

2007 TAX RETURN

GOVERNMENT COPY

Client: 102272

Prepared for: THE IRIS NETWORK
189 PARK AVENUE
PORTLAND, ME 04102

Prepared by: PETER MONTANO
MACDONALD PAGE & CO LLC
30 LONG CREEK DR
SOUTH PORTLAND, ME 04106
207-774-5701

Date: JANUARY 5, 2009

Comments:

draft

Route to: _____

**MACDONALD PAGE & CO LLC
30 LONG CREEK DR
SOUTH PORTLAND, ME 04106
207-774-5701**

January 5, 2009

THE IRIS NETWORK
189 PARK AVENUE
PORTLAND, ME 04102

Dear Stephen:

Your 2007 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Peter Montano

draft

MACDONALD PAGE & CO LLC
30 LONG CREEK DR
SOUTH PORTLAND, ME 04106
207-774-5701

Client 102272
January 5, 2009

THE IRIS NETWORK
189 PARK AVENUE
PORTLAND, ME 04102

FEDERAL FORMS

Form 990
Schedule A
Schedule B
Form 8879-EO

2007 Return of Organization Exempt from Income Tax
Organization Exempt Under Section 501(c)(3)
Schedule of Contributors
IRS e-file Signature Authorization

FEE SUMMARY

Preparation Fee

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Return of Organization Exempt From Income Tax

2007

Under 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

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C THE IRIS NETWORK 189 PARK AVENUE PORTLAND, ME 04102

D Employer Identification Number 01-0196359 E Telephone number 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? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: WWW.THEIRIS.ORG

J Organization type (check only one) 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 2,509,108.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Includes rows for contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, net rental income, other investment income, gross amount from sales of assets, special events, gross sales of inventory, other revenue, total revenue, program services, management and general, fundraising, payments to affiliates, total expenses, excess or deficit, net assets at beginning and end of year.

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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. (See *instructions*.)

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
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule).....	23				
24 Benefits paid to or for members (attach schedule).....	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A.....	25a	153,685.	153,685.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B.....	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c.....	26	1,130,843.	989,980.	35,172.	105,691.
27 Pension plan contributions not included on lines 25a, b, and c.....	27				
28 Employee benefits not included on lines 25a - 27.....	28	136,908.	127,510.	3,863.	5,535.
29 Payroll taxes.....	29	120,189.	106,091.	3,718.	10,380.
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31				
32 Legal fees.....	32				
33 Supplies.....	33	8,451.	5,661.	269.	2,521.
34 Telephone.....	34	21,370.	19,870.		1,500.
35 Postage and shipping.....	35	11,842.	5,771.	615.	5,456.
36 Occupancy.....	36	61,803.	54,953.	2,158.	4,692.
37 Equipment rental and maintenance.....	37				
38 Printing and publications.....	38	34,473.	14,547.	2,593.	17,333.
39 Travel.....	39				
40 Conferences, conventions, and meetings.....	40	54,026.	53,558.	54.	414.
41 Interest.....	41	10,941.	8,401.	1,758.	782.
42 Depreciation, depletion, etc (attach schedule).....	42	66,786.	61,731.	1,685.	3,370.
43 Other expenses not covered above (itemize):					
a SEE STATEMENT 5	43a	171,884.	150,775.	10,208.	10,901.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).....	44	1,983,201.	1,752,533.	62,093.	168,575.

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 Accomplishments (See the instructions.)

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? ▶ <u>SEE STATEMENT 6</u> 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 <u>SEE STATEMENT 7</u> ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,752,533.
b ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	1,752,533.

BAA Form 990 (2007)

Part IV Balance Sheets (See the 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	446.	45	446.
	46 Savings and temporary cash investments.....	363,457.	46	398,318.
	47a Accounts receivable.....	47a 94,631.		
	b Less: allowance for doubtful accounts	47b	84,587.	47c 94,631.
	48a Pledges receivable.....	48a		
	b Less: allowance for doubtful accounts	48b	1,000.	48c
	49 Grants receivable.....			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a 542,590.		
	b Less: allowance for doubtful accounts	51b 246,000.	297,285.	51c 296,590.
	52 Inventories for sale or use			52 9,336.
	53 Prepaid expenses and deferred charges		17,656.	53 21,931.
	54a Investments — publicly-traded securities.....	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	780,505.	54a 715,144.
b Investments — other securities (attach sch).....	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54b	
55a Investments — land, buildings, & equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments — other (attach schedule)			56	
57a Land, buildings, and equipment: basis.....	57a 1,839,665.			
b Less: accumulated depreciation (attach schedule)	57b 903,539.	287,087.	57c 936,126.	
58 Other assets, including program-related investments (describe ▶			58	
59 Total assets (must equal line 74). Add lines 45 through 58		1,832,023.	59 2,472,522.	
LIABILITIES	60 Accounts payable and accrued expenses	111,276.	60	131,676.
	61 Grants payable		61	
	62 Deferred revenue	20,500.	62	5,900.
	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).....	SEE STATEMENT 9	144,980.	64b 134,084.
	65 Other liabilities (describe ▶		255.	65
66 Total liabilities. Add lines 60 through 65.....		277,011.	66 271,660.	
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	1,448,765.	67	2,085,808.
	68 Temporarily restricted	15,042.	68	23,849.
	69 Permanently restricted	91,205.	69	91,205.
	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 and column (B) must equal line 21)		1,555,012.	73 2,200,862.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,832,023.	74 2,472,522.

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

a	Total revenue, gains, and other support per audited financial statements	a	1,988,766.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	-32,642.
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): <u>SEE STM 10</u>	b4	46,423.
	Add lines b1 through b4	b	13,781.
c	Subtract line b from line a	c	1,974,985.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	1,974,985.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	2,029,624.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): <u>SEE STMT 11</u>	b4	46,423.
	Add lines b1 through b4	b	46,423.
c	Subtract line b from line a	c	1,983,201.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	1,983,201.

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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.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 12		147,502.	6,183.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. . . . <u>15</u>			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' If 'Yes,' attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other 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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
NONE				

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Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	76	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.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	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?	80a	X
b	If 'Yes,' enter the name of the organization ▶ <u>SEE STATEMENT 13</u> and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

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? 82a X
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.) 82b N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
c Dues, assessments, and similar amounts from members. 85c N/A
d Section 162(e) lobbying and political expenditures. 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e). 85f N/A
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
88a 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. 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI. 88b X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
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 X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90a List the states with which a copy of this return is filed NONE
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 39
91a The books are in care of STEPHEN TRABOLD Telephone number (207) 774-6273
Located at 189 PARK AVENUE PORTLAND ME ZIP + 4 04102
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)? 91b X
If 'Yes,' enter the name of the foreign country

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c Yes No
 If 'Yes,' enter the name of the foreign country ▶
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92 N/A

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

	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 GOVERNMENT FEES					1,440,879.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	20,218.	
96 Dividends & interest from securities			14	49,227.	
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					-10,838.
101 Net income or (loss) from special events					84,840.
102 Gross profit or (loss) from sales of inventory					21,199.
103 Other revenue: a					
b MANAGEMENT CONTRACT F					
c OTHER INCOME					255.
d					
e					
104 Subtotal (add columns (B), (D), and (E))				69,445.	1,536,335.
105 Total (add line 104, columns (B), (D), and (E))					1,605,780.

Note: Line 105 plus line 1e, 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).
▼	SEE STATEMENT 14

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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

_____ Date

▶ JAMES PHIPPS, MBA/JD, PRESIDENT & CEO
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X) <u>P00321474</u>
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>MACDONALD PAGE & CO LLC</u> <u>30 LONG CREEK DR</u> <u>SOUTH PORTLAND, ME 04106</u>		EIN ▶ <u>01-0242373</u>	Phone no. ▶ <u>207-774-5701</u>

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2007

Name of the organization

THE IRIS NETWORK

Employer identification number

01-0196359

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 15		226,238.	18,070.	0.
Total number of other employees paid over \$50,000	0			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>500.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1 X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d X	
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	N/A
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc. 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations.(See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					0.

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	443,618.	353,208.	558,123.	321,293.	1,676,242.
16 Membership fees received					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	1,471,289.	1,627,125.	1,673,572.	2,095,919.	6,867,905.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	89,644.	68,230.	54,718.	46,873.	259,465.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT. 16	246,000.		33,177.	37,664.	316,841.
23 Total of lines 15 through 22	2,250,551.	2,048,563.	2,319,590.	2,501,749.	9,120,453.
24 Line 23 minus line 17	779,262.	421,438.	646,018.	405,830.	2,252,548.
25 Enter 1% of line 23	22,506.	20,486.	23,196.	25,017.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 45,051.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 238,723.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 2,252,548.
d Add: Amounts from column (e) for lines: 18 259,465. 19 _____ 22 316,841. 26b 238,723.					26d 815,029.
e Public support (line 26c minus line 26d total) ▶					26e 1,437,519.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 63.82 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total and line 27b total					27d _____
e Public support (line 27c total minus line 27d total) ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	b Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

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Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0.
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0.
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is —		
	The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	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	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.
Caution: If there is an amount on either line 43 or line 44, you must 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 instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots non-taxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h .)			0.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51 a (i)	X
	(ii) Other assets	a (ii)	X
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b (ii)	X
	(iii) Rental of facilities, equipment, or other assets	b (iii)	X
	(iv) Reimbursement arrangements	b (iv)	X
	(v) Loans or loan guarantees	b (v)	X
	(vi) Performance of services or membership or fundraising solicitations	b (vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

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52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

THE IRIS NETWORK

Employer identification number

01-0196359

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

THE IRIS NETWORK

Employer identification number

01-0196359

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DOUG ADAMS & EMILY HAUSLOHNER 114 STEEPLECHASE WAY SOUTHERN PINES, NC 28387	\$ 25,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SAINT JOSEPH'S COLLEGE 278 WHITES BRIDGE RD STANDISH, ME 04084	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	TD BANKNORTH WEALTH (ANONYMOUS) 1 PORTLAND SQUARE PORTLAND, ME 04112	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DAVIS FAMILY FOUNDATION 4 FUNDY ROAD FALMOUTH, ME 04105	\$ 17,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ARTHUR CLIFFORD BUNKER TRUST 189 PARK AVENUE PORTLAND, ME 04102	\$ 42,109.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	VINCENT & BARBARA WELCH FND. P.O. BOX 4510 PORTLAND, ME 04112	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

THE IRIS NETWORK

Employer identification number

01-0196359

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	UNUMPROVIDENT CORP. FND. ----- 2211 CONGRESS STREET ----- PORTLAND, ME 04122 -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
8	ROSELLA A. LOVEITT ----- 75 STATE STREET UNIT 82 ----- PORTLAND, ME 04101-3726 -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
9	VIRGINIA HODGKINS SOMERS FND. ----- 111 LAFAYETTE CENTER ----- KENNEBUNK, ME 04043 -----	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
10	ESTATE OF EARNEST O. SPROWL ----- P.O. BOX 100 ----- SEARSMONT, ME 04973 -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
11	JON B. EAGLESON ----- 12 OAK STREET ----- KENNEBUNKPORT, ME 04046 -----	\$ 10,997.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
12	BERTHA WINSLOW ESTATE ----- 4 LANES ISLAND RD ----- VINALHAVEN, ME 04863 -----	\$ 24,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

THE IRIS NETWORK

01-0196359

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	JOHN & EDIE TARBELL ----- 5 WOODGATE ROAD ----- SCARBOROUGH, ME 04074 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	ESTATE OF FRANCES D. CECCHI ----- 606 BEACH ROAD ----- LINCOLNVILLE, ME 04849 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

draft

Name of organization

THE IRIS NETWORK

Employer identification number

01-0196359

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A ----- ----- -----		
	----- ----- -----		
	----- ----- -----		
	----- ----- -----		
	----- ----- -----		
	----- ----- -----		

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Name of organization

Employer identification number

THE IRIS NETWORK

01-0196359

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

draft

Form **5768**

(Rev December 2004)

Department of the Treasury
Internal Revenue Service

**Election/Revocation of Election by an Eligible
Section 501(c)(3) Organization To Make
Expenditures To Influence Legislation**
(Under Section 501(h) of the Internal Revenue Code)

For IRS
Use Only ▶

Name of organization

THE IRIS NETWORK

Employer identification number

01-0196359

Number and street (or P.O. box no., if mail is not delivered to street address)

189 PARK AVENUE

Room/suite

City, town or post office

PORTLAND, ME 04102

State ZIP + 4

1 Election – As an eligible organization, we hereby elect to have the provisions of section 501(h) of the Code, relating to expenditures to influence legislation, apply to our tax year ending 6/30/2009 and all subsequent tax years until revoked.
(Month, day, and year)

Note: *This election must be signed and postmarked within the first taxable year to which it applies.*

2 Revocation – As an eligible organization, we hereby revoke our election to have the provisions of section 501(h) of the Code, relating to expenditures to influence legislation, apply to our tax year ending _____.
(Month, day, and year)

Note: *This revocation must be signed and postmarked before the first day of the tax year to which it applies.*

Under penalties of perjury, I declare that I am authorized to make this (check applicable box) election revocation on behalf of the above named organization.

**JAMES PHIPPS, MBA/JD
PRESIDENT & CEO**

(Signature of officer or trustee)

(Type or print name and title)

(Date)

BAA

TEEA7601L 11/04/04

Form **5768** (Rev 12-2004)

draft

THE IRIS NETWORK

01-0196359

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALES

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 476,862.
 COST OR OTHER BASIS: 487,700.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -10,838.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -10,838.

STATEMENT 2
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>
EVENTS	115,704.	0.	115,704.	30,864.	84,840.
PARKING REVENUE	0.	0.	0.	0.	0.
TOTAL	<u>\$ 115,704.</u>	<u>\$ 0.</u>	<u>\$ 115,704.</u>	<u>\$ 30,864.</u>	<u>\$ 84,840.</u>

STATEMENT 3
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

ADAPTIVE EQUIPMENT.....	\$	36,758.
GROSS SALES.....	\$	36,758.
LESS RETURNS & ALLOWANCES.....		0.
NET SALES.....	\$	36,758.
LESS COST OF GOODS SOLD.....		15,559.
GROSS PROFIT FROM SALES OF INVENTORY.....	\$	<u>21,199.</u>

STATEMENT 4
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

RESTATEMENT OF 2007 FS.....	\$	686,709.
UNREALIZED LOSS.....		-32,643.
TOTAL	\$	<u>654,066.</u>

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**STATEMENT 5
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
ELIMINATION	22,270.	22,270.		
EQUIPMENT PURCHASES	23,796.	18,137.	575.	5,084.
EVENT EXPENSE ON LINE 9B	-30,864.			-30,864.
FOOD	31,076.	27,025.	1,177.	2,874.
MISCELLANEOUS	57,969.	24,846.	3,333.	29,790.
PROFESSIONAL FEES	45,925.	39,884.	3,236.	2,805.
REPAIRS & MAINTENANCE	21,712.	18,613.	1,887.	1,212.
TOTAL	\$ 171,884.	\$ 150,775.	\$ 10,208.	\$ 10,901.

**STATEMENT 6
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE IRIS NETWORK IS A COMMUNITY-BASED NONPROFIT 501(C)(3) ORGANIZATION DEDICATED TO SERVE AS A STATEWIDE CLIENT-CENTERED RESOURCE AND CATALYST PROVIDING OPPORTUNITIES FOR PEOPLE WHO ARE VISUALLY IMPAIRED OR BLIND TO ATTAIN INDEPENDENCE AND COMMUNITY INTEGRATION. BASED IN PORTLAND WITH OUTREACH OFFICES IN BANGOR, BREWER, LEWISTON, HOULTON AND SACO, THE AGENCY'S STAFF OF APPROXIMATELY 40 HIGHLY SKILLED PROFESSIONALS USE STATE OF THE ART METHODS AND TECHNOLOGY TO DELIVER HIGH QUALITY, INDIVIDUALIZED PROGRAMS OF EDUCATION, TRAINING AND SUPPORT SERVICES TO ENABLE CLIENTS THROUGHOUT THE STATE OF MAINE TO ADAPT TO VISION LOSS, RETAIN INDEPENDENCE AND PRESERVE QUALITY OF LIFE.

**STATEMENT 7
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
VISION REHABILITATION SERVICES PROGRAM: THE REHABILITATION SERVICES PROGRAM EVALUATES CONSUMER NEEDS, BASED UPON VISION LOSS, AND DEVELOPS A PROGRAM OF SERVICES WHICH ALLOWS THE INDIVIDUAL TO CARRY ON THE FUNCTIONS NECESSARY TO MAINTAIN THE LEVEL OF INDEPENDENCE DESIRED. PROGRAM SERVICES MAY INCLUDE ONE OR MORE OF THE FOLLOWING COMPONENTS: SOCIAL WORK/COUNSELING, PERSONAL ADJUSTMENT COUNSELING AND VISION REHABILITATION THERAPY. THE VISION REHABILITATION THERAPY COMPONENT ADDRESSES MULTIPLE AREAS OF LEARNING INCLUDING: COMMUNICATIONS, ADAPTIVE KITCHEN SKILLS, HOME MANAGEMENT, PERSONAL MANAGEMENT, RECREATION, ORIENTATION AND MOBILITY TRAINING AND THE USE OF VIDEO MAGNIFICATION EQUIPMENT.		
LOW VISION CLINIC PROGRAM: THE LOW VISION CLINIC PROVIDES VISUALLY IMPAIRED PERSONS WITH THE SKILLS AND TOOLS TO BETTER UTILIZE THEIR REMAINING VISION. AFTER A LOW VISION		

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STATEMENT 7 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
EXAMINATION AN OPHTHALMOLOGIST OR OPTOMETRIST DEVELOPS A SPECIALIZED TREATMENT PROGRAM FOR EACH CLIENT ADMINISTERED BY AN OCCUPATIONAL THERAPIST WITH SPECIALIZED TRAINING IN LOW VISION SERVICES. THE PROGRAM HELPS INDIVIDUALS MAXIMIZE THE USE OF THEIR REMAINING VISION BY TRAINING EACH CLIENT IN THE SKILLS REQUIRED TO USE OPTICAL AIDS AND EQUIPMENT SUCH AS MAGNIFIERS TO READ THE NEWSPAPER AND TELESCOPES TO FOCUS ON DISTANT SIGNS AND LIGHT FILTERED LENSES TO REDUCE GLARE.		
MAINE AIRS PROGRAM: THE MAINE AUDIO INFORMATION READING SERVICE PROGRAM ORGANIZES VOLUNTEER READERS TO BROADCAST LOCAL NEWSPAPERS FROM COMMUNITIES ACROSS THE STATE OF MAINE NOT TYPICALLY AVAILABLE IN AUDIO FORM. THE MATERIAL INCLUDES LOCAL NEWS, EDITORIALS, COMMUNITY CALENDARS, STORE ADS AND OBITUARIES. THIS IS A VITAL LINK TO MAINTAIN COMMUNITY INVOLVEMENT FOR INDIVIDUALS WHO ARE PRINT DISABLED.		
ASSISTED LIVING PROGRAM: THE IRIS NETWORK PROVIDES ASSISTED LIVING SERVICES TO CERTAIN VISUALLY IMPAIRED OR BLIND RESIDENTS OF IRIS PARK APARTMENTS. IRIS PARK APARTMENTS FEATURES (30) ONE AND TWO BEDROOM INDEPENDENT LIVING APARTMENTS, WHICH ARE SEPARATELY OWNED, BUT MANAGED BY THE IRIS NETWORK. VISUALLY IMPAIRED OR BLIND TENANTS ARE ABLE TO LIVE AS INDEPENDENTLY AS THEY DESIRE, SCHEDULE THEIR OWN ACTIVITIES, AND CREATE A PERSONAL PLAN FOR ASSISTED LIVING SERVICES. THE IRIS NETWORK OFFERS VISION REHABILITATION THERAPY TO PROVIDE TENANTS SUPPORT IN ALL AREAS OF INDEPENDENT LIVING.		1,752,533.
INCLUDES FOREIGN GRANTS: NO		
	<u>\$ 0.</u>	<u>\$ 1,752,533.</u>

STATEMENT 8
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 583,727.	\$ 424,292.	\$ 159,435.
BUILDINGS	1,221,234.	479,247.	741,987.
LAND	31,824.		31,824.
MISCELLANEOUS	2,880.	0.	2,880.
TOTAL	<u>\$ 1,839,665.</u>	<u>\$ 903,539.</u>	<u>\$ 936,126.</u>

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STATEMENT 9
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

<u>MORTGAGES PAYABLE</u>	<u>BALANCE DUE</u>
OCEAN NAT'L BANK 500K MORTGAGE	\$ 134,084.
TOTAL	<u>\$ 134,084.</u>

STATEMENT 10
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

INVENTORY COST OF SALES.....	\$ 15,559.
SPECIAL EVENTS COSTS.....	<u>30,864.</u>
TOTAL	<u>\$ 46,423.</u>

STATEMENT 11
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

INVENTORY COST OF SALES.....	\$ 15,559.
SPECIAL EVENTS COSTS.....	<u>30,864.</u>
TOTAL	<u>\$ 46,423.</u>

draft

STATEMENT 12
FORM 990, PART V-A
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>
KEITH POTTS 189 PARK AVE PORTLAND, ME 04102	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
DAVID D. STUCHINER 189 PARK AVE PORTLAND, ME 04102	CHAIRMAN 1.00	0.	0.	0.
MATTHEW MCKENZIE 189 PARK AVE PORTLAND, ME 04102	DIRECTOR 1.00	0.	0.	0.
MERRILL BARTER 189 PARK AVE PORTLAND, ME 04102	DIRECTOR 1.00	0.	0.	0.

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STATEMENT 12 (CONTINUED)
 FORM 990, PART V-A
 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>
REGINALD MACDONALD 189 PARK AVENUE PORTLAND, ME 04102	PRESIDENT & CEO 40.00	\$ 35,483. \$	0. \$	0.
STEPHEN TRABOLD 189 PARK AVE PORTLAND, ME 04102	TREASURER 40.00	61,012.	1,317.	0.
ADAM ZAYAN 189 PARK AVENUE PORTLAND, ME 04102	PRESIDENT & CEO 40.00	26,776.	3,952.	0.
JIM PHIPPS 189 PARK AVE PORTLAND, ME 04102	PRESIDENT & CEO 40.00	24,231.	914.	0.
ED HEISLER 189 PARK AVE PORTLAND, ME 04102	SECRETARY 1.00	0.	0.	0.
PHILIP J. BRUEN 189 PARK AVE PORTLAND, ME 04102	DIRECTOR 1.00	0.	0.	0.
ROLF DRIES 189 PARK AVE PORTLAND, ME 04102	DIRECTOR 1.00	0.	0.	0.
WILLIAM H. JR. DUNN 189 PARK AVE PORTLAND, ME 04102	DIRECTOR 1.00	0.	0.	0.
PAT HART 189 PARK AVE PORTLAND, ME 04102	DIRECTOR 1.00	0.	0.	0.
NANCY HAWES 189 PARK AVE PORTLAND, ME 04102	VICE CHAIR 1.00	0.	0.	0.
KATHARINE N. RAY 189 PARK AVE PORTLAND, ME 04102	DIRECTOR 1.00	0.	0.	0.
ALTHEA BENNETT MCGIRR 189 PARK AVE PORTLAND, ME 04102	DIRECTOR 1.00	0.	0.	0.

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STATEMENT 12 (CONTINUED)
FORM 990, PART V-A
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>
FRED M. D. MILLER II 189 PARK AVE PORTLAND, ME 04102	DIRECTOR 1.00	\$ 0.	\$ 0.	0.
ROBERT E. O'BRIEN 189 PARK AVE PORTLAND, ME 04102	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 147,502.	\$ 6,183.	\$ 0.

STATEMENT 13
FORM 990, PART VI, LINE 80B
RELATED ORGANIZATIONS

<u>NAME OF ORGANIZATION</u>	<u>EXEMPT</u>	<u>NONEXEMPT</u>
IRIS PARK APARTMENT, L.P.		X
IRIS PROPERTIES, LLC		X

STATEMENT 14
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

<u>LINE #</u>	<u>EXPLANATION OF ACTIVITIES</u>
101	EVENTS TO PROVIDE PUBLIC EDUCATIONAL AWARENESS AND CONTINUED FINANCIAL SUPPORT FOR SERVICE.
102	SALES OF ITEMS (HIGH INTENSITY LAMPS, ETC.) WHICH AID VISUALLY HANDICAPPED PERSONS IN THEIR ACTIVITIES OF DAILY LIVING
93	GOVERNMENT REVENUES ARE RECEIVED IN EXCHANGE FOR REHABILITATION SERVICES PROVIDED TO ELIGIBLE INDIVIDUALS

STATEMENT 15
SCHEDULE A, PART I
COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE & AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUT. EBP & DC</u>	<u>EXPENSE ACCOUNT</u>
EMILY BARKER 189 PARK AVENUE PORTLAND, ME 04102	DIRECTOR 40.00	53,478.	5,538.	0.
LAURA VITORIOSO	DIRECTOR	53,314.	5,535.	0.

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STATEMENT 15 (CONTINUED)
 SCHEDULE A, PART I
 COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE & AVERAGE HOURS WORKED</u>	<u>COMPEN- SATION</u>	<u>CONTRIBUT. EBP & DC</u>	<u>EXPENSE ACCOUNT</u>
189 PARK AVENUE PORTLAND , ME 04102	40.00			
LESLEY HEISER 189 PARK AVENUE PORTLAND, ME 04102	DIRECTOR 40.00	62,468.	1,389.	0.
RUTH MLOTEK 189 PARK AVENUE PORTLAND , ME 04102	DIRECTOR 40.00	56,978.	5,608.	0.
	TOTAL	<u>\$ 226,238.</u>	<u>\$ 18,070.</u>	<u>\$ 0.</u>

STATEMENT 16
 SCHEDULE A, PART IV-A, LINE 22
 OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2006</u>	<u>(B) 2005</u>	<u>(C) 2004</u>	<u>(D) 2003</u>	<u>(E) TOTAL</u>
OTHER INCOME	\$ 246,000.	\$ 0.	\$ 33,177.	\$ 37,664.	\$ 316,841.
TOTAL	<u>\$ 246,000.</u>	<u>\$ 0.</u>	<u>\$ 33,177.</u>	<u>\$ 37,664.</u>	<u>\$ 316,841.</u>