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Form **990**

Department of the Treasury Internal Revenue Service

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)

ZU I I

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

Open to Public Inspection

OMB No 1545-0047

	For	the 2	011 calendar year, or tax year beginning	and	d ending								
E		k if cable	C Name of organization			D Em	ployer identif	ication number					
	Ac	ddress ange	Maine Tree Foundation	L		1							
	N	ame lange	Doing Business As			1	01-0	1453264					
	Ini	itial turn	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	E Tele	ephone numbe						
[rmın-	P.O. Box 5470	,			(207						
(- An	nended lurn	City or town, state or country, and ZIP + 4			G Gros	ss receipts \$	455,7					
[Ap	plica-	Augusta, ME 04332-54			H(a) Is	this a group i						
	pe	ending	F Name and address of principal officer:G.	Bruce Wiersma		fc	or affiliates?	Yes X	No				
_			same as C above			∫ Н(b) А	re all affiliates in	cluded? Yes	□No				
<u></u>	Tax-	exem	ot status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or527] If	"No," attach a	a list. (see instructions	s)				
2	Web	site:	www.mainetreefoundati	on.org		H(c) G	iroup exemption	on number					
⊠ <u>κ</u>	Form			Association Other	L Year	of format	ion: 1989 i	M State of legal domicile	e: ME				
∏حد	Part	I S	ummary	······									
2	1 رو	Bra	efly describe the organization's mission or mo	st significant activities. <u>To_d</u>	<u>levelop</u>	and	sponso	or programs					
A.Ub	ב	<u>t1</u>	<u>at increase the public</u>	's awareness of	and ap	prec	iation	for the					
<u> </u>	9 2 3 4 5 6 7	Ch	eck this box 🕨 🔲 if the organization disc	continued its operations or dispo	sed of more	than 25	5% of its net a	ssets					
(ב	g 3	Nu	mber of voting members of the governing boo	ly (Part VI, line 1a)			3		16				
₽;	6 4	Nu	mber of independent voting members of the g	overning body (Part VI, line 1b)			4		<u> 16</u>				
Z	5	Tot	al number of individuals employed in calenda	r year 2011 (Part V, line 2a)			5		5				
SCAINNED STITING OF	6	Tot	al number of volunteers (estimate if necessar	<i>(</i>)			6	 _	<u>35</u>				
ว์ รี			al unrelated business revenue from Part VIII, o	• •			<u>7a</u>		0.				
_	+	b Net	unrelated business taxable income from Fori	n 990-T, line 34			7b		0.				
			<u> </u>		-		r Year	Current Year					
9	8 ي		tributions and grants (Part VIII, line 1h)		-		65,598.						
Concord	9	Pro	gram service revenue (Part VIII, line 2g)	DECENTED	 	2	42,347.						
å		Inve	estment income (Part VIII, column (A), lines 3,	4, and ZILLEIVLU	ان 📙		316.		<u> 19.</u>				
	11		er revenue (Part VIII, column (A), lines 5, 6d, 8	c, 9 c, 10c, and 11e)			<u>5,335.</u>	6,40					
_	12		al revenue - add lines 8 through 11 (must equ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4	13,596.	454,66					
	13		nts and similar amounts paid (Part IX, column	17-1	E		0.		0.				
	14	Sale	efits paid to or for members (Part IX, column	(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	1	1	65,671.	166,25					
Fxnenses	15	- Oala	tries, other compensation, employee benefits	(Part 14, County (A) lines 6310).			20,000.	100,2	0.				
5			essional fundraising fees (Part IX, column (A)		51		20,000.						
Ä	` ا		al fundraising expenses (Part IX, column (D), li er expenses (Part IX, column (A), lines 11a-11			2	83,244.	94,15	51				
	- 1		al expenses. Add lines 13-17 (must equal Part	·			68,915.	260,40					
	19		enue less expenses. Subtract line 18 from line		-		55,319.						
Net Assets or	<u>ş .5</u>				Ben		Current Year	End of Year	<u> </u>				
sets	ğ 20	Tota	ll assets (Part X, line 16)				12,262.	448,58	30.				
Y.	21		Il liabilities (Part X, line 26)				23,302.	65,36					
Sec	22		assets or fund balances Subtract line 21 from	n line 20			88,960.	383,22					
Р	art I		gnature Block										
Un	der per	nalties	of perjury, I declare that I have examined this return	, including accompanying schedules	s and stateme	nts, and t	to the best of my	knowledge and belief,	ıt ıs				
true	e, corre	ect, and	complete. Declaration of preparer (other than office	er) is based on all information of wh	iich preparer h	nas any k	nowledge.						
			T. H-bos				2	30 2012					
Sig	n		Signature of officer				Date	\ '					
He	re) ~									
_			Type or print name and title				<u> </u>						
			t/Type preparer's name	Preparer's signature	Da		Check	PTIN	_				
Pai			anne T Gibson, CPA	Jane Toplan		1-12-1	T dan dan projec						
	parer		's name Gibson LeClair,	ING /			Firm's EIN	45-0512128	<u></u>				
Use	Only	Firm	's address 150 Capitol Stre			- 1							
		<u></u>	Augusta, ME 0433				Phone no. (2	207) 623-84					
Ma	v the I	IRS di	scuss this return with the preparer shown abo	ove? (see instructions)				X Yes	No				

1165

Form 990 (2011) Maine Tree Foundation
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		,,	
_	If "Yes," complete Schedule A	1	X	┼
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1_		
	public office? If "Yes," complete Schedule C, Part I	. 3	+	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection of the American Section 501(h).	i i	1	X
_	during the tax year? If "Yes," complete Schedule C, Part II	4	┼──	+^
5	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 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-3	+	 ^
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1-8		 ^
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ť	1	†
•	Schedule D, Part III	8	ĺ	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide		ļ —	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10	X]
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Ì	ĺ
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			ļ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	11c		X
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	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	,	1		v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		х
.	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		_==
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	[X
5	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		<u>X</u> _
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
7	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	17		<u>x</u> _
8	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	18		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		17
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-+	
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Form 9	190 /2	011
		rorm 8	JU 12	UIII

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	X
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	<u> </u>	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? If "Yes," complete		İ	
	Schedule J	23		X
24a	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, 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		X
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			ŀ
	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		ļ
25a	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	25a		X
þ	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	1		
	Schedule L, Part I	25b		X
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		_X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
	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	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		}	••
	If "Yes," complete Schedule N, Part I	31	-+	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_		7.5
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	[v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity?			v
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	251	1	v
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u></u>	<u>X</u>
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-+	Λ_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	x	
	Note, All Form 990 filers are required to complete Schedule O	Form 9		O1 1\
		, 01111	(2	5111

	Check if Schedule O contains a response to any question in this Part V						
		1	ŀ	 _		Yes	N
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a			3		
b	· · · · · · · · · · · · · · · · · · ·	_1b			익		İ
С		repor	table (gaming		,,	
	(gambling) winnings to prize winners?	1	1		1c	X	╀
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			,	_		l
	filed for the calendar year ending with or within the year covered by this return	2a			5	<u></u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax reti				2b	X	╄-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				İ	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?				<u>3a</u>	<u> </u>	2
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				<u>3b</u>	-	├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		_	ver, a			١.
	financial account in a foreign country (such as a bank account, securities account, or other financia	I acco	unt)?		4a	ļ	2
b	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		unts.				_
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a	ļ	2
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	1?		5b	ļ <u> </u>	2
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c	<u> </u>	
Ва	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	the or	ganıza	tion solicit	1		۱
	any contributions that were not tax deductible?				<u>6a</u>	ļ	7
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions	or gift	S	1	ļ ,	}
	were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	ervices	provid	ed to the payor?	7a	<u> </u>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b_		_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	vas re	quired				_
	to file Form 8282?		1		7c		K
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ict?		7e_	-	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont				7f_		X
•	If the organization received a contribution of qualified intellectual property, did the organization file F			•	7 <u>g</u>		<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				7h		X
,	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D			=			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tu	me dur	ng the year?	8		<u> </u>
	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?				9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		X
	Section 501(c)(7) organizations. Enter:		ſ				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
	Section 501(c)(12) organizations. Enter:	ı				1	
a	Gross income from members or shareholders	11a	-				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1	[- 1	
	amounts due or received from them.)	11b	l		İ		
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l			1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?				13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				- 1		
)	Enter the amount of reserves the organization is required to maintain by the states in which the	1					
•	organization is licensed to issue qualified health plans	13b					
اد	Enter the amount of reserves on hand	13c					
اد	Did the organization receive any payments for indoor tanning services during the tax year?				14a	$-\!\!\!\!+$	X
	ff "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	• O			14b		

01-23-12

	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			X
Sec	tion A. Governing Body and Management			,
		-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16	긱		ļ
	If there are material differences in voting rights among members of the governing body, or if the governing			1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		Ŷ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	}	
	officer, director, trustee, or key employee?	2	┼	X
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X
6	Did the organization have members or stockholders?	6	 	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	 	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7,
_	persons other than the governing body?	7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		32	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_	1 1	v
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
300	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	N.
40-	Did the expensesion have level charters branches as efficience?	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	 	
D		106]	
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Α	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b	X	-
_	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1	- 1	
	exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) a	allabl	е	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	on. 🟲		
	S. F. Huber - (207) 621-9872			
	153 Hospital Street, Augusta, ME 04332			

Part VII 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	th an		(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	. =	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) G. Bruce Wiersma										
President	1.00	X	╄	X	<u> </u>	┞	-	0.	0.	0.
(2) Dwain Allen	1	1	1	l	1	ĺ	1			•
Vice-President	0.50	X	-	X	ļ	<u> </u>		0.	0.	0.
(3) Ted Asherman	1 00						ļ		٠ .	•
Treasurer	1.00	 X	├-	X	_	├-	-	0.	0.	0.
(4) Beth Ollivier	0.50	7.		3.5		1	İ	0.	0.	0
Secretary	0.50	X	 	Х	<u> </u>			U •	<u> </u>	0.
(5) Sue Aygarn	0.50	J.					i	0.	0.	0.
Director	0.50	^	-	-	-	├	┢	0.		
(6) Keith Bisson Director	0.50	v						0.	0.	0.
(7) David Field	0.30	^					-	- 0.		<u></u>
Director	0.50	X						[o.]	0.	0.
(8) Wesley Hedlund										
Director	0.50	X						0.	0.	0.
(9) Theodore S. Koffman										
Director	0.50	X						0.	0.	0.
(10) Samantha J. Langley-Turnbaugh										<u>-</u>
Director	0.50	X						0.	0.	0.
(11) Ron Lovaglio				1	j					
Director	0.50	X						0.	0.	0.
(12) Kevin McCarthy			,							
Director	0.50	X						0.	0.	0.
(13) Matthew Polstein				- }	-	-				_
Director	0.50	X		_				0.	0.	0.
(14) Jonathan Pottle						Ì				
Director	0.50	X			_			0.	0.	<u> </u>
(15) Stephen L. Sloan					- }	J	J			•
Director	0.50	X		\dashv		_	_	0.	0.	0.
(16) Joel Swanton	0 50					- 1	-		_	^
Director	0.50	X	+	\dashv	-+	\dashv	\dashv	0.	0.	0.
(17) Sherry F. Huber	45 00			x				62 060	0.	4,124.
Executive Director	45.00			<u>A</u>				63,860.		

132007 01-23-12

ra	TVII Section A. Officers, Directors, Tr	ustees, Key E	mpl	oyee			High	est	Compensated Employ	ees (continued)	<u> </u>			
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than on						Reportable	Reportabl		!	stimat	
		hours per week	box	c, unle	ss pe	rson	ıs bot	h an	compensation	compensati		_ a	mount	
		(describe		_	Π		П	<u> </u>	from the	from relate organizatio		COL	other opens	
		hours for	director				-		organization	(W·2/1099-M		1	rom th	
		related	5				nsate	ĺ	(W-2/1099-MISC)	(** 23 7000 ***	.00,		janiza	
		organizations	fust	T E		e d	a mb	ŀ	(**-***********************************				d rela	
		in Schedule	Individual trustee	Institutional trustee	5	Key employee	lesto	횰				org	anızat	ions
		0)	횰	먑	Officer	Key	Highest compensated employee	호						
				<u> </u>		_	_		_					
		<u> </u>				<u> </u>								
										· · · · · · · · · · · · · · · · · · ·				
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		i						ŀ						
		ļ i	i											
46	Cub Astal	l		i	1	I			63,860.		0.		4,1	21
	Sub-total	1 Castian 1						ŀ	03,860.		0.		<u>4,1</u>	0.
	Total from continuation sheets to Part VI	i, Section A						ŀ	63,860.		0.		4,1	
2	Total (add lines 1b and 1c) Total number of individuals (including but no	at limited to the	200	licto	d ah		\ wb		 	000 of reportab			4 ,1	<u>~ ~ .</u>
2	compensation from the organization	or minited to the	USE	IISTE	u au	OVE	<i>)</i> wii	U IE	ceived more than \$100,	ooo oi reportab	16			0
	compensation from the organization			-									Yes	No
3	Did the organization list any former officer,	director or true	stee	key	/ em	ınlav	/88	or h	unhest compensated en	inlovee on	ſ			
•	line 1a? If "Yes," complete Schedule J for su			,,		ر ت. م	,00,	· · ·	ng.1001 0011ponoatoa on			3		X
4	For any individual listed on line 1a, is the su		e co	mpe	nsat	tion	and	oth	er compensation from t	ne organization	ľ		$\neg \uparrow$	
•	and related organizations greater than \$150									io organizacion		4	i	X
5	Did any person listed on line 1a receive or a			•						lual for services	ļ			
-	rendered to the organization? If "Yes," comp								3		İ	5	•	X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	npensated inde	epei	nder	it co	ntra	ctor	s th	at received more than \$	100,000 of com	pensa	tion fi	om	
	the organization. Report compensation for the	-	-											
	(A)								(B)			(C		
_	Name and business a	address	<u>NO</u>	NE				\perp	Description of se	rvices	Co	mper	sation	١
								\perp						
								\perp						
								+						
										ľ				
								\perp					-	
		 												
	Total number of independent contractors (inc		t lım	ited	to th	nose	liste	ed a	lbove) who received mo	re than				
	\$100,000 of compensation from the organiza	ation >				<u>U</u>								
											F	orm 9	90 (20	011)

Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 387,868. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 387,868 h Total. Add lines 1a-1f Business Code 30,572 611710 30,572. Program Service Revenue 2a Project Learning Tree 21,602 21,602 Certified Logging Prof 611710 7,500 611710 7,500 Leaf Tours All other program service revenue 59,674 Total. Add lines 2a-2f Investment income (including dividends, interest, and 719 719. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 7,515 Part IV, line 18 1,107 b Less. direct expenses 6,408 6,408. c Net income or (loss) from fundraising events 9 a Gross income from garning activities See Part IV, line 19 b Less. direct expenses e Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold e Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a þ d All other revenue e Total. Add lines 11a-11d 0. 7,127 **454**,669. 59,674 Total revenue. See instructions. 132009 01-23-12 Form 990 (2011)

Form 990 (2011) Maine Tree Foundation 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).

com	plete columns (B), (C), and (D).		o Dout IV		
700	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				 -
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	65.004	00 504	22 000	10 100
	trustees, and key employees	67,984.	23,794.	33,992.	10,198.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			50 605	0.504
7	Other salaries and wages	82,657.	27,236.	52,697.	2,724.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)			2 224	0.5.3
9	Other employee benefits	5,181.	2,534.	2,394.	253.
10	Payroll taxes	10,436.	3,532.	6,028.	876.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	5,203.		5,203.	
đ	Lobbying				
е	Professional fundraising services. See Part IV, line 17			· · · · · · · · · · · · · · · · · · ·	
f	Investment management fees			· -	<u> </u>
g	Other	2,621.	2,621.		
12	Advertising and promotion				
13	Office expenses .	11,215.	5,556.	5,659.	
14	Information technology				
15	Royalties				
16	Occupancy	3,960.		3,960.	
17	Travel	9,169.		9,169.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	263.	263.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	308.		308.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	LEAF program expense	42,836.	42,836.		
b	Certified logging profe	11,216.	11,216.		
С	Project learning tree e	3,899.	3,899.		
d	Insurance	3,091.		3,091.	<u> </u>
е	All other expenses	370.	5.	365.	
25	Total functional expenses. Add lines 1 through 24e	260,409.	123,492.	122,866.	14,051.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here (f following SOP 98-2 (ASC 958-720)	,			
					Form 990 (2011)

Part X Balance Sheet (A) Beginning of year End of year 37,706. 49,019 Cash - non-interest-bearing 1 1 389,949. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 6,405. 19,219. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 6 employees' beneficiary organizations (see instructions) Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 5,794 basis. Complete Part VI of Schedule D 10a 434 1,074. 10c b Less: accumulated depreciation 10b 156,279 11 Investments · publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 632. 125. 15 Other assets. See Part IV, line 11 15 212,262 448,580. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 438. 59. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 65,301. 22,864. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 65,360. 23,302. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 188,960 383,220. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 383,220. 448,580. <u> 188,960</u>. 33 33 Total net assets or fund balances Total liabilities and net assets/fund balances

Forn	1990 (2011) Maine Tree Foundation	01-04	53264	Pag	_{qe} 12					
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI		·							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	454							
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>09.</u>					
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>60.</u>					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>0.</u>					
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	383	, 2	<u> 20.</u>					
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII		-		ᆜ					
				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	Ο.		i						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>					
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,								
	review, or compilation of its financial statements and selection of an independent accountant?		2c							
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	a no t		1						
	separate basis, consolidated basis, or both:			I						
	Separate basis Consolidated basis Both consolidated and separate basis									
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit								
	Act and OMB Circular A-133?		3a		<u> </u>					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b							
			Form 9	90 (2	2011)					

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of	the organiza	ition							Employer i			
			<u>Tree Foundat</u>							<u>-0453</u>	<u> 326</u>	<u>4</u>
Part I	Reason	for Public Cha	rity Status (All organ	izations m	ust compl	ete this pa	art.) See in	structions	<u>-</u>			
The organ	nization is not	a private foundation	n because it is: (For lines	1 through	11, checl	k only one	box)					
1 📙	A church, c	onvention of church	es, or association of chu	ırches des	cribed in s	section 17	'O(b)(1)(A)((i).				
2 🖳	A school de	scribed in section 1	170(b)(1)(A)(ii). (Attach S	ichedule E	.)							
3 🖳	A hospital o	r a cooperative hos	pital service organization	described	l ın sectio	n 170(b)(1	1)(A)(iii).					
4 📖	A medical re	esearch organization	operated in conjunction	n with a ho	spital des	cribed in s	section 17	O(b)(1)(A)(iii). Enter th	ne hospita	l's nar	ne,
	city, and sta											
5	-	•	e benefit of a college or u	university o	owned or o	operated t	y a goverr	nmental ur	nit describe	d in		
		0(b)(1)(A)(iv). (Comp										
6 📙		-	ment or governmental ur									
7 📖	_		ceives a substantial part	t of its sup	port from	a governn	nental unit	or from th	e general p	ublic desc	ribed	ın
		(b)(1)(A)(vi). (Compl	•									
ᄚᄖᆖ		•	section 170(b)(1)(A)(vi).		-							_
9 LX	-	=	ceives: (1) more than 33									
		•	unctions - subject to cert	-								
			taxable income (less sec	ction 511 to	ax) from b	usinesses	acquired l	by the org	anization af	ter June 3	30, 19	/5.
🗀		509(a)(2). (Complet	•									
10			pperated exclusively to to									
11			pperated exclusively for t									or
	•		ations described in sect				(2). See se	ction 509	(a)(3). Chec	k the box	ınaı	
			organization and comp	_	•		taantad		. .	Type III - (Whor	
	a Type		,,		e III - Fund		•	dia		• •		
e L	-		at the organization is not		-							.,,
f		-	than one or more publicl itten determination from	•	_				3(a)(1) 01 36	CHOH 309	(a)(z).	
Ī	_	erganization, check t		uie ino ui	at it is a 1	ype i, i ypi	5 11, OI 1 yp	C 111				
		-	organization accepted a	ny aift ar a	ontributio	n from an	of the foll	lowing per	renne?			<u> </u>
g	-		directly controls, either a			-					Yes	No
		-	supported organization?		,04101 1114	porcono	000011000	() a	(, 55.511,	11g(i)		
	_		n described in (i) above?	,						11g(ii)		-
	• •	•	a person described in (i)		e?					11g(iii)		
h		· ·	about the supported or	• •						<u> </u>		
••		onoming information	about the supported of	garnzanon	(3).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	(v) Did vo	u notify the	(vi) Is	s the	(vii) Am	ount o	
	nization	(11) = 114	organization	in col. (i) lis	sted in your	organiza	tion in col.	organizati (i) organiz		Supp		•
·			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
					_							
							ļ i					
							ļ		<u> </u>	 		
	ĺ				·		ĺĺ					

132021 01-24-12

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011

Part II	Suj	port	Sc	hedul	e fo	r Or	ganiz	ation	S	De	scribed	in	Sections	170	(p)(1)(/	4)(iv) and	d 17	70(b)(1)((A)(vi)
									_	_										D	

(Complete 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.)

Se	ction A. Public Support										
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1			1						
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to			}	1	•					
	the organization without charge				ĺ						
4	Total. Add lines 1 through 3						T				
5	The portion of total contributions										
	by each person (other than a			Ţ							
	governmental unit or publicly										
	supported organization) included				ļ		j				
	on line 1 that exceeds 2% of the										
	amount shown on line 11,			ĺ							
	column (f)		1								
6	Public support. Subtract line 5 from line 4										
Se	ction B. Total Support					·					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
	Amounts from line 4										
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources		1								
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part IV.)										
11	Total support. Add lines 7 through 10										
12	Gross receipts from related activities,	etc. (see instructi	ons)			12					
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)					
	organization, check this box and stop			 			<u> </u>				
Sec	tion C. Computation of Publi	c Support Pe	rcentage			,					
14	Public support percentage for 2011 (lii	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	%				
15	Public support percentage from 2010					15	%				
16a	33 1/3% support test - 2011. If the or	-		line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and				
	stop here. The organization qualifies a		-				▶ L1				
b	33 1/3% support test - 2010. If the or	•			line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qualif						اا				
	10% -facts-and-circumstances test										
	and if the organization meets the "fact			•	•	t IV how the organi	zation				
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
		•					0% or				
	more, and if the organization meets the				•		, [
	organization meets the "facts-and-circu		-	•	•		▶;;;				
<u>18</u>	Private foundation. If the organization	did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b		nd see instructions					

Schedule A (Form 990 or 990-EZ) 2011 Maine Tree Foundation

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

Se	ction A. Public Support	elow, please com	plete Part II)						
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	Gifts, grants, contributions, and	197=3	147====						
	membership fees received (Do not								
	include any "unusual grants.")	338,777.	329,168.	196,347.	161,998.	178,117.	1,204,407.		
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	239,003.					1,115,145,		
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	577,780.	609,280.	474,393.	412,793.	245,306.	2,319,552.		
72	Amounts included on lines 1, 2, and								
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	180,989.	204,179.	87,872.	50,631.	46,020.	569,691.		
_	amount on line 13 for the year	180,989.	204,179.	87,872.	50,631.	46,020.	0. 569,691.		
	Add lines 7a and 7b	100,909.	<u> </u>	0/,0/4.	30,631.	46,020.			
	Public support (Subtract line 7c from line 6) tion B. Total Support						1,749,861.		
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
9	Amounts from line 6	577,780.	609,280.	474,393.	412,793.	245,306.	2,319,552.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,307.	5,359.	1,584.	316.	719.	14,285.		
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b	6,307.	5,359.	1,584.	316.	719.	14,285.		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
	Total support (Add lines 9, 10c, 11, and 12)	584,087.	614,639.	475,977.	413,109.	246,025.	2,333,837,		
14	First five years. If the Form 990 is for t	he organization's	first, second, third	, fourth, or fifth tax	k year as a section	i 501(c)(3) organiza	ation,		
	check this box and stop here								
	tion C. Computation of Public				т				
	Public support percentage for 2011 (lin		•	olumn (f))	r	15	74.98 %		
	Public support percentage from 2010 S				<u></u>	16	<u>74.65 %</u>		
	tion D. Computation of Invest					17	<u> </u>		
	7 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))						.61 %		
Investment income percentage from 2010 Schedule A, Part III, line 17 In a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 3						.65 %			
	33 1/3% support tests - 2011. If the o more than 33 1/3%, check this box and						ris not ►X		
	33 1/3% support tests - 2010. If the o	-					nd . —		
	ine 18 is not more than 33 1/3%, checl Private foundation. If the organization			•	• • • • • •	<u> </u>			

SCHEDULE D

(Form 990)

partment of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

01-0453264 Maine Tree Foundation Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part Vill, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

		ree Founda					01-04				
Pa	rt III Organizations Maintaining (Collections of A	rt, Historical Tr	reasures, c	or Other	Simil	ar Asse	ts (con	tınu <u>e</u> d	2	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following tha	at are a sigr	nificant	use of its	collectio	n item	ns	
	(check all that apply):										
а	Public exhibition	(Loan or exc	change progra	ams						
b	Scholarly research	•	Other								
c	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how they further t	the organizati	on's exemp	t purp	ose in Pai	t XIV			
5	Dunng the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or oth	er sımılar a	ssets				_	
	to be sold to raise funds rather than to be m	aintained as part of	the organization's co	ollection?				<u>Yes</u>		No	
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa	rt X, line 21	· — — · — —								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other as	sets not in	cluded		_		_	
	on Form 990, Part X?							Yes	L	No	
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	illowing table.								
							Amount				
C	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes		No	
b	If "Yes," explain the arrangement in Part XIV.	·									
Pa	rt V Endowment Funds. Complete r	f the organization an	swered "Yes" to Fo	rm 990, Part	IV, line 10						
		(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three y	ears back	(e) Four	years	back_	
1a	Beginning of year balance	3,600.									
b	Contributions	209 751	3,600,								
C	Net investment earnings, gains, and losses	316.									
đ	Grants or scholarships										
е	Other expenditures for facilities										
	and programs				1						
f	Administrative expenses										
g	End of year balance	213,667.	3,600.								
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as.							
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%	_								
С	Temporarily restricted endowment										
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	ition that are held ar	nd administer	ed for the o	organiz	ation	_			
	by.	ū				_			Yes	No	
	(i) unrelated organizations							3a(i)		X	
	(ii) related organizations							3a(ii)		X	
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?					3b			
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds.					,			
Par	t VI Land, Buildings, and Equipme	ent. See Form 990,	Part X, line 10								
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Accu	mulated	.	(d) Book	value	,	
		basis (investm	ent) basis (d	other)	depred	ation					
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment		Į.	5,794.		4,72	0.	1	,07	74.	
	Other										
'atal	Add lines 1a through 1e (Column (d) must ed	ual Form 000 Port V	Cookima (P) line 10	2/61.1				1	0.7	7.4	

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 Maine Tree Foundation			01-045326	64 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 99	0 to Audited I	-inancial Stat	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines		10		
Par	t XII Reconciliation of Revenue per Audited Financial State	ements With I	Revenue per	Heturn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains on investments	2a		⊣	
b	Donated services and use of facilities	2b		_	
С	Recovenes of prior year grants	2c		⊣	
d	Other (Describe in Part XIV.)	_2d		-	
е	Add lines 2a through 2d .			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
	Other (Describe in Part XIV)	_4b		⊣	
	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	omonto Mish	Evacace ac	5 T Potrum	
	t XIII Reconciliation of Expenses per Audited Financial Stat	ements with	expenses per	r neturn	
	Total expenses and losses per audited financial statements			1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1			
	Donated services and use of facilities	2a		4	
	Pnor year adjustments	2b		-	
	Other losses	2c		4	
	Other (Describe in Part XIV.)	_2d		-	
	Add lines 2a through 2d			2e	· · · · · · · · · · · · · · · · · · ·
	Subtract line 2e from line 1			3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
	Other (Describe in Part XIV)	4b		- ∤ _	
	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIV Supplemental Information			5	
omp , line he	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also con the endowment funds reach a certain an	omplete this part t nount the	o provide any ad Board ma	Iditional information	ne on
	annual basis what percentage of these furating expenses according to the Board E	-		d to curr	ent

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2011
Open to Public Inspection

Name of the organization

Maine Tree Foundation

Employer identification number 01-0453264

Form 990, Part I, Line 1, Description of Organization Mission:
Maine forest.
Form 990, Part III, Line 4d, Other Program Services:
Maine Tree Farm Committee: The Maine Tree Foundation sponsors and
supports this state member of the American Tree Farm System, a national
program of the American Forest Foundation. We provide administrative
services and organizational support to this volunteer organization that
arranges for professional foresters to inspect and certify Tree Farms
every five years while providing assistance and advice to landowners in
the development of management plans and sustainable forestry.
Expenses \$ 16,752. including grants of \$ 0. Revenue \$ 0.
Form 990, Part VI, Section B, line 11: The 990 is reviewed by the
Executive Director for accuracy of financial information and disclosure
before distribution to the Foundation Board for review. Comments from the
Board are submitted to the Finance Committee. Upon completion of the Board
review, the final 990 is reviewed and signed by the Executive Director.
Form 990, Part VI, Section B, Line 12c: In the event of a potential
conflict involving Board members, it is the obligation of the Board member
to bring the matter to the attention of the President of the Board who will
refer the matter to the Executive Committee of the Board to review, make
recommendations and disclose actions taken at the next board meeting. The
facts and circumstances surrounding the potential conflict and the
recommended course of action to be taken to mitigate the Foundation's
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 32211 11-23-12

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization Maine Tree Foundation	Employer identification number 01-0453264
participation in the conflict will be documented. At a m	inimum the
mitigation actions should include asking the individual i	nvolved in the
potential conflict to recuse him or herself from any invo	lvement in
decisions pertaining to the potential conflict.	
Form 990, Part VI, Section B, Line 15: Compensation for t	he Executive
Director and other key employees is determined by the Pre	
approved by the Board of Directors.	
Form 990, Part VI, Section C, Line 19: The Maine Tree Fou	ndation makes its
governing documents, conflict of interest policy and fina	ncial statements
available to the public upon request.	
	
	

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						X			
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).									
Do not c	omplete Part II unless you have	already been granted	l an autom	atic 3-month extension on a previously	filed f	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 corporation									
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension									
of time to	of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain								
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,									
visit www	urs.gov/efile and click on e-file fo	r Chanties & Nonprofit	s.						
Part I	Automatic 3-Month	Extension of Tim	e. Only	<u>submit original (no copies nee</u>	<u>ded).</u>	<u> </u>			
A corpora	ition required to file Form 990-T	and requesting an auto	matic 6-m	onth extension - check this box and co	mplet	•			
Part I only	,					▶	· []		
	corporations (including 1120-C fil ome tax returns.	ers), partnerships, REM	MICs, and	trusts must use Form 7004 to request	an exte	ension of time			
Type or print	Name of exempt organization or other filer, see instructions.								
Eda bu tha	Maine Tree Foun	dation			X	01-045326	<u> 4</u>		
File by the due date for filing your	Number, street, and room or s P.O. Box 5470	uite no. If a P O box, s	see instruc	stions.	Social s	ecunty number (SSN	i)		
return See instructions	City, town or post office, state	, and ZIP code. For a f	oreign add	dress, see instructions.					
	Augusta, ME 04	332-5470			-				
Enter the	Return code for the return that th	ns application is for (fil	e a separa	te application for each return)			01		
Amplication	on 15 · · · ·		D atuma	[Application			Batura		
Application	30 - 1 v		Return	Application Is For			Return Code		
Is For			Code	Form 990-T (corporation)					
Form 990	DI	· · · · · · · · · · · · · · · · · · ·	01	Form 1041-A					
Form 990- Form 990-	1/1/21	11	01	Form 4720			08		
Form 990-			04	Form 5227			10		
	T (sec. 401(a) or 408(a) trust)	·	05	Form 6069			11		
			06	Form 8870			12		
01111 330		. Huber		1011110010					
• The boo			treet	- Augusta, ME 0433	2				
	one No. ► (207) 621-9			FAX No. ▶					
	ganization does not have an office		s in the Un	·					
	•	•		mption Number (GEN) . If th	ns is fo	r the whole group, ch	neck this		
box ▶ [ch a list with the names and EINs of all		• • •			
1 I requ				o file Form 990-T) extension of time un	-				
				ion return for the organization named		The extension			
	the organization's return for:		•	_					
▶[2	Calendar year 2011 or								
	tax year beginning		, and	d ending					
		-							
2 If the	tax year entered in line 1 is for le	ess than 12 months, cl	neck reaso	on: Initial return Fina	al retur	n			
	Change in accounting period								
3a If this	application is for Form 990-BL,	990-PF, 990-T, 4720, c	or 6069, en	iter the tentative tax, less any					
nonrefundable credits. See instructions.					3a	\$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
estimated tax payments made. Include any prior year overpayment allowed as a credit.						\$	0.		
c Balar	nce due. Subtract line 3b from lin	e 3a. Include your pay	ment with	this form, if required,			_		
by us	ing EFTPS (Electronic Federal Ta	x Payment System) S	ee instruc	tions.	3c	\$	0.		
aution. If	you are going to make an electro	nic fund withdrawal w	th this For	m 8868, see Form 8453-EO and Form	8879-	O for payment instru	ctions		
HA For	Privacy Act and Paperwork Re	duction Act Notice, s	see Instru	ctions.		Form 8868 (Rev	1-2012)		

123841 01-04-12