN ECONOMY	0	0.	0.	0.
GARELICK FARMS,				
RON PICARD	0	0.	0.	0.
OAKHURST DAIRY,				
DICK GOODWIN	0	0.	0.	0.
DICK'S MARKET,				
KEN HENNESSY	0	0.	0.	0.
BUD'S SHOP'N SAVE,				
CHUCK LAWRENCE	0	0.	0.	0.
BLUE HILL MARKET,				
CRAIG O'NEAL	0	0.	0.	0.
LIMESTONE GROCERY,				
LEO OUELLETTE	TREASURER 0	0.	0.	0.
SHAW'S SUPERMARKETS,				

## MAINE GROCERS ASSOCIATION

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**STATEMENT 7 (CONTINUED)**  
**FORM 990, PART V-A**  
**LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TROY PLUMMER	0	\$ 0.	\$ 0.	\$ 0.
P.W. PLUMMER & SONS,				
JIM RINES	0	0.	0.	0.
U.S. SMOKELESS TOBACCO,				
SEAN THOMAS	0	0.	0.	0.
PHILIP MORRIS MGT.,				
DALE TOZIER, SR.	0	0.	0.	0.
TOZIER'S MARKET,				
MIKE VIOLETTE	0	0.	0.	0.
AG OF NEW ENGLAND,				
		TOTAL \$ 0.	\$ 0.	\$ 0.

**STATEMENT 8**  
**FORM 990, PART VIII**  
**RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

LINE #	EXPLANATION OF ACTIVITIES
94	MEMBERSHIP DUES HELP TO PROVIDE A FORUM FOR THE EXCHANGE OF USEFUL INFORMATION AND SERVE TO PROVIDE EDUCATION AND NETWORKING FOR MEMBERS.
103	THE ASSOCIATION PROVIDES OPPORTUNITIES FOR MEMBERS TO IMPROVE THEMSELVES BY ATTENDING SEMINARS AND EDUCATIONAL FUNCTIONS.
93 101	THE ASSOCIATION PROVIDES VARIOUS OPPORTUNITIES FOR MEMBERS TO EXCHANGE USEFUL INFORMATION.