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Form **990****Return of Organization Exempt from Income Tax**

OMB No. 1545-0047

2004Department 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 2004 calendar year, or tax year beginning , 2004, 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
instruc-
tions.
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) ▶

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

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

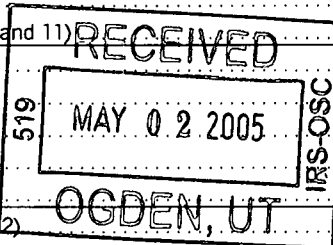
I Group Exemption Number

M Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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 received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 179,751.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)**

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a		
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		0.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		57,243.
3 Membership dues and assessments	3		52,208.
4 Interest on savings and temporary cash investments	4		495.
5 Dividends and interest from securities	5		
6a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	59,015.	
b Less: direct expenses other than fundraising expenses	9b	21,859.	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	STATEMENT 1	37,156.
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11		10,790.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		157,892.
13 Program services (from line 44, column (B))	13		50,475.
14 Management and general (from line 44, column (C))	14		81,483.
15 Fundraising (from line 44, column (D))	15		4,911.
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		136,869.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		21,023.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		-27,116.
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		-6,093.



BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0107L 01/07/05

Form 990 (2004)

SCANNED JUN 06 '05

P 9

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 \$ _____)	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				
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	6,000.		6,000.	
32 Legal fees	32	89.		89.	
33 Supplies	33	210.		210.	
34 Telephone	34	1,471.		1,471.	
35 Postage and shipping	35	1,959.	970.	666.	323.
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	9,152.	5,498.	1,821.	1,833.
39 Travel	39				
40 Conferences, conventions, and meetings	40	24,755.	24,755.		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 2	43a	93,233.	19,252.	71,226.	2,755.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	136,869.	50,475.	81,483.	4,911.

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 \$ _____

Part III Statement of Program Service AccomplishmentsWhat 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

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

a	(Grants and allocations \$ _____)	50,475.
b	(Grants and allocations \$ _____)	
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e Other program services	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		50,475.

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
ASSETS	45 Cash — non-interest-bearing	11,139.	45	14,097.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	550.		
	b Less: allowance for doubtful accounts		47c	550.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,404.	53	2,209.
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments — land, buildings, & equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	3,921.		
	b Less: accumulated depreciation (attach schedule)	3,921.	57c	
58 Other assets (describe		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	15,043.	59	16,856.	
LIABILITIES	60 Accounts payable and accrued expenses	12,059.	60	12,599.
	61 Grants payable		61	
	62 Deferred revenue	17,100.	62	1,900.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	13,000.	64b	8,450.
	65 Other liabilities (describe		65	
66 Total liabilities (add lines 60 through 65)	42,159.	66	22,949.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	-27,116.	67	-6,093.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	-27,116.	73	-6,093.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	15,043.	74	16,856.

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.

BAA

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

a	Total revenue, gains, and other support per audited financial statements	a	179,256.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify): _____ _____ \$ _____		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	179,256.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990. \$ _____		
(2)	Other (specify): _____ _____ \$ _____		
	<u>SEE STM 5</u> \$ -21,364.		
	Add amounts on lines (1) and (2)	d	-21,364.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	157,892.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	158,233.
b	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities		
	(2) Prior year adjustments reported on line 20, Form 990.		
	(3) Losses reported on line 20, Form 990.		
	(4) Other (specify):		
	SEE STMT 6 \$ 21,364.		
	Add amounts on lines (1) through (4)	b	21,364.
c	Line a minus line b	c	136,869.
d	Amounts included on line 17, Form 990 but not on line a :		
	(1) Investment expenses not included on line 6b, Form 990.		
	(2) Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	136,869.

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

► ☐ Yes

☒ No

If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85c	52,208.
d Section 162(e) lobbying and political expenditures	85d	0.
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	5,221.
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	-5,221.
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h 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?	85h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a 501(c)(3) organizations. 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 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b	N/A
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90a List the states with which a copy of this return is filed <u>NONE</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	0
91 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>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	92	N/A

Part VII Analysis of Income-Producing Activities (See 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					57,243.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					52,208.
95 Interest on savings & temporary cash invmnts.		495.	14		
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					37,156.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b MISCELLANEOUS					810.
c REFERRAL PROGRAMS	541900	9,980.			
d					
e					
104 Subtotal (add columns (B), (D), and (E))		10,475.			147,417.
105 Total (add line 104, columns (B), (D), and (E))					157,892.

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 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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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 TC SHY	Date 4/26/05
Paid Preparer's Use Only	Type or print name and title DAREN HACHEY	
	Preparer's signature [Signature]	Date 4/4/05
	Firm's name (or yours if self-employed), address, and ZIP + 4 MACDONALD PAGE SCHATZ FLETCHER & CO., LLC 30 LONG CREEK DR SOUTH PORTLAND, ME 04106	Check if self-employed <input type="checkbox"/> 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

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI- BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
HALL OF FAME BANQUET	32,600.	0.	32,600.	13,074.	19,526.
GOLF TOURNAMENT	26,415.	0.	26,415.	8,785.	17,630.
LEGISLATIVE RECEPTION FEE	0.	0.	0.	0.	0.
TOTAL	\$ 59,015.	\$ 0.	\$ 59,015.	\$ 21,859.	\$ 37,156.

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

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK CHARGES	935.		935.	
DUES & SUBSCRIPTIONS	342.		342.	
LIABILITY INSURANCE	4,950.		4,950.	
MANAGEMENT FEE	83,955.	18,252.	62,948.	2,755.
MISCELLANEOUS	2,051.		2,051.	
SCHOLARSHIP	1,000.	1,000.		
TOTAL	\$ 93,233.	\$ 19,252.	\$ 71,226.	\$ 2,755.

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

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MISCELLANEOUS	\$ 3,921.	\$ 3,921.	\$ 0.
TOTAL	\$ 3,921.	\$ 3,921.	\$ 0.

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

DIRECT EXPENSES FOR SPECIAL EVENTS	\$ -21,859.
INTEREST INCOME	495.
TOTAL	\$ -21,364.

MAINE GROCERS ASSOCIATION

01-0165097

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

DIRECT EXPENSES FOR SPECIAL EVENTS	\$	21,859.
INTEREST INCOME		-495.
TOTAL	\$	21,364.

STATEMENT 7
FORM 990, PART V
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 MISTER MARKET,	PRESIDENT AS NECESSARY	\$ 0.	\$ 0.	\$ 0.
STUART WATT INDIAN HILL SHOP'NSAVE,	IMM. PAST PRES. AS NECESSARY	0.	0.	0.
MARTY GREELY HANNAFORD BROS. CO.,	VICE PRESIDENT AS NECESSARY	0.	0.	0.
DANA EDWARDS GRAVES SUPERMARKETS,	1ST VICE PRES. AS NECESSARY	0.	0.	0.
PATRICK FLANNERY OAKHURST DAIRY,	SECRETARY AS NECESSARY	0.	0.	0.
JIM BIXBY PEPPERIDGE FARM,	TREASURER AS NECESSARY	0.	0.	0.
DON BLANCHETTE C&S WHOLESALE GROCER,	AS NECESSARY	0.	0.	0.
BILL BOUTIN COCA COLA BOTTLING,	AS NECESSARY	0.	0.	0.
KIM BRACKETT BRACKETT'S MARKET,	AS NECESSARY	0.	0.	0.
CATHY CALLAHAN ASSOC. GROCERS OF ME,	AS NECESSARY	0.	0.	0.

MAINE GROCERS ASSOCIATION

01-0165097

STATEMENT 7 (CONTINUED)
 FORM 990, PART V
 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
BARBARA DAVIDSON	AS NECESSARY	\$ 0.	\$ 0.	\$ 0.
CARVER'S HARBOR MARKET,				
MARK DAVIS	AS NECESSARY	0.	0.	0.
PEPSI BOTTLING,				
JOHN ECONOMY	AS NECESSARY	0.	0.	0.
GARELICK FARMS,				
FRANK FRISBEE	AS NECESSARY	0.	0.	0.
FRISBEE'S SUPERMARKET,				
DICK GOODWIN	AS NECESSARY	0.	0.	0.
DICK'S MARKET,				
KEN HENNESSY	AS NECESSARY	0.	0.	0.
BUD'S SHOP'N SAVE,				
CHUCK LAWRENCE	AS NECESSARY	0.	0.	0.
BLUE HILL MARKET,				
CRAIG O'NEAL	AS NECESSARY	0.	0.	0.
LIMESTONE GROCERY,				
LEO OUELLETTE	AS NECESSARY	0.	0.	0.
SHAW'S SUPERMARKETS,				
TROY PLUMMER	AS NECESSARY	0.	0.	0.
P.W. PLUMMER & SONS,				
JIM RINES	AS NECESSARY	0.	0.	0.
U.S. SMOKELESS TOBACCO,				
DICK ROBINSON	AS NECESSARY	0.	0.	0.
INTERSTATE BRANDS CORP,				

MAINE GROCERS ASSOCIATION

01-0165097

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

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
SEAN THOMAS	AS NECESSARY	\$ 0.	\$ 0.	\$ 0.
PHILIP MORRIS MGT.,				
DALE TOZIER, SR.	AS NECESSARY	0.	0.	0.
TOZIER'S MARKET,				
ANGELO VERZONI	AS NECESSARY	0.	0.	0.
PINE STATE TRADING CO.,				
MIKE VIOLETTE	AS NECESSARY	0.	0.	0.
AG OF NEW ENGLAND,				
JOHN MELROSE	AS NECESSARY	83,178.	0.	0.
HALLOWELL, ME				
TOTAL		\$ 83,178.	\$ 0.	\$ 0.

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

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
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 VARIOUS REFERRAL PROGRAMS FOR MEMBERS.
103	THE ASSOCIATION PROVIDES OPPORTUNITIES FOR MEMBERS TO IMPROVE THEMSELVES BY ATTENDING SEMINARS AND EDUCATIONAL FUNCTIONS.
101	THE ASSOCIATION PROVIDES VARIOUS OPPORTUNITIES FOR MEMBERS TO EXCHANGE USEFUL INFORMATION.