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# Form **990**

SCANNED APR 0 3 2012

**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)

OMB No 1545 0047 2010

Open to Public

Department of the Treasury

	narkevenue		<del>- L </del>	ave to use a copy of this return to					211			
			ar year, or tax year beginning	8/01 ,2	2010, and endir	ig ´	7/31		011			
В	Check if app		700000 C000000 10 100					er Identificati				
	Address	s change	FOREST SOCIETY OF M			02-0413555						
	Name o	change	l15 FRANKLIN ST, 3R BANGOR, ME 04401	D FTOOK			E Telephone number					
	Initial r	eturn	עממער, אַב טאַאָר. אַבּ				(207	7) 945 <u>-</u>	9200			
	Termin	ated										
	Amend	ed return					<b>G</b> Gross re	ceipts \$	1,576,	614.		
	Applica	ation pending	F Name and address of principal office	ALAN E HUTCHIN	SON		this a group return		<sup>2</sup> Yes	X No		
			SAME AS C ABOVE				e all affiliates incli No,' attach a list		Yes	No		
<u> </u>	Tax-exem	npt status	X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)	(1) or 527		ito, attacira list	(see manuem	Jiis)			
J	Websit	e:► WW	.FSMAINE.ORG		-	H(c) Gro	oup exemption nu	mber 🟲				
K		rganization	X Corporation Trust Asso	ciation Other ►	L Year of Forma	tion 19	984 M s	tate of legal of	domicile ME			
Pa	rt I	Summai	/									
	1 Brie	efly descri	e the organization's mission or	most significant activities	TO PROTE	CT_A	ND_CONSE	RVE TH	E FOREST	<u>'S</u>		
e e	_OF	<u>MAINE</u>										
anc									<del>-</del>			
ē			6									
Activities & Governance			► ☐ if the organization disc		disposed of me	ore tha	n 25% of its i	net assets		22		
8			ing members of the governing ependent voting members of t	• •	line 1h)		-	3 4		22		
ties			of individuals employed in cale			•	ŀ	5		22		
tivi			of volunteers (estimate if nece		e 2a)		. 1	6		<u> 28</u>		
Ac			business revenue from Part	-	ē		· ·	7a		0.		
			business taxable income from				1	7b		0.		
							Prior Year		Current Ye	ar		
4	8 Co	ntributions	and grants (Part VIII, line 1h)				669,4	08.		472.		
ņ			ce revenue (Part VIII, line 2g)		108,0	83.		551.				
Revenue			ome (Part VIII, column (A), Iir	· · · · · · · · · · · · · · · · · · ·			34,1	34.	33,	<u>457.</u>		
Œ			(Part VIII, column (A), lines 5		-1:2	i						
	12 Tot	tal revenue	<ul> <li>add lines 8 through 11 (must</li> </ul>	st equal Part VIII, column	A), June 12)	11	811,6	25.	630,	480.		
	<b>13</b> Gra	ants and s	nilar amounts paid (Part IX, co	olumn (A), lines 1 (3)	INCO							
			o or for members (Part IX, col		16							
ø			compensation, employee ber	31 E 1 60 A 1/2 A	linges [5] (0) \	ხ\—_	419,3	08.	422,	<u>355.</u>		
Expenses	<b>16a</b> Pro	ofessional	undraising fees (Part IX, colum	in (A), line (1946)		<u> </u>	<u>-</u>					
xpe	<b>b</b> Tot	tal fundrais	ng expenses (Part IX, column		£, 63; 035.							
W	17 Oth	ner expens	s (Part IX, column (A), lines 1	1a-11d, 11f-24f)			158,0	74.	208,	012.		
	<b>18</b> Tot	tal expens	s Add lines 13-17 (must equal	Part IX, column (A), line	25)		577,3	82.	630,	367.		
	<b>19</b> Re	venue less	expenses Subtract line 18 from	m line 12			234,2	43.		113.		
8 8						Begi	nning of Curren	t Year	End of Yea			
a a	1		Part X, line 16)				3,501,0		3,855,			
Not Assets or Fund Balancos	<b>21</b> Tot	tal liabilitie	(Part X, line 26) .				180,1	57.	179,	908.		
		t assets or	fund balances. Subtract line 2	1 from line 20 .	<u> </u>		3,320,8	49.	3,675,	947.		
Pa	rt II	Signatu	Block									
Und	er penalties	of perjury, I d	clare that I have examined this return, in er (other than officer) as pased on all info	cluding accompanying schedules an	d statements, and to	the best	of my knowledge	and belief, if	is true, correct,	, and		
	ipiete Decia	Tation of prep	er (durer trian onice) is quied on all line	britiation of watcut preparer has any	knowledge		1-5/-7					
		Second Second	The state of the s				3/9//3	2				
Sig	jn	Signatu	of officer	11. 1	1-4-1	_		,				
He	re	Tung or	Che XIVI	HAN H	utc hinsen	<u> </u>	actus Z	ructu	_			
		<del>}</del>	print name and title	- A	1		·   r	l lore	1			
_		1	eparer's name Prep	arer's signature & hur (	Date Z/3	112-	Check	of PTIN				
Pa		KENNET	I L. OMINVIS, ON.	- 1	140	12	self-employe	ed N/	<u> </u>			
	Preparer Use Only Firm's name Firm's address P.O. BOX 758											
US	e Uniy	Firm's addre	<del></del>				Firm's EIN		0.15 5 5 5			
		<u> </u>	BANGOR, ME 04402				Phone no	(207)	942-232			
_			s return with the preparer show		s) .			X	Yes	No		
BA	Δ For Pa	nerwork R	duction Act Notice, see the se	enarate instructions	TE	EA01131	12/21/10		Form 990	(2010)		

Form 990 (2010) FOREST SOCI	ETY OF MAINE	02-0413555 Page 2
Partilla Statement of Progra	am Service Accomplishments	
. Check if Schedule O con	itains a response to any question in this Part III	
1 Briefly describe the organization	n's mission	
TO PROTECT AND CONSI	ERVE THE FORESTS OF MAINE	
2 Did the organization undertake	any significant program services during the year which were n	ot listed on the prior
Form 990 or 990-EZ?		Yes X No
If 'Yes,' describe these new ser	vices on Schedule O.	
3 Did the organization cease cond	ducting, or make significant changes in how it conducts, any p	rogram services? Yes X No
If 'Yes,' describe these changes	s on Schedule O.	
and 501(c)(4) organizations and	chievements for each of the organization's three largest prograd section 4947(a)(1) trusts are required to report the amount of for each program service reported	am services by expenses. Section $501(c)(3)$ f grants and allocations to others, the total
	To salar program correct reported	
4a (Code: Expenses	\$ 497, 989. including grants of \$	) (Revenue \$ 124,720.)
CONTACTED A NUMBER (	OF ENTITIES TO DISCUSS FOREST CONSERVAT	TION ISSUES. DISCUSSED
COOPERATIVE EFFORTS	WITH LANDOWNERS. PROMOTED CONSERVATION	N THROUGH VEHICLES SUCH AS
EASEMENTS MAINTENANG	CE AND MONITORING. EDUCATED LAND OWNER	S ABOUT THE NEED TO
MAINTAIN SUSTAINABLI	E FOREST LAND.	
4b (Code: (Expenses)	\$ including grants of \$	) (Revenue \$ )
4c (Code. (Expenses	\$ including grants of \$	) (Revenue \$ )
/ (Code:) (Expenses	The during grants of \$\frac{1}{2}\$	
4d Other program services. (Descr		
(Expenses \$		evenue \$ )
4e Total program service expense		
BAA	TEEA0102L 10/06/10	Form <b>990</b> (2010

Part V Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 Х Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 Х . Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Х Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? In 10 Х 'Yes,' complete Schedule D, Part V If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х D. Part VI 11 a **b** Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII Х 11 b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Х 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D. Parts XI, XII, and XIII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional. 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Parts I and IV* Х 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 Х 20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 Х b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 20 b

Form 990 (2010) FOREST SOCIETY OF MAINE

Partity Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>x</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25 a		Х
b	Is the organization 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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
ě	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA	•	Forn	990	(2010)

Part V   Statements Regarding Other IRS Filings and Tax Compliance   Check if Schedule O contains a response to any question in this Part V   V	Form <b>990</b> (2010) FOREST SOCIETY OF MAINE 02-0413	555	F	age !
a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b	Part V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in Box 3 of Form 1096. Enter: 0- if not applicable before the number of Form W-2C included in the 1a. Enter: 0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gammal c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gammal c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gammal c Did the organization comply with backup withholding rules for reportable payments for vendors and reportable gammal c Did the organization organization have sure rading with or within the year organization for the calculation of the payment of	Check if Schedule O contains a response to any question in this Part V			
be Einet the number of Forms W 2G included in time 1a. Einet -0- if not applicable   10   10   10   10   10   10   10   1			Yes	No
c Did the organization comply, with backing withholding rules for reportable payments to vendors and reportable gamining (gamining) winnings to prize winners?  2 Enter the number of employees reported on Form W.S., Transmittal of Wage and Tax State 2 7 7 2 2 Enter the number of employees reported on Form W.S., Transmittal of Wage and Tax State 2 2 7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		9		
(gambling) winnings to prize winners?  22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  bit at least one is reported on line 2a, did the organization file at linequired feeding employment tax returns?  Note, if the sum of lines Ia and 2a is greater than 250, you may be required to e-file (see instructions)  3a. Did the organization have unrelated business gross income of \$1.000 or more during the year?  3a. It was a filed a Form 990-T for this year? If No. provide an explanation in Schedule O  4a. At any time during this celebraty year, did the organization have an interest in, or a signature or other suthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts  5b. If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts  5b. Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5c. Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5c. Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5c. Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5c. Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5c. Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5c. Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5c. Was the organization aparty to a prohibited tax sheller transaction at a party to a prohibited tax sheller transaction at the tax year?  5c. Was the organization received accountable to the expension of the tax decleration and tax declerations and tax decleration and tax declerations and tax declerations	<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
ments, filed for the calendar year ending with or within the year covered by this return bit of teates have no is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1.000 or more during the year? bit "Yes' has it filed a Form 990-T for this year? If "No, 'provide an explanation in Schedule 0 4a. At any time during this 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 gainst account, securities account, or other financial accounts of this provided to the specific provided an explanation in Schedule 0 4b. If "Yes,' enter the name of the foreign country" See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a. Was the organization aparty to a prohibited tax sheller fransaction? cit "Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? cit "Yes,' to line 5a or 5b, did the organization the Form 8886"  5a. Dash the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of lax deductible?  5b. If "Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b. Organizations that may receive deductible contributions under section 170c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the approximation of forms 8028 and services provided to the approximation of forms 8028 and services provided to the approximation of forms 8028 and services provided to the approximation of forms 8028 and services provided to the reparazation of the form 8039 as required?  7c. X  7d. If the organization	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
ments, filed for the calendar year ending with or within the year covered by this return bit of teates have no is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1.000 or more during the year? bit "Yes' has it filed a Form 990-T for this year? If "No, 'provide an explanation in Schedule 0 4a. At any time during this 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 gainst account, securities account, or other financial accounts of this provided to the specific provided an explanation in Schedule 0 4b. If "Yes,' enter the name of the foreign country" See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a. Was the organization aparty to a prohibited tax sheller fransaction? cit "Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? cit "Yes,' to line 5a or 5b, did the organization the Form 8886"  5a. Dash the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of lax deductible?  5b. If "Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b. Organizations that may receive deductible contributions under section 170c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the approximation of forms 8028 and services provided to the approximation of forms 8028 and services provided to the approximation of forms 8028 and services provided to the approximation of forms 8028 and services provided to the reparazation of the form 8039 as required?  7c. X  7d. If the organization	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 At 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) 5 bif Yes, enter the name of the foreign country > 5 see instructions for filing requirements for Form TD F 90:22 1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 a Was the organization appropriate that the organization file Form 8896-T? 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 If Yes, indicate the number of Forms 8382 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 If the organization receive a contribution of qualified intellectual property, did the organization file Form 8999 as required? 10 If the organization receive a contribution of qualified intellectual property, did the organization file Form 8999 as required? 11 Section 501(x)(7) organizations maintaining donor advised funds and section 509(x)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 49667 12 Did the organization make any taxable distributions under section 49667 13 Spons	ments, filed for the calendar year ending with or within the year covered by this return			
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a infrancial account in a foreign country (such as a bank account, securities account, or other infrancial account).  5 If 'Yes, 'neitr the name of the foreign country '  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 as Was the organization party to a prohibited tax shelter transaction at any time during the tax year?  5 a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5 c If 'Yes, 'to line 5a or 5b, did the organization file Form 8886-T?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 a Use of the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?  7 b Organizations that may receive deductible contributions under section 170(c).  8 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  9 b If 'Yes,' indicate the number of Forms 8282 filed during the year  10 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 b If yes, indicate the number of Forms 8282 filed during the year  12 b If the organization and year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  13 b If the organization organization organization organization organization and particular organizations. Did the solution of the payor?  15 b If Yes, indicate the number of Forms 8282 filed during the year  16 b If the organization organization and the year organization organization organization or advised fund		2b	X	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)X7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)X12) organizations. Enter a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders b Gross income from deer sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(X29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand		7e		Х
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14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X		$\dashv$		
	<u> </u>	142		Х

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 17 1a Enter the number of voting members of the governing body at the end of the tax year 17 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents 4 X since the prior Form 990 was filed? 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a X X 7ь b Are any decisions of the governing body subject to approval by members, stockholders or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O 12 c X X 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х X **b** Other officers of key employees of the organization 15<sub>b</sub> If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions ) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16 a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safequard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ALAN HUTCHINSON 115 FRANKLIN ST, 3 RD FLOOR, BANGOR ME 04401 207-945-9200

Form <b>990</b> (2010)	FORFCT	CULTELA	OF	MATNE
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Form 990 (2010)

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees, and former such persons

X Check this box if neither the organizat		relate	d or			on co	mpe		ficer, director, or trus	
(A)	(B)		(C) Position (check all that apply)					(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) SEE_ATTACHEDDIRECTOR	- 0							0.	0.	0.
(2) ALAN E HUTCHINSON EXECUTIVE DIRECTOR	40				Х		_	93,594.	0.	0.
_(3)										
_(4)	-									
_(5)	-									
_(6)	-									
<u></u>	-									
_(8)	-									
_(9)										
(10)	i									
(11)										
(12)	-									
(13)	-									
(14)	_						Γ			
(15)	<del> </del>									
(16)	1									
(17)	-									
				<u> </u>			┺	l		

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Part VII   Section A. Officers, Directors, Trust	tees, K	<b>Сеу</b>	Em	plo	ye	es,	and	d Highest Con	pensated Emp	oyees		1t)
· (A)	(B) (c)				(D)	(E)	(F)					
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			Officer	a Key employ		ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr org an	stimated int of oth pensation om the anization d related anization	on d
	Sch O)	ıstee	trustee		ee	pensated						
(18)										-		
(19)												
(20)												
(21)												
(22)					ļ —							
(23)												
(24)	-											
(25)												
(26)												
										-		
(28)											-	
(29)												
1 b Sub-total		•					<b>•</b>	93,594.	0.			0.
c Total from continuation sheets to Part VII, Section	Α						<b>•</b>	0.	0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limite	d to the	se li	stec	ab	ove)	wh	o re	93,594. ceived more than	0. \$100,000 in reporta	able cor	npens	0. ation
from the organization   0						· · · · · ·	_				Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust	tee,	key	emį	ploy	ee, d	or h	ighest compensat	ed employee	3	103	Х
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to	eportable	e coi	mpe	nsa If 'Y	tion ′es'	and com	l oth	er compensation e Schedule J for	from			
<ul><li>such individual</li><li>5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'</li></ul>									ındıvıdual	4		X
Section B. Independent Contractors	complet	e Sc	hea	lule	J fo	rsuc	ch p	erson		5	L	X
Complete this table for your five highest compensa compensation from the organization	ted inde	pen	dent	cor	ntra	ctors	s tha	at received more t	han \$100,000 of			
(A) Name and business addres	ss	·				_		(B Description	) of services	Compe	<b>C)</b> ensatio	n
											-	
									<del>-</del>			
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶	_	lim	ited	to t	hose	list	ted a	above) who receiv	ved more than			

Ta Federated campaigns  b Membership dues  c Fundraising events  t C t  d Related organizations  1 d l  s Government grants (contributions)  1 d l  s Government grants (contributions)  1 d l  s Government grants (contributions)  1 d l  1 d l  1 d lotter program service revenue  2 SERVICE REVENUE  b MISCELLANEOUS INCOME  4 All other program service revenue  2 Table Add lines 2a-22  3 Investment income (including dwidends, interest and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Reysities  6a Gross Rents  b Less: certal expenses  c Renti income or (loss)  d Net rental income or (loss)  b Lass out of other bars and side spenses  c Grant or (loss)  b Lass out of other bars and side spenses  c Grant or (loss)  b Less control of the has and side spenses  c Grant concern from fundraising events  s expected or flows or	T at	t viii   Statement of Revenue				
Table   Tabl	 		(A) Total revenue	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
b Membership dues c Fund Fassing events d Related organizations e Government yand (cambulotes) 14 d e Government yand (cambulotes) 16 d Related organizations e Government yand (cambulotes) 17 d Hotel Program and the induced above 17 d 465, 472 d 465, 47	<del>`</del> −т	4-5-1-1		revenue		312, 313, 01 314
2a SERVICE REVENUE  b MISCELLANEOUS INCOME  c	S Z	1a Federated campaigns 1a				
2a SERVICE REVENUE  b MISCELLANEOUS INCOME  c	종된	<b>b</b> Membership dues 1 b				
2a SERVICE REVENUE  b MISCELLANEOUS INCOME  c	# §	· · · · · · · · · · · · · · · · · · ·				
2a SERVICE REVENUE  b MISCELLANEOUS INCOME  c	र, ≨	· · · · · · · · · · · · · · · · · · ·				
2a SERVICE REVENUE  b MISCELLANEOUS INCOME  c	뜵魠	d Related organizations 1d				
2a SERVICE REVENUE  b MISCELLANEOUS INCOME  c	泛릙	e Government grants (contributions) 1 e				
2a SERVICE REVENUE  b MISCELLANEOUS INCOME  c	중풍					
2a SERVICE REVENUE  b MISCELLANEOUS INCOME  c	토띮	f All other contributions, gifts, grants, and				
2a SERVICE REVENUE  b MISCELLANEOUS INCOME  c	黑白					
2a SERVICE REVENUE  b MISCELLANEOUS INCOME  c	Ĕ₫	g Noncash contributions included in lns 1a-1f \$ 15,052.				
2a SERVICE REVENUE  b MISCELLANEOUS INCOME  c	용취	h Total. Add lines 1a-1f	465, 472			
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales sepanses of c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) 5 Royalties  946, 134. C Gain or (loss) d Net gain or (loss) 5 Of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less: cost of goods sold b Less. cost of goods sold b Less. cost of goods sold c Net income or (loss) from sales of inventory  Maccellaneous Revenue  Business Code  11a b C C d All other revenue e Total. Add lines 11a-11d			100/1/21		<del></del>	
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3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6a Gross Rents b Less: rental expenses c Rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost of other basis and sales expenses c Gain or (loss) d Net grain or (loss) 40, 134. d Net gain or (loss) 5 Royalties  10 Securities 10 Ober assets other than inventory b Less cost of other basis and sales expenses c Gain or (loss) 40, 134. d Net gain or (loss) 5 Royalties 10 Securities 10 Ober assets other than inventory 10 Securities 10 Ober assets of other basis and sales expenses 10 Ober assets of other basis and sales expenses 10 Ober assets of other basis and sales expenses 10 Ober assets of other basis and sales expenses 10 Ober assets of other basis and sales expenses 10 Ober assets of other basis and sales expenses 10 Ober assets of other basis and sales expenses 10 Ober assets of other basis and sales expenses 10 Ober assets of other basis and sales expenses 10 Ober assets of inventory ober assets of inventory 10 Ober assets of inventory ober assets of inventory 11 Ober assets of inventory ober assets of inventory 12 Ober assets of inventory ober assets of inventory 13 Ober assets of inventory ober assets of inventory 14 Ober assets of inventory ober assets of inventory 15 Ober assets of inventory ober assets of inventory 16 Ober assets of inventory ober assets of inventory 17 Ober assets of inventory ober assets of inventory 18 Ober assets of inventory ober assets of inventory 19 Ober assets of inventory ober assets of inventory 19 Ober assets of inventory ober assets of inventory 10 Ober assets of inventory ober assets of inventory 10 Ober assets of inventory ober assets of inventory 10 Ober assets of inventory ober assets of inventory 10 Ober assets of inventory ober assets of inv	8	f All other program service revenue				
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other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Reai (ii) Personal  6 a Gross Rents b Less: rental expenses c Rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)  8 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less: cost of goods sold c Net income or (loss) from gaming activities See Rent IV, line 19 b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b		g Total: Mad liftes Za-Zi	131,331.			
## Income from investment of tax-exempt bond proceeds		3 Investment income (including dividends, interest and	40 000			
Second to the pass of assets of the than inventory   Second to the pass of contributions reported on line 1c)		other similar amounts)	40,288.			40,288.
Second to the pass of assets of the than inventory   Second to the pass of contributions reported on line 1c)		4 Income from investment of tax-exempt bond proceeds ►				
Company   Comp	}	5 Royalties				
Ga Gross Rents   b Less: rental expenses   c Rental income or (loss)   d Net rental income or (loss)						<del></del>
b Less: rental expenses c Rental income or (loss)  d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses .  c Gain or (loss)  4 Net gain or (loss)  4 Net gain or (loss)  5 of contributions reported on line 1c)  See Part IV, line 18  b Less direct expenses b  c Net income or (loss) from gaming activities  Pa Gross income from gaming activities  C Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances  b Less. cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b C  c d All other revenue  e Total. Add lines 11a-11d	1					
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7a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses so and sales expenses but to including \$\frac{5}{3}\$ of contributions reported on line 1c)  See Part IV, line 18  a b Less direct expenses but c Net income or (loss) from fundraising events See Part IV, line 19  b Less: direct expenses but c Net income or (loss) from gaming activities C Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold but c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b						<u> </u>
Page 1975 a forces amount from sales of assets other than inventory   939, 303.		` <del></del>				
By B		7a Gross amount from sales of (i) Securities (ii) Other				
b Less cost or other basis and sales expenses . 946,134.  c Gain or (loss)		assets other than inventory 939, 303.				
and sales expenses 946,134. c Garn or (loss)						
c Gain or (loss)		b Less cost or other basis				[
d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b C C G All other revenue e Total. Add lines 11a-11d						
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8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d	l	d Net gain or (loss) ►	-6,831.	-6,831.		}
(not including \$ of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b C d All other revenue e Total. Add lines 11a-11d						<del> </del>
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C Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d	- 2	of contributions reported on line 1c)				
C Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d	~	See Part IV, line 18				!
C Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a b c d All other revenue e Total. Add lines 11a-11d	포	h Less direct expenses h				l
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b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue e Total. Add lines 11a-11d		9a Gross income from gaming activities				
c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances  b Less. cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a-11d		See Part IV, line 19 a				
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10 a Gross sales of inventory, less returns and allowances  b Less. cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d						<u> </u>
and allowances  b Less. cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a-11d						<del> </del>
b Less. cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue e Total. Add lines 11a-11d		10a Gross sales of inventory, less returns				ļ
c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d						
c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue  e Total. Add lines 11a-11d		<b>b</b> Less, cost of goods sold <b>b</b>				
Miscellaneous Revenue		· · · · · · · · · · · · · · · · · · ·				[· · · · · · · · · · · · · · · ·
11a	ł					<del>                                     </del>
b c d All other revenue e Total. Add lines 11a-11d	1					
d All other revenue e Total. Add lines 11a-11d		118		<u></u>		
e Total. Add lines 11a-11d	j	b				
e Total. Add lines 11a-11d		c				
e Total. Add lines 11a-11d		d All other revenue				<del> </del>
						<del>                                     </del>
12 Total revenue. See instructions   630, 480.   124, 720.   0.   40, 288.		e lotal. Add lines 11a-11d				
		12 Total revenue. See instructions	630 <u>,</u> 480.	124,720.	<u> </u>	40,288.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do l	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		,		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	93,594.	73,939.	10,296.	9,359.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	244,124.	192,858.	26,854.	24,412.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	23,382.	18,472.	2,572.	2,338.
9	_	35,492.	28,039.	3,904.	3,549.
10	Payroll taxes	25,763.	20,353.	2,834.	2,576.
	Fees for services (non-employees)	20,,001	20,000.	2,001.	2,0,0.
	a Management				
	Legal	50,593.	39,968.	5,565.	5,060.
	Accounting	9,250.	7,308.	1,017.	925.
	d Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	g Other				
	Advertising and promotion	1,308.	1,033.	144.	131.
13	Office expenses	4,017.	3,173.	442.	402.
14	Information technology	3,691.	2,916.	406.	369.
15	Royalties				
16	Occupancy	9,762.	7,712.	1,074.	976.
17	Travel	3,043.	2,404.	335.	304.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,933.	3,107.	433.	393.
20	Interest	4,618.	3,648.	508.	462.
21	Payments to affiliates	<del></del>			
22	Depreciation, depletion, and amortization	11,482.	9,071.	1,263.	1,148.
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	4,217.	3,331.	464.	422.
	a PROFESSIONAL SERVICES	34,175.	26,998.	3,759.	3,418.
	AUTOMOBILE EXPENSE	12,913.	10,201.	1,421.	1,291.
	BANK FEES	11,981.	9,465.	1,318.	1,198.
	d PRINTING AND PUBLICATIONS	10,020.	7,916.	1,102.	1,002.
	e BAD DEBT	8,000.	6,320.	880.	800.
	f All other expenses	25,009.	19,757.	2,752.	2,500.
	Total functional expenses. Add lines 1 through 24f	630,367.	497,989.	69,343.	63,035.
26	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 900 (2010)
BA	A.				Form <b>990</b> (201

ᅙ		(2010) FOREST SOCIETY OF MAINE	02 1	J41355	5 Page 11
Pa	rt X	Balance Sheet	<u></u>	<del></del>	
		•	(A) Beginning of year		(B) End of year
ļ	1	Cash — non-interest-bearing.	1,637.	1	2,968.
	2	Savings and temporary cash investments	279,885.	2	<u>242,770.</u>
	3	Pledges and grants receivable, net	916,089.	3	655,131.
	4	Accounts receivable, net	63,135.	4	62,026.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
A S S E T	7	Notes and loans receivable, net		7	
S   E		Inventories for sale or use	322.	8	
S	9	Prepaid expenses and deferred charges	510.	9	
	10 a	Land, buildings, and equipment cost or other basis.  Complete Part VI of Schedule D  1,090,208.			
j		Less accumulated depreciation. 10b 139, 977.	782,177.	10 c	950,231.
-		Investments — publicly traded securities.	1,457,251.	11	1,942,729
-		Investments – other securities See Part IV, line 11		12	_, ,
		Investments – program-related See Part IV, line 11		13	
-		Intangible assets		14	
ļ		Other assets See Part IV, line 11		15	· · · · · · · · · · · · · · · · · · ·
		Total assets. Add lines 1 through 15 (must equal line 34)	3,501,006.	16	3,855,855
	17	Accounts payable and accrued expenses	80,157.	17	79,907
ļ	18	Grants payable .	· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue .		19	•
ᅡ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D.		21	
֖֖֖֖֖֖֡֝֓֞֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֟֝֓֓֓֓֓֡֓֓֓֓֡֜֝֡֓֓֓֡֡֡֓֓֡֡֡	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
E S		of Schedule L	<del> </del>	22	
S	23	Secured mortgages and notes payable to unrelated third parties	100 000	23	100 000
-	24	Unsecured notes and loans payable to unrelated third parties	100,000.	24	100,000
	25 26	Other liabilities Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25	180,157.	25 26	179,908
	20	Organizations that follow SFAS 117, check here   X and complete lines	100,137.	26	1/9,900
N E		27 through 29 and lines 33 and 34.			
Ă	27	Unrestricted net assets	948,137.	27	968,416
SSE	28	Temporarily restricted net assets	1,946,661.	28	2,119,240
₹	29	Permanently restricted net assets	426,051.	29	588,291
Q R	23	Organizations that do not follow SFAS 117, check here ▶ □ and complete	420,031.	23	300,231
		lines 30 through 34.		} }	
FUZD	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, or equipment fund	·	31	
		Retained earnings, endowment, accumulated income, or other funds		32	<del> </del>
ŘΙ	3/			32	
<b>VHOZDLD</b>	32 33	Total net assets or fund balances	3,320,849.	33	3,675,947.

BAA

Form **990** (2010)

Forn	990 (2010) FOREST SOCIETY OF MAINE	02-041355	5	Pa	age <b>12</b>		
Pai	t XI Reconciliation of Net Assets						
	·Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	30,4	180.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		30,3			
3	Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,3	20,8	349.		
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5		54,9			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,6	75,9	947.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				$\Box$		
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		Х		
	Were the organization's financial statements audited by an independent accountant?		2b	X			
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?.	it of the audit,	2c	х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
•	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	e issued on a					
	X Separate basis Consolidated basis Both consolidated and separate basis						
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	3a		x		
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audi	t   3b				

Form **990** (2010)

BAA

#### SCHEDULE A (Form 990 or 990-EZ)

(D)

(E)

Total

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number FOREST SOCIETY OF MAINE 02-0413555 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i), 2 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). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 9 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 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 11 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 If the organization received a written determination from the IRS that 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 Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organization(s) (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in column (i) of your support? (i) Name of supported organization (iv) Is the (vi) Is the (vii) Amount of support organization in column (i) organized in the US? organization in column (i) listed in (see instructions)) your governing document? Yes No Yes No Yes No (A) (B) (C)

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

Schedule A (Form 990 or 990-EZ) 2010

### Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Gomplete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	*			:				
begi	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants ')	1,821,480.	1,106,442.	640,746.	674,019.	465,472.	4,708,159.		
_	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	1,821,480.	1,106,442.	640,746.	674,019.	465,472.	4,708,159.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .				1	-	652,338.		
6	Public support. Subtract line 5 from line 4						4,055,821.		
Sec	tion B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total		
7	Amounts from line 4	1,821,480.	1,106,442.	640,746.	674,019.	465,472.	4,708,159.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,768.	42,557.	32,338.	34,845.	33,457.	174,965.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						0.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.		
11	Total support. Add lines 7 through 10.						4,883,124.		
12	Gross receipts from related activ	vities, etc (see ins	structions)			12	0.		
13	First five years. If the Form 990 organization, check this box and	ıs for the organız İ <b>stop here</b>	ation's first, secon	d, third, fourth, oi	fifth tax year as	a section 501(c)	(3)		
Sec	tion C. Computation of Pu	blic Support F	Percentage						
14			•	e 11, column (f)).		. 14	83.1%		
15	Public support percentage from	2009 Schedule A	, Part II, line 14			<u> 15</u>	88.4%		
16 a	a 33-1/3% support test – 2010. If and stop here. The organization	the organization of qualifies as a pu	did not check the b blicly supported or	ox on line 13, and ganization	d the line 14 is 33	3-1/3% or more,	check this box		
ŀ	33-1/3% support test — 2009. If and stop here. The organization	the organization of qualifies as a pu	did not check a box blicly supported or	c on line 13 or 16 ganization	a, and line 15 is 3	33-1/3% or more	, check this box		
17 a	17a 10%-facts-and-circumstances test — 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	<b>b 10%-facts-and-circumstances test</b> — <b>2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.								
	Private foundation. If the organ	ization did not chi	eck a box on line 1	3, 16a, 16b, 17a,					
BAA					Sch	nedule A (Form 9	990 or 990-EZ) 2010		

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		se complete i art i	.,			
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3-7	
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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.)						
	tion B. Total Support				<del> </del>		
	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  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 ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(	3) ▶ □
	tion C. Computation of Pul						
	Public support percentage for 20		_	e 13, column (f)	).	15	%
	Public support percentage from 2				· · · · · · · · · · · · · · · · · · ·	16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage for	or <b>2010</b> (line 10c,	column (f) divide	d by line 13, colu	ımn (f))	17	8
18	Investment income percentage fr	rom <b>2009</b> Schedu	le A, Part III, line	17		18	%
19 a	33-1/3% support tests - 2010. If is not more than 33-1/3%, check	the organization this box and sto	did not check the <b>p here.</b> The organ	box on line 14, a	and line 15 is more	e than 33-1/3%, a orted organization	nd line 17
ŧ	<b>33-1/3% support tests – 2009.</b> If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or	line 19a, and line	16 is more than 3	3-1/3% and
20	Private foundation. If the organiz						

Schedule A (Form 990 or 990-EZ) 2010 FOREST SOCIETY OF MAINE	02-0413555	Page 4
Part IV Supplemental Information. Complete this part to provide the explanations red. Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any a (See instructions).	quired by Part II, line 10 dditional information.	);
(Gee manuchons).		
· 		
	<del>-</del>	

#### SCHEDULE C (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010 Open to Public dispersion

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

• 9	Section 501(c)(4), (5), or (6) or	rganizations Complete Part III.			
Name	of organization			Employer identifica	ation number
FOF	REST SOCIETY OF MAIN	NE		02-041355	5
Pai	ttl A Complete if the or	ganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.
1	Provide a description of the o	organization's direct and indirect political c	ampaign activities in	Part IV.	
2	Political expenditures			▶\$	
3	Volunteer hours				
Pai	ৰি! Bi Complete if the or	ganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	<b>►</b> \$	0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 8	Was a correction made?				Yes No
t	If 'Yes,' describe in Part IV				
Pai	tાઉં Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt function	n activities	
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt ►\$	
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2 Enter here and	on Form 1120-POL,	. ►\$	
4	Did the filing organization file	Form 1120-POL for this year?		•	Yes No
	organization made payments	and employer identification number (EIN) For each organization listed, enter the ai ons received that were promptly and direct action committee (PAC) If additional spa	mount paid from the t	hling organization's fun	ds. Also enter the
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule <b>C</b> (Form 990 or 990-EZ) 2010	FOREST SOCIE	TY OF MAINE		02-041	3555 Page 2
	he organization		ction 501(c)(3) an	d filed Form 5768 (e	
A Check ► If the filin	g organization belon	gs to an affiliated group.			
B Check ► I if the filin	g organization check	ed box A and 'limited cor	ntrol' provisions apply	'	
(The term '	Limits on Lobbyin expenditures' means	g Expenditures s amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditu	ires to influence publ	ic opinion (grass roots lo	bbying).		
<b>b</b> Total lobbying expenditu	ires to influence a leg	gislative body (direct lobb	ying).		
c Total lobbying expenditu	ires (add lines 1a and	d 1b)		0.	0.
d Other exempt purpose e	expenditures				
e Total exempt purpose ex	xpenditures (add line	s 1c and 1d)		0.	0.
f Lobbying nontaxable am both columns	nount Enter the amo	unt from the following tal	ole in		
If the amount on line 1e, colu	ımn (a) or (b) is: Th	e lobbying nontaxable a	mount is		
Not over \$500,000	20	0% of the amount on line 1e.			
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 of	over \$1,500,000.		
Over \$17,000,000	\$	1,000,000.			
g Grassroots nontaxable a	amount (enter 25% of	f line 1f)		0.	0.
h Subtract line 1g from lin	ne 1a. If zero or less,	enter -0-	•	0.	0.
i Subtract line 1f from line	e 1c. If zero or less,	enter -0-	•	0.	0
j If there is an amount of section 4911 tax for this	her than zero on eith	er line 1h or line 1i, did t	he organization file F	orm 4720 reporting	Yes No
(Som	e organizations that	Year Averaging Period t made a section 501(h) el below. See the instructi	ection do not have to	complete all of the five igh 2f.)	
	Lobby	ing Expenditures During	4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying non-taxable amount					0
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					0
c Total lobbying expenditures					0

f Grassroots lobbying expenditures BAA

**d** Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2010

0.

0.

0.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO1 (election under section 501(h)).	filed	For	m 5768	<u> </u>	-9
	(8	9)		(b)	
·	Yes	No	A	mount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? <b>c</b> Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?			-		_
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities? If 'Yes,' describe in Part IV					
j Total Add lines 1c through 1:					·
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					_
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or	_		
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	,	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	,	L
Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.'	(c)(5) rt III-	, or A, lin	e 3		
1 Dues, assessments and similar amounts from members.	•	1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2a			
<b>b</b> Carryover from last year		2b			
c Total .		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	SS 				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poli expenditure next year?	licai	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV   Supplemental Information			_		
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, at Also, complete this part for any additional information	nd Par	t II-B,	line 1ı		-
				- <del>-</del>	
					- <b>-</b> -

Schedule C (F	form 990 or 990-EZ) 2010 FOREST SOCIETY OF MAINE Supplemental Information (continued)	02-0413555	Page 4
Part IV	Supplemental Information (continued)		
	•		
•			
		<b></b>	
		- <b></b>	
	•		

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

FOF	REST SOCIETY OF MAINE			02-0413555
	划隊 Organizations Maintaining Dono	r Advised Funds or Other Si	milar Funds or Acc	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.		·
		(a) Donor advised funds	( <b>b</b> )	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the asse to the organization's exclusive lega	ets held in donor advised al control?	d Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	the benefit of the donor or donor a	at grant funds can be dvisor, or for any other	Yes No
Pai	後順 Conservation Easements. Comp	lete if the organization answ	ered 'Yes' to Form !	990, Part IV, line 7.
1	Purpose(s) of conservation easements held b	y the organization (check all that a	pply)	
	Preservation of land for public use (e g , i	recreation or education)	reservation of an histori	cally important land area
	X Protection of natural habitat	□P	reservation of a certified	d historic structure
	Preservation of open space	<del>-</del>		
2	Complete lines 2a through 2d if the organizat last day of the tax year	ion held a qualified conservation co	entribution in the form of	f a conservation easement on the
				Held at the End of the Tax Year
ā	a Total number of conservation easements		2a 2	4
1	Total acreage restricted by conservation ease	ments	. 2b 3	74,438
•	Number of conservation easements on a cert	ified historic structure included in (a	a) <u>2c</u>	
(	d Number of conservation easements included structure listed in the National Register	ın (c) acquired after 8/17/06, and n	ot on a historic 2d	
3	Number of conservation easements modified, tax year ► <i>O</i>	transferred, released, extinguished	d, or terminated by the o	organization during the
4	Number of states where property subject to c	onservation easement is located 🟲	<u> </u>	
5	Does the organization have a written policy re and enforcement of the conservation easeme	egarding the periodic monitoring, in nts it holds?	spection, handling of vic	olations, X Yes No
6	Staff and volunteer hours devoted to monitors  1,272	ng, inspecting, and enforcing cons	ervation easements duri	ng the year
7	Amount of expenses incurred in monitoring, i \$ 40,698.	nspecting, and enforcing conservat	ion easements during th	ne year
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the require	ements of section	Yes X No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements SEE PART X	to the organization's financial state	nue and expense statemer ements that describes th	nt, and balance sheet, and e organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Tre swered 'Yes' to Form 990, Pa	asures, or Other Si art IV, line 8.	milar Assets.
1:	a If the organization elected, as permitted under art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its final	ts held for public exhibition, educat	ion, or research in furth	ent and balance sheet works of erance of public service, provide,
1	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	er SFAS 116 (ASC 958), to report in eld for public exhibition, education,	n its revenue statement or research in furtheran	and balance sheet works of art, ice of public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of amounts required to be reported under SFAS			gain, provide the following
	a Revenues included in Form 990, Part VIII, lin	e 1		<b>&gt;</b> \$
	<b>b</b> Assets included in Form 990, Part X		<del>.</del>	▶\$
BAA	A For Paperwork Reduction Act Notice, see th	e Instructions for Form 990.	TEEA3301L 11/15/10	Schedule <b>D</b> (Form 990) 2010

Schedule D (Form 990) 2010 FORES							02-041			Page 2
Part III Organizations Maintain	ning Colle	ections of Ar	<u>t, Histo</u>	rical Tr	easures, o	r Other	Similar Ass	sets (c	<u>ontınu</u>	<u>ed)</u>
3 Using the organization's acquisition items (check all that apply)	n, accession	n, and other rec	ords, che	ck any o	f the followin	g that are	e a significant i	use of it	s collect	lion
a . Public exhibition		d∫	Loan o	r exchan	ge programs					
<b>b</b> Scholarly research		e [	Other							
c Preservation for future genera	tions		_							
4 Provide a description of the organ Part XIV	ızatıon's coll	lections and exp	plain how	they furt	her the orga	nization's	exempt purpo	se in		
5 During the year, did the organization assets to be sold to raise funds ra	on solicit or ther than to	receive donation be maintained	ons of art as part o	, historicant the organic	al treasures, anization's co	or other sollection?	sımılar	Yes	Γ	No
Part IV Escrow and Custodial 9, or reported an amou	Arrangen	nents. Comp	lete if o	rganiza				990, P	art IV,	line
······································			<del> </del>							
1a Is the organization an agent, trust included on Form 990, Part X?	ee, custodia	in, or other inter	rmediary	for contri	butions or of	ther asset	ts not		г	٦
<b>b</b> If 'Yes,' explain the arrangement in								∐ Yes	L	_  No
bit res, explain the arrangement	II Fall AIV a	and complete th	e lollowii	ig table				Amour		
c Beginning balance						10		Amour		
d Additions during the year						10	+			
e Distributions during the year				•	•	10	<del>                                     </del>			
f Ending balance						11	+			
2a Did the organization include an ar	naunt an Ea	000 Dart V	luna 212					TV-	<u>-</u>	TN-
J		rm 990, Part X,	iine 217	•		•		Yes	L	No
Part V Endowment Funds. Cor		ha araanizat	ion one	word!	Voc' to Fo	rm 000	Dort IV Jun	- 10		
Part V   Endowment Funds. Con										
1 - Danisana of man balance	(a) Current		Prior year		c) Two years ba		Three years back	(e)	Four year:	3 Dack
1a Beginning of year balance	1,457		095,1	- T	994,05			-		
<b>b</b> Contributions	348	,052.	302,7	00.	236,29	94.	<del>.</del>	<del>-}</del> -		
c Net investment earnings, gains, and losses	210	,760.	103,2	69.	-76,45	57.	······			
<b>d</b> Grants or scholarships										
Other expenditures for facilities and programs	61	,907.	34,3	75.	51,70	55.				
f Administrative expenses	11	,427.	9,5	30.	6,94	12.			_	
<b>g</b> End of year balance	1,942	,729. 1,	457,2	51.	1,095,18	37.	•			
2 Provide the estimated percentage	of the year	end balance he	eld as:							
a Board designated or quasi-endow	ment -	28.00%								
<b>b</b> Permanent endowment ►	1.00%	 ;								
c Term endowment ► 71	.00%									
3a Are there endowment funds not in organization by:	the posses	sion of the orga	nızatıon	that are I	neld and adn	nınıstered	for the		Yes	No
(i) unrelated organizations								32(1)	163	X
_						•		3a(i)		X
(ii) related organizations	·	listed as ===:····	ad a= C-	حانام مط	າ			3a(ii)	-	
<b>b</b> If 'Yes' to 3a(II), are the related of	_	•				מדע שח		3b		<u> </u>
4 Describe in Part XIV the intended						VI YIA				
Part VI Land, Buildings, and E	.quipmen	T .				1 / 3 2		4.45	D :	
Description of investment	<u> </u>	(a) Cost or othe (investme	er basis nt)		st or other s (other)		ccumulated preciation	(d)	Book va	ilue
1 a Land		849	,287.							; 287.
<b>b</b> Buildings					159,802.		72,443.		87	,359.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .	849,287.	· , =		849;287.
<b>b</b> Buildings		159,802.	72,443.	87,359.
c Leasehold improvements		13,438.	5,913.	7,525.
<b>d</b> Equipment		67,681.	61,621.	6,060.
e Other				
Total. Add lines 1a through 1e (Column (d) mu	st equal Form 990, Part X, c	column (B), line 10(c))	<b>•</b>	950,231.
BAA		_	Schedu	ule <b>D</b> (Form 990) 2010

Schedule	D (Form 990) 2010 FOREST SOCIETY OF	MAINE		02-0413555	Page <b>3</b>
Part VII	Investments-Other Securities. See F	orm 990, Part X, lı	ne 12. N/A		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Cost or	Method of valuation: end-of-year market value	
	cial derivatives				
	y-held equity interests			<u> </u>	
(3) Other					
<u>(A)</u>					
		· · · · · · · · · · · · · · · · · · ·			
(G)		<del></del>		<del></del>	
(H)					
<u>(l)</u>			<u> </u>	<del></del>	
	umn (b) must equal Form 990 Part X, column (B) line 12.)		lune 12) N7/3		
Part VII	I Investments—Program Related. (See			Mada al activit	
	(a) Description of investment type	<b>(b)</b> Book value	Cost or	Method of valuation end-of-year market value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u> (8)					
(9)	***************************************			····	
(10)					
	ımn (b) must equal Form 990, Part X, column (B) line 13 )				
Part IX	Other Assets. (See Form 990, Part X,			<del></del>	
	<del></del>	scription		(b) Book	value
(1)		~			
(2)					
(3)					
(4)		-			
(5)		·			
(6)					
(7)					
(8)					
(9)					
(10)					
	olumn (b) must equal Form 990, Part X, column(E			<b>&gt;</b>	
Part X	Other Liabilities. (See Form 990, Part		··		
	(a) Description of liability	(b) Amount			
	eral income taxes				
	UNDING		1.		
(3)					
(4)					
<u>(5)</u>					
(6)					
(7)			_		
(8)			_		
(9)		<del></del>			
(10)			_		!
(11)	umn (h) must squal Form 000 Best V and (D) 1 (D)	<b>•</b>	1		
TOTAL (COLL	umn (b) must equal Form 990, Part X, column (B) line 25)  (ASC 740) Footnote In Part XIV. provide the text		1.		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

		-0413555	Page <b>4</b>
	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		630,480.
2	Total expenses (Form 990, Part IX, column (A), line 25).		630,367.
3	Excess or (deficit) for the year. Subtract line 2 from line 1 .		113.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV) SEE PART XIV .		354,985.
9	Total adjustments (net) Add lines 4 through 8	<u> </u>	354,985.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		355,098.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	000 105
1	Total revenue, gains, and other support per audited financial statements	<del></del>	998,105.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
	a Net unrealized gains on investments  2a 179,110.	-	
	Donated services and use of facilities 2b 12,640.	1	
	Recoveries of prior year grants	1	
	d Other (Describe in Part XIV) SEE PART XIV 2d 175,875.	-	267 625
_	e Add lines 2a through 2d	2e 3	367,625. 630,480.
3	Subtract line 2e from line 1	3	030,480.
4			
	a Investments expenses not included on Form 990, Part VIII, line 7b	<b>∤</b>	
	b Other (Describe in Part XIV )	+	
	c Add lines 4a and 4b	4c 5	630 400
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).		630,480.
_	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	643,007.
	Total expenses and losses per audited financial statements	<del>                                     </del>	043,007.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities . 2a 12,640.	]	
		┨	
	b Prior year adjustments	-{	
	c Other losses	-	
	d Other (Describe in Part XIV.)	<del> </del>	12,640.
	e Add lines 2a through 2d	2e 3	630,367.
_	Subtract line 2e from line 1	-	030,307.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investments expenses not included on Form 990, Part VIII, line 7b.  4a	1 1	
	b Other (Describe in Part XIV )	╡	
	c Add lines 4a and 4b	4c	
	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	630,367.
	rt XIV Supplemental Information	•	
Con Par any	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complet additional information.	/, lines 1b and te this part to p	2b; provide
	_PART_II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS		- <b></b>
	THE CONSERVATION EASEMENTS ARE NOT REFLECTED AS REVENUE, EXPENSE OR	BALANCE_S	HEET
	<u>ITEMS.</u> A STATEMENT THAT THE ORGANIZATION IS HOLDING EASEMENTS IS MA	DE. ONLY	THE
	MONITORING EXPENSES ARE REFLECTED AS AN EXPENSE RELATED TO THE EASEM	ENTS EACH	LYEAR.
	PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND		
	CONSERVATION EASEMENTS, LAND ACQUISITIONS AND ANNUAL OPERATIONS		<del>-</del> -

02-0413555

Schedule D (Form 990) 2010 FOREST SOCIETY OF MAINE  [Part XIV Supplemental Information (continued)	02-0413555	Page 5
Part XIV Supplemental Information (continued)		
·		
•		
	<del>_</del>	
		<b></b>
		<del>-</del> -

TEEA3305L 07/16/10

Schedule **D** (Form 990) 2010

BAA

2010 SCHEDULED, PART XIV - SUPPLEMENTAL INFORMATIONPAGE 6

FOREST SOCIETY OF MAINE

02-0413555

# SCHEDULE D, PART XI, LINE 8 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

APPRECIATION OF INVESTMENTS APPRECIATION OF REAL ESTATE

\$ 179,110. 175,875. TOTAL \$ 354,985.

# SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

NET UNREALIZED GAIN ON REAL ESTATE

TOTAL \$ 175,875.

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

FOREST SOCIETY OF MAINE	Employer identification number 02-0413555
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE_FINANCE_COMMITTEE_WILL_REVIEW_THE_FORM_990_AND_REPORT_TO_TH	E FULL BOARD OF
DIRECTORS	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEME	ENT OF CONFLICTS
AT EACH BOARD AND COMMITTEE MEETING, THE POSSIBILITY OF CONFLIC	TS ARE DISCLOSED AND
DISCUSSED.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	FOR CEO, EXEC. DIR., OR TOP MGT
COMMITTEE PERFORMS REVIEW OF EXECUTIVE DIRECTOR.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
DOCUMENTS ARE AVAILABLE AT OFFICE UPON REQUEST.	

FALL SOLIEDUFEO ESTINETIEMENTAL INFORMATION FOREST SOCIED/OFMAINE FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES APPRECIATION OF INVESTMENTS APPRECIATION OF REAL ESTATE 179,110. 175,875. 354,985. TOTAL \$

### Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a

equest an e Associated \	required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which m ing of this form, visit www irs gov/efile and click o	Part I or Paust be sent	art II with the exception of Form 8870, In to the IRS in paper format (see instructi	format	ion Return	n for Transfers	
Part I A	utomatic 3-Month Extension of Time.	only subm	nit original (no copies needed).				
A corporatio	n required to file Form 990-T and requesting an a	automatic 6	-month extension — check this box and o	omple	te Part I d	only 🟲 📗	
All other coi ncome tax	rporations (including 1120-C filers), partnerships, returns	REMICS, a	nd trusts must use Form 7004 to request	an ex	tension of	time to file	
	Name of exempt organization			Employ	Employer identification number		
Type or							
orint	FOREST SOCIETY OF MAINE			02-0413555			
ile by the Number, street, and room or suite number. If a P O box, see instructions						·	
iling your eturn See	115 FRANKLIN ST, 3RD FLOOR	3RD FLOOR					
nstructions	City, town or post office, state, and ZIP code For a foreign address, see instructions						
	BANGOR, ME 04401						
	eturn code for the return that this application is fo	· · · · · · · · · · · · · · · · · · ·				01	
Application s For	pplication Return Code Is For			Return Code			
orm 990	m 990 01 Form 990-T (corporation)				07		
Form 990-B	L	02	Form 1041-A			08	
Form 990-EZ		03	Form 4720			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
Telephor  If the or  If this is check the external the external three external th	ne No 207-945-9200 ganization does not have an office or place of but for a Group Return, enter the organization's four box.  If it is for part of the group, checkension is for	digit Group k this box	be United States, check this box  Exemption Number (GEN) If  and attach a list with the names a				
until The e  ►   L  2 If the	est an automatic 3-month (6 months for a corpora 3/15, 20 _12, to file the exempt or extension is for the organization's return for calendar year 20 or tax year beginning 8/01, 20 _10 _ tax year entered in line 1 is for less than 12 monnange in accounting period	ganization r _ , and endi	eturn for the organization named above $\frac{7/31}{2} = \frac{11}{2}$	ıal retu	ırn		
3a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	720, or 606	9, enter the tentative tax, less any	3 a	\$	0.	
<b>b</b> If this paym	application is for Form 990-PF, 990-T, 4720, or 6 ents made. Include any prior year overpayment a	5069, enter Ilowed as a	any refundable credits and estimated tax credit	3 b	\$	0.	
c Balan EFTP	i <b>ce due.</b> Subtract line 3b from line 3a Include you S (Electronic Federal Tax Payment System) See	ır payment ınstruction	with this form, if required, by using s	30	\$	0.	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

#### FOREST SOCIETY OF MAINE BOARD OF DIRECTORS

#### July 31, 2011

George Browning 65 Black Rocks Road PO Box 517 Georgetown, ME 04548

Bob Burr, President 1334 Beech Hill Road Mercer, ME 04957

Carole Dyer 1058 River Road Bowdoinham, ME 04008

Ed Dysart 216 Sawyer Road Hampden, ME 04444

David Flanagan, Treasurer 1826 Appleton Ridge Road Appleton, ME 04863

Gordon Hall III, Vice President 1 Walnut Street Marblehead, MA 01945

Alix Hopkins 259 Libby Road Pownal, ME 04069

George Jacobson 320 Bryland Global Sciences University of Maine Orono, ME 04469

Michael J Kelly, Sr. 680 Main Street Presque Isle, ME 04769

Ed Kfoury Box 344 Oquossoc, ME 04964

John McNulty PO Box 1168 Bangor, ME 04402-1168

Bucky Owen 26 Noyes Drive Orono, ME 04473

Hank Swan 133 Breck Hill Road Lyme, NH 03768 Peter Triandafillou PO Box 554 Old Town, ME 04468

Roy Van Vleck, Secretary 196 Pinnacle Road Lyme, NH 03768

Peter Vigue PO Box 1000 Pittsfield, ME 04967

Craig Watt PO Box 570 Greenville, ME 04441