Form **990-EZ** Department of the Treasury

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

inter	nal Reve	enue Service	The organization may have to use a copy of this return to satisfy state reporting re	<u>quireme</u>	ents.	Inspection
Ā	For th	e 2009 cale	ndar year, or tax year beginning and ending			
В	Check if	le Please	Name of organization	D Emp	loyer	identification number
г	applicab Addres Change	10 11 19430	,		•	
늗			of a condition of the c	١ ٨.	1 ^	252222
Ļ	Name Change		Sinawik, Inc.			353202
Ļ	Initial return	n See	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	F reie	pnone	number
	Termi ated	In- Specific I	P.O. Box 361	<u> </u>		
	Amen	ided tions	City or town, state or country, and ZIP + 4	F Grou	эр Ехе	emption
Г	Applica	ation	Presque Isle, ME 04769	Num	ber	•
				intina me	ethod:	X Cash Accrual
	000	55 .(5)(5		(specify)		
_	181 - L - 14	- NT / 7				the organization is not
		te: ► <u>N/2</u>				
						dule B (Form 990, 990-EZ, or 990-PF)
K	Check	▶	e organization is not a section 509(a)(3) supporting organization and its gross receipts are normally n	ot more t	han \$2	25,000. A Form 990-EZ or
_		For	m 990 return is not required, but if the organization chooses to file a return, be sure to file a complete r	eturn.		
L	Add lin	es 5b, 6b, and	7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	
P	art I	Reveni	ie, Expenses, and Changes in Net Assets or Fund Balances (See the inst	ructions	for Pa	rt I.)
_	1	Contribution	s, gifts, grants, and similar amounts received		1	
	2		vice revenue including government fees and contracts	ļ	2	
		-	dues and assessments	ŀ	3	
	3	•		F		
	4	Investment I		-	4	
	5a	Gross amou	nt from sale of assets other than inventory 5a			
	b	Less: cost or	other basis and sales expenses			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
e	6	Special even	ts and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here 🕽	▶ □		
Revenue	a	Gross reven	ue (not including \$ of contributions			
ě		reported on		1		
4			expenses other than fundraising expenses 6b			
	1				٥-	
	C		or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
2010	7a		of inventory, less returns and allowances Stmt 2 7a 57, (•	
	_	Less: cost of		933.	•	
K		Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	_	7c	12,067.
G	8	Other revenu	e (describe 🟲) [8	
SEARED JUN	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	12,067.
=	10		imilar amounts paid (attach schedule)		10	2,500.
	11		to or for members	Ī	11	
Ш	100	-		ŀ	12	
€ ÿ	12		er compensation, and employee benefits	ŀ		
() () () () ()	13		lees and other payments to independent contractors 41 MAY 1 0 20 to 10		13	
Expans	14		ent, utilities, and maintenance	-	14	
D	15			}-	15	
	16	Other expens	ses (describe ► OGDEN UT)	16	
	17	Total expens	ses. Add lines 10 through 16	>	17	2,500.
	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)	Ĺ	18	9,567.
ets	19	Net assets of	fund balances at beginning of year (from line 27, column (A))			
SS	"		with end-of-year figure reported on prior year's return)		19	55,175.
Net Assets	20	•	es in net assets or fund balances (attach explanation)		20	
ž		-	• • •		21	64,742.
	21		r fund balances at end of year. Combine lines 18 through 20			04,/42.
LP	art II	Balanc	e Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of F		-EZ.	
			(See the instructions for Part II.) (A) Beginning		_	(B) End of year
22	2 Cas	sh, savings, ar	d investments 55	<u> 175</u>		64,742.
23	3 Lan	d and building	gs L		23	
24		er assets (des			24	·
25		ai assets	55.	175		64,742.
26		ar assets al liabilities (26	0.
				175		64,742.
932				110	141	Form 990-EZ (2009)
02	2171 08-10	LHA FOR	Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.			roim 990-EZ (2009)

Part III Statement of Program Service Accomplishme	 ` 	Part III.)	01-	1	cpenses -
What is the organization's primary exempt purpose? <u>See Statemen</u>					r section 501(c)(3)) organizations and
Describe what was achieved in carrying out the organization's exempt pu			ıbe	section 4947	7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevants	int information for each proc	gram title.		for others)	
28 See Statement 4		· · · · · · · · · · · · · · · · · · ·			
				1	
(Grants \$ 2,500.) If this amount includes foreign	grants, check here			28a	
29	graniajonaoni	·		-	
		-			
(Grants \$) If this amount includes foreign	grants, check here .			29a	
30					
			,		
(Grants \$) If this amount includes foreign	grants, check here .	>		30a	
31 Other program services (attach schedule)				24.	
(Grants \$) If this amount includes foreign 32 Total program service expenses (add lines 28a through 31a)	grants, check here			31a 32	0.
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one en	ven if not compensated	(See the		or Part IV)
				ntributions	
(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter	toe	mployee	(e) Expense account and
(a) Name and address	position	-0)		fit plans & eferred	other allowances
		,	com	pensation	
Dawn Poitras	_President				
	0.00	0.	<u> </u>	0.	0.
Jim Nesbitt	_Project Manag			•	
wr. 1.1.2	0.00	0.	 	0.	0.
Kathie Beaulieu	Secretary			^	
Cindy Flanagan	0.00 Treasurer	0.	 	0.	0.
CINCY Flanagan	0.00) o.		ο.	0.
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932172 02-08-10				Form \$	990-EZ (2009)

Form	990-EZ (2009) Sinawik, Inc. 01-035	3202		Page 3
Pa	rt V Other Information (Note the statement requirements in the instructions for Part V)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		-	
	and proxy tax requirements?	35a		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		!	
	complete applicable parts of Sch. N	36		<u> </u>
		<u>-</u>		1,7
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	00-	!	.
	in a prior year and still outstanding at the end of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	38a		X
39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9 N/A		İ	
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		
_	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
70 u	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	1		
_	year or is it 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	40b		x
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958	_		
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization . D.	_ '		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. None			
42 a	The organization's books are in care of ▶ Cynthia Flanagan Telephone no. ▶			
	Located at ► 330 Center Road, Easton, ME ZIP+4 ►	0474	0	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ļ	Vac	Nia
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	Anh	1 83	No X
	account)? If "Yes," enter the name of the foreign country:	42b		 ^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	·		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
٠	If "Yes," enter the name of the foreign country:	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	-	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
_	completed instead of Form 990-EZ	45		<u> </u>
		Form 99	90-EZ	(2009)
	*			

FELCH & CO., LLC #01-0540055 P.O. BOX 906 CARIBOU, MAINE 04736

ME

Caribou,

May the IRS discuss this return with the preparer shown above? See instructions

04736

Date

Check if self-

n employed > X

EIN >

Phone ▶

reparer's identifying number (See instr.)

207)

498-3176

Form 990-EZ (2009)

Paid

Preparer's

Use Only

Preparer's signature

if self-employed),

address, and ZIP + 4

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization Sinawik. Inc. 01-0353202 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, 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.) 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, 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ٩ 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c X Type III - Functionally integrated d ___ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (iv) is the organization (v) Did you notity the (vi) Is the (i) Name of supported (vii) Amount of (ii) EIN organization in col. (i) organized in the U.S.? organization in col. (i) listed in your organization in col. organization support (described on lines 1-9) aovernina document? (i) of your support? above or IRC section (see instructions)) No Yes Nο Presque Isle Kiwanis Clu 13 X X X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A	(Form 990 or 990 EZ) 2009	
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Page 2

	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)			
Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				1		
3	The value of services or facilities						
	fumished by a governmental unit to						
	the organization without charge				1		
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						Ì
	governmental unit or publicly						
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			1			
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support		-				
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					1	
8	Gross income from interest,						
	dividends, payments received on			İ			
	securities loans, rents, royalties						ļ
	and income from similar sources						
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 IV)						
11	Total support. Add lines 7 through 10						
12		etc. (see instruction	ons)	· <u> </u>	· ·	12	
	First five years. If the Form 990 is for	•		rd. fourth. or fifth t	ax vear as a sectio		
	organization, check this box and stop					00 ((0)(0)	
Sec	ction C. Computation of Publi		rcentage		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2009 (I	ne 6, column (f) di	vided by line 11, o	column (f))		14	%
	Public support percentage from 2008		-	.,, .		15	%
16a	33 1/3% support test - 2009.If the or	ganization did not	check the box or	n line 13, and line 1	14 is 33 1/3% or m		
	stop here. The organization qualifies					,	▶□
b	33 1/3% support test - 2008. If the or		-		line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali					,	▶□
17a	10% -facts-and-circumstances test				13, 16a, or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"						▶ □
b	10% -facts-and-circumstances test				-	7a. and line 15 is 1	10% or
_	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
		not oncon a	22.1 0.1 1.10 10, 10	<u></u>	z, oncor mis box a	and 300 matriculons	

Part III Support Schedule for O Section A. Public Support					.7 * 100 0.000.00 0.00	ox on line 5 or r a
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						17.510.
membership fees received. (Do riot						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						ļ ·
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities	-					
furnished by a governmental unit to						
the organization without charge		}				
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		4	·	<u></u>		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		(b) 2000	(0) 2001	(4) 2000	(e) 2003	(i) iotai
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income			_			
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)		l	<u></u>	L	<u> </u>	_
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here		<u> </u>	_• <u>.</u>	<u> </u>	<u> </u>	
Section C. Computation of Public	<u>c Support Pe</u>	rcentage				
15 Public support percentage for 2009 (lir	ne 8, column (f) d	ivided by line 13, o	olumn (f))		15	
16 Public support percentage from 2008					16	
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 200	9 (line 10c, colur	nn (f) divided by lir	e 13, column (f))		17	
18 Investment income percentage from 2	008 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2009. If the c	· ·	*	on line 14, and line	15 is more than		
more than 33 1/3%, check this box an	-				•	▶ □
b 33 1/3% support tests - 2008. If the c						and
line 18 is not more than 33 1/3%, chec	-					.
20 Private foundation. If the organization						· [=
	GIG HOL CHOCK A	50x 0/1 mile 14, 130	A, OF TOO, CHECK III		hedule A (Form 99)	200 571 0

Form 990-EZ	990-EZ Cash Grants and Allocations		Statement	1
Class of Activity/Grantee	e's Name and Address	Grantee's Relationship	Amoun	t
Student Scholarships		None	2,5	00.
Total Included on Form 99	00-EZ, Line 10		2,5	00.

Form 990-EZ	Income and Cost of Goods Sold Included on Part I, Line 7a		Statement	2
Income				
2. Returns and allowar		57,000	57,	000
	(line 13)	44,933	12,	067
7. Merchandise purchas 8. Cost of labor 9. Materials and suppl 10. Other costs	ing of year	44,933	44,	933
	year (line 11 less line 12)		44,	933

FORM 99	0-EZ Information Regarding Transfers Associated with Personal Benefit Contracts						
dire	the organization, during the year, receive any funds, ctly or indirectly, to pay premiums on a personal fit contract?	ĩ]	Yes	[x]	No	
	the organization, during the year, pay premiums, ctly or indirectly, on a personal benefit contract? .	. []	Yes	[X]	No	

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Statement

4

The organization works with the Northern Maine Community College faculty and students to construct homes for area families. This construction allows for hands-on educational experience for trade students and profits from sales of the homes are used to provide scholarships. Since its inception, the organization has constructed and sold over thirty homes.

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Statement

5

The organization raises funds to provide scholarships to trade students attending the Northern Maine Community College.