

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

**MUNICIPAL REVIEW COMMITTEE, INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**20 GODFREY DRIVE**

City or town, state or province, country, and ZIP or foreign postal code

**ORONO, ME 04473**

**F** Name and address of principal officer: **KAREN FUSSELL**

**80 NORTH MAIN STREET, BREWER, ME 04412**

(insert no.) ☐ 4947(a)(1) or ☐ 527

**D** Employer identification number

**\*\* - \*\*\*8832**

**E** Telephone number

**207-664-1700**

**G** Gross receipts \$

**432,504.**

**H(a)** Is this a group return

for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: **WWW.MRCMAINE.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Year of formation: **1991** **M** State of legal domicile: **ME**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>TO ENSURE THE AFFORDABLE, LONG-TERM, ENVIRONMENTALLY SOUND DISPOSAL OF ITS MEMBERS' MUNICIPAL</b>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) <b>3</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) <b>2</b>
	6	Total number of volunteers (estimate if necessary) <b>6</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>
Revenue	7b	Net unrelated business taxable income from Form 990-T, line 39 <b>0.</b>
	8	Contributions and grants (Part VIII, line 1h) <b>344,020.</b>
	9	Program service revenue (Part VIII, line 2g) <b>378,290.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>115,056.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>54,019.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>1,082.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>0.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>122,118.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>
	Expenses	17
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>595,906.</b>
19		Revenue less expenses. Subtract line 18 from line 12 <b>-135,748.</b>
20		Total assets (Part X, line 16) <b>427,164.</b>
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) <b>139,280.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20 <b>287,884.</b>

**Part II Signature Block**

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.

Sign Here	<b>Michael Carroll</b> Signature of officer <b>MICHAEL CARROLL, EXECUTIVE DIRECTOR</b> Type or print name and title	Date <b>07/08/2020</b>
Paid	Print/Type preparer's name <b>DONALD HIGGINS</b>	Reprear's signature <b>Donald Higgins CPA</b>
Preparer	Firm's name <b>HAVERLOCK, ESTEY &amp; CURRAN LLC</b>	Firm's EIN <b>** - ***1013</b>
Use Only	Firm's address <b>8 COMMERCE COURT HAMPDEN, ME 04444-1538</b>	Phone no. <b>207-945-5695</b>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No