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#### 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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning 8/01 , 2011, and ending 2012 D Employer Identification Number Check if applicable 02-0413555 FOREST SOCIETY OF MAINE Address change 115 FRANKLIN ST, 3RD FLOOR Telephone number Name change BANGOR, ME 04401 (207) 945-9200 Initial return Terminated 1,694,839. G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? F Name and address of principal officer X No Yes Application pending H(b) Are all affiliates included? Nο SAME AS C ABOVE If 'No,' attach a list (see instructions) 527 Tax-exempt status X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or Website: ► WWW.FSMAINE.ORG H(c) Group exemption number X Corporation L Year of Formation 1984 M State of legal domicile Other ► Form of organization Trust Association Part I Summary Briefly describe the organization's mission or most significant activities TO PROTECT AND CONSERVE THE FORESTS Governance If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 8 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 7 a 7a Total unrelated business revenue from Part VIII, column (6) fine 2 V b Net unrelated business taxable income from Form 990-T, line 34 E V 0. 7 b **Prior Year Current Year** Š 586,819. Contributions and grants (Part VIII, line 1h) MAR 1 3 2013 465,472 98,725. 131,551. Program service revenue (Part VIII, line 2g) 33,457 100,999 Investment income (Part VIII, column (A), lines 3, 4) and Zd Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c and rex 11 786,543. 630,480. Total revenue - add lines 8 through 11 (must equal Part-VIII, column 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 490,384. 422,355 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **建設的** 33,627. **b** Total fundraising expenses (Part IX, column (D), line 25) 208,012. 422,618. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 913,002. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 630,367. 113. -126,459. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year** End of Year 3,855,854. 3,727,539 Total assets (Part X, line 16) 20 179,907. 222,300. 21 Total liabilities (Part X, line 26) 3,675,947. 3,505,239 Net assets or fund balances. Subtract line 21 from line 20 22 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge Sign FLICUTIVE Here Print/Type preparer's name JARVIS, P01281920 KENNETH E. self-employed Paid Preparer Firm's name ► TATE-FITCH, P.A Firm's EIN > 01-0427533 Use Only ► P.O. BOX 758 Firm's address (207) 942-2324 BANGOR, ME 04402-0758

Forn	n 990 (2011) FOREST SOCIETY OF MAINE	02-041355	5 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	TO PROTECT AND CONSERVE THE FORESTS OF MAINE		
2	Did the organization undertake any significant program services during the year which were not listed or	n the prior	( <del></del> )
	Form 990 or 990-EZ?		Yes X No
_	If 'Yes,' describe these new services on Schedule O	. $\Box$	🙃
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices?	Yes X No
	If 'Yes,' describe these changes on Schedule O		
	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported	mount of grants a	d by expenses and allocations to
4 8		Revenue \$	<u>152,519.</u> )
	CONTACTED A NUMBER OF ENTITIES TO DISCUSS FOREST CONSERVATION IS		USSED
	COOPERATIVE EFFORTS WITH LANDOWNERS. PROMOTED CONSERVATION THRO	UGH VEHICLE	S SUCH AS
	EASEMENTS MAINTENANCE AND MONITORING. EDUCATED LAND OWNERS ABOU	T THE NEED '	ro
	MAINTAIN SUSTAINABLE FOREST LAND.		
		<del>-</del>	
		· <del>-</del> , <u>-</u>	
41	b (Code <sup>.</sup> ) (Expenses \$ including grants of \$ ) (F	Revenue \$	)
4	c (Code ) (Expenses \$ including grants of \$ ) (I	Revenue \$	)
		•	
		<del>-</del>	
40	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
40	e Total program service expenses ► 778, 483.		
BAA	TEEA0102L 07/05/11		Form 990 (2011)

Form 990 (2011) FOREST SOCIETY OF MAINE RATEVE Checklist of Required Schedules

7	2.55 41			
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	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
4	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	4	Х	
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 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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
7	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	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III .	8_		х
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 credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
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	( W.S. AL 180 F
11	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 D, Part VI	11 a	Х	
ı	<b>b</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.	11 b		Х
	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	11 c		Х
1	<b>d</b> 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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	<u> </u>	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	111		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	<b>b</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	_	х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		х
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		х
17	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		x
18	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_		х
19	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_		x
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u> </u>	L

Part IV Checklist of Required Schedules (continued) Yes No 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  $1^7$  If 'Yes,' complete Schedule I, Parts I and II 21 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 X 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 23 Х Schedule J 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, 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24h 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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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 25a 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 25b Х Schedule L, Part I 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 Х 26 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 X 27 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) X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L, Part IV 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 Х 29 Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If 'Yes,' complete Schedule M X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete X 32 Schedule N, Part II 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 line 1 35 a Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **b** 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 Х 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X organization? If 'Yes,' complete Schedule R, Part V, line 2 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38

Check if Schedule O contains a response to any question in this Part V				
			Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<b>1a</b> 9			
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors a	and reportable gaming			
(gambling) winnings to prize winners?	I	1 c	X	
2a 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	2a 8			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment to	<del></del>	2 b	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see insti	<b>-</b>			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		-	X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	ŀ	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or financial account in a foreign country (such as a bank account, securities account, or other financial account.)	r other authority over, a ancial account)?	4a		х
b If 'Yes,' enter the name of the foreign country ▶			Ì	
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final	ancial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	/ear?	5 a		<u>X</u> _
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible?	I did the organization	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such cont	tributions or gifts were	6ь		
not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c).	ŀ	90		
	., , , ,			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and part services provided to the payor?	tly for goods and	7a		X
<b>b</b> 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	ch it was required to file			
Form 8282?	, , , , , , , , , , , , , , , , , , ,	7 c		<u>X</u>
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	enefit contract?	7e		<u>X</u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefi	it contract?	7f		Х
g If the organization received a contribution of qualified intellectual property, did the organization as required?	ı file Form 8899	7 q		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the or Form 1098-C?	rganızatıon file a	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, hav holdings at any time during the year?	organizations. Did the ve excess business	8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?	]-	9a	—- j	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	·	9b		
10 Section 501(c)(7) organizations. Enter	-	- 35		
· · · · · -	0al		l	
<u> </u>	0b			
11 Section 501(c)(12) organizations. Enter	00			
1	1a		ľ	ı
	10			
	1 ь			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		12a		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	2b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	-	-		
a is the organization licensed to issue qualified health plans in more than one state?	<u></u>	13a		
Note. See the instructions for additional information the organization must report on Schedule	0			
· · · · · · · · · · · · · · · · · · ·	3b			
c Enter the amount of reserves on hand	3c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sci	hedule Q .	14b		

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.  $\overline{\mathbf{X}}$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 22 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 22 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8 a 8b Х b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Х 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c SEE SCHEDULE O Х 13 13 Did the organization have a written whistleblower policy? Х 14 Did the organization have a written document retention and destruction policy? 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? Х a The organization's CEO, Executive Director, or top management official SEE SCHEDULE Q 15 a 15 b Х b Other officers of key employees of the organization 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? 16 a 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 taken steps to safeguard the 16<u>b</u> organization's exempt status with respect to such arrangements? Section C. Disclosure 17 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. Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. 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

BAA

Form <b>990</b> (2011)	FOREST	SOCIETY	OF	MAINE

02-0413555

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## Particle 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
(A) Name and title	(B) Average hours per week	i	Position (do not check more than one unless person is both an of and a director/trustee)			an one 1 an offi ustee)	box, cer	(D)  Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other compensation	
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) SEE ATTACHED	0	Х						0.	0.	0.	
(2) ALAN_E HUTCHINSON EXECUTIVE DIR.	40			Х		·		96,696.	0.	0	
_(3)											
_(4)		-									
_(5)										<del></del>	
<u>(6)</u>											
_(9)		_									
(10)											
<u>(11)</u>											
(12)											
(13)								-		c	
(14)											

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Part VII   Section A. Officers, Directors, Trust	ees, l	<b>(ey</b>	Em			es,	and	Highest Com	pensated Emp	loyees (cont)
				•	C)					}
(A) Name and title	(B) Average hours	box,	, unie:	ss pe	rson	than is boti or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	Estimated amount of other
	per week (describ	or di	Inst	Officer	Key	emp	Former	the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the organization
	week (describ e hours for related organi- zations	rector	Institutional trustee	er	Key employee	est co	ner			and related organizations
	related organi-	truste	al trus		уее	mper				
	Sch O)	, a	stee		i	Highest compensated employee				
(15)										
(16)										<del>-</del>
(717)									'	-
(18)										<del>                                     </del>
(19)										
(20)									<del></del>	
<u>(21)</u>										+
(22)										
(23)									***	-
(24)							-		<del>-</del>	
<u>(25)</u>										
1 b Sub-total	<u> </u>				L	I	<b>&gt;</b>	96,696.	0	
c Total from continuation sheets to Part VII, Section	Α .						<b>•</b>	0.	0	
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limite	d to th	ose I	ıster	d ah	ove	) wh	o re	96,696.	\$100,000 of reno	table compensation
from the organization • 0	u to tr	036 1	13101	u ac	<i>,</i> 0 vc	<i>,</i> ,,,,,	010	cerved more than		table compendation
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i	or trus ndividu	stee, ial	key	em	рюу	ee,	or n	ignest compensat	ea employee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to such individual	portab han \$1	le co 50,0	mpe 00?	ensa If '\	ation Yes'	and com	i oth iplet	ner compensation te Schedule J for	from	4 X
Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization of the organi	comper	satio	on fr	om dule	any J fo	unre	elate ch n	ed organization or person	ındıvıdual	5 X
Section B. Independent Contractors										
Complete this table for your five highest compensal compensation from the organization. Report compe	ted ind Insation	epen 1 for	den the	t co cale	ntra enda	ctors ir ye	s tha ar e	at received more t nding with or with	han \$100,000 of <u>in the organizatio</u> i	n's tax year
(A) Name and business addres	ss							(B Description	) of services	(C) Compensation
			_		-			<u> </u>		
2 Total number of independent contractors (including	but no	t lım	ited	to t	hos	e list	ted a	above) who receiv	ed more than	
\$100,000 in compensation from the organization	0									

Га	rt viii   Statement of Revenue				
! !		<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	Ta Federated campaigns  b Membership dues  c Fundraising events.  d Related organizations  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lns 1a-1f.  h Total. Add lines 1a-1f	586,819.			
E REVENUE	2 a SERVICE REVENUE Business Code	98,725.	98,725.		
PROGRAM SERVIC		98,725.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	47,205.			47,205.
	(i) Real (ii) Personal  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 expenses c Gain or (loss)  908,296. c Gain or (loss)  4 Net gain or (loss)	53,794.	53,794.		
OTHER REVENUE	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	53, 194.	33, 794.		
	11a b c				
	d All other revenue				
	e Total revenue See instructions	786,543.	152,519.	0.	47,205.
	12 Total revenue. See instructions	100,343.	152,519.	<u> </u>	11,203.

### 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)

Check if Schedule O contains a re			(C)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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, trustees, and key employees	100,000.	80,000.	15,000.	5,000.
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.	291,647.	233,318.	43,747.	14,582.
Pension plan accruals and contributions (include section 401(k) and section 403(b)		24,206.	4,539.	1 512
employer contributions)  9 Other employee benefits	30,258. 39,304.	31,443.	5,896.	1,513. 1,965.
	29,175.	23,340.	4,376.	1,459.
10 Payroll taxes	29,175.	23,340.	4,370.	1,439.
11 Fees for services (non-employees)  a Management	J	ļ		
<b>b</b> Legal	34,795.	27,836.	5,219.	1,740.
c Accounting	9,250.	7,400.	1,388.	462.
d Lobbying	9,230.	7,400.	1,300.	
e Professional fundraising services See Part IV, line 17			<del></del>	
f Investment management fees				<del></del>
g Other				
12 Advertising and promotion	959.	767.	144.	48.
13 Office expenses	3,697.	2,958.	554.	185.
14 Information technology	4,140.	3,312.	621.	207.
15 Royalties	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
16 Occupancy	14,272.	11,418.	2,141.	713.
<b>17</b> Travel	5,448.	4,358.	818.	272.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,282.	3,426.	642.	214.
20 Interest	3,143.	2,514.	472.	157.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,010.	8,008.	1,502.	500.
23 Insurance	5,139.	4,111.	771.	257.
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 O)				
a LAND ACQUISITION EXPENSES	200,402.	200,402.		
b BAD DEBT	40,000.	40,000.		
c AUTOMOBILE EXPENSE	17,336.	13,869.	2,600.	867.
d BANK FEES	13,476.	10,781.	2,021.	674.
e All other expenses	56,269.	45,016.	8,441.	2,812.
25 Total functional expenses Add lines 1 through 24e	913,002.	778,483.	100,892.	33,627.
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 ▶ ☐ if following				
SOP 98-2 (ASC 958-720)				Form <b>990</b> (2011)

Par	<u>t X</u>	Balance Sheet				
				<b>(A)</b> Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		2,967.	1	831.
	2	Savings and temporary cash investments	ĺ	242,770.	2	305,375.
	3	Pledges and grants receivable, net		655,131.	3	469,893.
ı		Accounts receivable, net		62,026.	4	71,937.
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	rs, trustees, key employees, II of Schedule L		5	
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and conti sponsoring organizations of section 501(c)(9) volunta organizations (see instructions)	ed under section 4958(f)(1)), libuting employers and ry employees' beneficiary		6	
S	7	Notes and loans receivable, net			7	
SSETS	8	Inventories for sale or use			8	
T S	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,092,027.			
1		Less accumulated depreciation	10ь 147,578.	950,231.	10 c	944,449.
		Investments – publicly traded securities		1,942,729.	11	1,935,053.
		Investments – other securities See Part IV, line 11			12	
		Investments - program-related See Part IV, line 11			13	
		Intangible assets			14	
		Other assets See Part IV, line 11			15	1.
		Total assets. Add lines 1 through 15 (must equal line	34)	3,855,854.	16	3,727,539.
$\neg$	17	Accounts payable and accrued expenses		79,907.	17	86,366.
	18	Grants payable			18	
	19	Deferred revenue			19	35,934.
Ļ	20	Tax-exempt bond liabilities			20	
Å	21	Escrow or custodial account liability Complete Part	IV of Schedule D		21	
	22	Payables to current and former officers, directors, trubighest compensated employees, and disqualified per of Schedule L	istees, key employees, ersons Complete Part II	The second secon	22	
1.1	23	Secured mortgages and notes payable to unrelated t	hird parties		23	
ē		Unsecured notes and loans payable to unrelated third		100,000.	24	100,000.
1		Other liabilities (including federal income tax, payabl and other liabilities not included on lines 17-24) Con	•		25	
	26	Total liabilities. Add lines 17 through 25.		179,907.	26	222,300.
N E		Organizations that follow SFAS 117, check here ▶	X and complete lines			
투		27 through 29 and lines 33 and 34.			-	
Š	27	Unrestricted net assets		968,416.	27	881,797.
ASSETS	28	Temporarily restricted net assets		2,119,240.	28	2,034,151.
	29	Permanently restricted net assets	<u></u> .	588,291.	29	<u>589,291.</u>
R		Organizations that do not follow SFAS 117, check h	ere ► and complete			
FOZD		lines 30 through 34.				
B	30	Capital stock or trust principal, or current funds			30	
B	31	Paid-in or capital surplus, or land, building, or equipi			31	
Ľ	32	Retained earnings, endowment, accumulated income	e, or other funds		32	<del></del>
BALAZCEN	33	Total net assets or fund balances		3,675,947.	33	3,505,239.
ร	34	Total liabilities and net assets/fund balances		3 <u>,855,854</u> .	34	3, <u>727,539.</u>

Form 990 (2011) FOREST SOCIETY OF MAINE	02-0413555		Pag	ge <b>12</b>
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				X
	1 1			
1 Total revenue (must equal Part VIII, column (A), line 12)	1		<u> 36,5</u>	
2 Total expenses (must equal Part IX, column (A), line 25)	2		13,0	
3 Revenue less expenses Subtract line 2 from line 1	3		<u>26,4</u>	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	3,67		
5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5		14,2	<u>49.</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	3,50	)5, <u>2</u>	<u>39.</u>
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
b Were the organization's financial statements audited by an independent accountant?		2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2 c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
<b>d</b> 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		-		
3a 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>b</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 audit	3 b		
BAA		Form	990 (	2011)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

lame o	fthe	organization							Employer	identificat	ion number		
FOR	ES'	r_SOCIETY_OF M	IAINE						02-04	113555	5		
Part	<u>.</u> T	Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ii	nstruct	ions.		
he o	rga	nization is not a priva	te foundation becaus	e it is (For lines 1 throi	ugh 11,	check o	nly one	box)					
1		A church, convention	of churches or assoc	ciation of churches desc	cribed in	section	170(b)	1)(A)(i).					
2	П	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	Н	·	•	in conjunction with a h					)(b)(1)(A	Xiii) Er	nter the hos	oital's	
	name, city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 170(b)(1)(A)(iv). (Complete Part II)											
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7	7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public describe in section 170(b)(1)(A)(vi). (Complete Part II)											ıbed	
8	$\sqsubseteq$	A community trust de	escribed in <b>section 17</b>	<b>'0(b)(1)(A)(vi).</b> (Complet	te Part I	1)							
9		from activities related	d to its exempt function and unrelated business	) more than 33-1/3% of ons – subject to certain s taxable income (less mplete Part III.)	ı except	ions, an	d (2) no	more t	han 33-	1/3% of	its support	from g	ross
10		An organization orga	nized and operated e	xclusively to test for pu	iblic safe	ety See	section	509(a)(	(4).				
11		more publicly suppor	ted organizations des	xclusively for the benef scribed in section 509(a ion and complete lines	)(1) or s	ection 5	09(a)(2)	ctions o See <b>s</b>	f, or ca ection s	rry out th 5 <b>09(a)(3)</b>	ne purpose . Check th	s of on e box	e or that
		a ☐ Type I	<b>b</b> Type II	c Type III				ed		d $\square$	Type III -	- Other	
е	$\Box$	··		anization is not controll		-	•		or more	disquali	21-		
·	Ч	other than foundation section 509(a)(2)	n managers and other	than one or more publ	licly sup	ported o	rganiza	tions de	scribed	in section	on 509(a)(1	) or	
f		If the organization re check this box	ceived a written dete	rmination from the IRS	that is a	a Type I,	Type II	or Type	e III sup	porting	organizatio	n,	
g		Since August 17, 200	06, has the organizati	on accepted any gift oi	r contrib	ution fro	m any	of the fo	llowing	persons	,7		
												Yes	No
		(i) A person who o below, the gove	directly or indirectly co erning body of the sup	ontrols, either alone or oported organization?	together	r with pe	rsons d	escribed	d in (ii)	and (III)	11 g (i)		
		(ii) A family member	er of a person descri	oed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h	_	Provide the following	information about th	e supported organization	n(s)								
		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (	Is the zation in i) listed in overning ment?	(v) Did y the organ columi your su	ization in	organiz colur organize	s the ation in nn (i) ed in the 5.7	(VII) Amoui	nt of supp	oort
	_				Yes	No	Yes	No	Yes	No			
						[							
A)						<u> </u>							
B)					<u> </u>								
C)													
D)						- <del></del>							
E)					-	ļ		-					
otal			1		1	[							

Page 2

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

(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 )

Sec	tion A. Public Support									
	ndar year (or fiscal year nning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	1,106,442.	640,746.	674,019.	465,472.	586,819.	3,473,498.			
2	Tax revenues levied for the organization's benefit and either paid to 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	1,106,442.	640,746.	674,019.	465,472.	586,819.	3,473,498.			
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)						921,557.			
6	Public support. Subtract line 5 from line 4						2,551,941.			
Sec	tion B. Total Support	<u>' </u>								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total			
7	Amounts from line 4	1,106,442.	640,746.	674,019.	465,472.	586,819.	3,473,498.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,557.	32,338.	34,845.	33 <u>, 4</u> 57.	47,205.	190,402.			
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						3,663,900.			
12	Gross receipts from related activ	vities, etc (see inst	ructions).			12	0.			
13	First five years. If the Form 990 organization, check this box and	ıs for the organıza İ <b>stop here</b>	tion's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(	3)			
Sec	tion C. Computation of Pu	blic Support Po	ercentage							
14	''' '	· ·		e 11, column (f)).		14	69.65 %_ 83.10 %			
15	Public support percentage from									
16 a	33-1/3% support test — 2011. If and stop here. The organization	the organization di qualifies as a pub	d not check the b licly supported or	ox on line 13, an ganization	id the line 14 is 3	3-1/3% or more, o	check this box			
ł	33-1/3% support test — 2010. If and stop here. The organization	the organization di qualifies as a pub	d not check a box licly supported or	c on line 13 or 16 ganization	ia, and line 15 is	33-1/3% or more,	check this box			
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-a s-and-circumstance	nd-circumstances es' test. The orgar	test, check this rization qualifies	as a publicly sup	re. Explain in Pari ported organization	on ►			
ŀ	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 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.									
18		ization did not che	ck a box on line 1	3, 16a, 16b, 17a			90 or 990-FZ) 2011			

### 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		<del></del>	·			
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
6	Total. Add lines 1 through 5						
7 a	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						<u> </u>
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support				1 ( 1) 0010	4.2.0011	(D. T-1-1
	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	Amounts from line 6						
	a 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						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (Add Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and			nd, third, fourth,	or fifth tax year as	a section 501(c)	(3)
	tion C. Computation of Pu						
	Public support percentage for 20	•		ne 13, column (f)	<b>)</b> .	15	%
	Public support percentage from						<u></u> %
	tion D. Computation of Inv						T
17	Investment income percentage f	· ·			umn (f))	17	*
18	Investment income percentage f					18	8
	a <b>33-1/3% support tests — 2011.</b> If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	nization qualifies	as a publicly supp	orted organizatio	n. – 📋
	<b>33-1/3% support tests</b> — <b>2010.</b> If line 18 is not more than 33-1/3%	6, check this box	and <b>stop here.</b> Th	e organization qi	ualities as a public	ly supported orga	anization
_20	Private foundation. If the organi	zation did not chi	eck a box on line	14, 19a, or 19b,	check this box and	i see instructions	

Schedule A (Form 990 or 990-EZ) 2011

Schedule /	(Form 990 or 990-EZ)	2011 FOREST SC	CIETY OF MAI	NE	02-04135	55 _ Page <b>4</b>
PartilV	Supplemental Info Part II, line 17a or (See instructions).	<b>rmation.</b> Complet 17b: and Part III.	e this part to pro line 12. Also coi	ovide the explanati mplete this part for	ons required by Par r any additional info	t II, line 10; rmation.
	· · · · · · · · · · · · · · · · · · ·					
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			<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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Open to Public** Inspection

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

- 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

	=	' to Form 990, Part IV, line 5 (Proxy Tax) o rganizations: Complete Part III.	r Form 990-EZ, Part \	/, line 35a (Proxy Tax),	then
	of organization	ganizations Complete Fart III.	<del></del>	Employer (dentifica	tion number
	REST SOCIETY OF MAI	NE		02-041355	
		ganization is exempt under section	on 501(c) or is a s		
		organization's direct and indirect political c			
	•	organization's direct and indirect political c	ampaign activities in	ran iv ►\$	
	Political expenditures			٠ ٩.	
	Volunteer hours		E01(-)(2)		
		ganization is exempt under section			
	-	ise tax incurred by the organization under		<b>►</b> \$	0.
	•	ise tax incurred by organization managers		<b>►</b> \$	0.
	•	section 4955 tax, did it file Form 4720 for	this year?		Yes No
	a Was a correction made?				∐Yes ∐No
	If 'Yes,' describe in Part IV				
		rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt functio	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 expen line 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	<b>►</b> \$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made payments	and employer identification number (EIN) s. For each organization listed, enter the ai ons received that were promptly and direct l action committee (PAC). If additional spa	mount paid from the f tly delivered to a sepa	iling organization's func arate political organizati	ds Also enter the
	(a) Name	(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) 2011

Schedule C (Form 990 or 990-EZ) 201				02-0413	
Part II-A Complete if section 501(		on is exempt under se	ection 501(c)(3) an	d filed Form 5768 (ele	ection under
`	<u>'                                    </u>	longs to an affiliated group	(and list in Part IV ear	ch affiliated group member	r's name
	• -	nd share of excess lobbying		on anniated group member	s name,
_		ecked box A and 'limited co			
	Limits on Lobb	ying Expenditures ans amounts paid or incur		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence p	ublic opinion (grass roots l	obbying).		
<b>b</b> Total lobbying expendit	ures to influence a	legislative body (direct lob	bying).		<del></del>
c Total lobbying expendit	ures (add lines 1a	and 1b)		0.	0.
<b>d</b> Other exempt purpose	•				
e Total exempt purpose e	expenditures (add i	ines 1c and 1d)		0.	0.
f Lobbying nontaxable ar both columns	nount Enter the a	mount from the following ta	able in		
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000	<del></del> .	20% of the amount on line le			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the exces		}	
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the exces			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000	L	0.	0.
g Grassroots nontaxable in Subtract line 1g from line		•		0.1	0.
i Subtract line 1f from lin		•		0.	0.
	ther than zero on e	either line 1h or line 1i, did	the organization file Fo		☐Yes ☐No
	e organizations th	4-Year Averaging Period at made a section 501(h) e ans below. See the instruct	election do not have to	complete all of the five	
		bying Expenditures Durin			
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	(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.
<b>d</b> Grassroots nontaxable amount					0.
e Grassroots ceiling amount (150% of line 2d, column (e))					0.
f Grassroots lobbying expenditures					0.
BAA				Schedule C (Form	990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 FOREST SOCIETY OF MAINE	02	-0 <u>41</u>	3555	F	Page 3
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		
For each West response to lines to through the below, provide in Part IV a detailed description	(a	1)		(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Aı	nount	
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)?				ens asma	الــــــــــــــــــــــــــــــــــــ
c Media advertisements?					
<b>d</b> 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?					
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	ļ				
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	c)(5)	. or			
section 501(c)(6).	/ ( - /	,			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	<u> </u>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501 (c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'	(c)(5) R (b)	or s Part	ection III-A, lir	ie 3, i:	s
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			
33 33 3					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political political control or the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	ss tical	 			
expenditure next year?		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, P. Also, complete this part for any additional information			Part II-B	line 1.	- <b></b> -

Shedate (firm 800 99:12:00) FOREST SOCIETY OF MAINE  O2-0413555  Page 4  Part V*   Supplemental Information (continued)	Schedule C (F	orm 990 or 990-EZ) 2011 FOREST SOCIETY OF MAINE	02-0413555	Page 4
	Part V	Supplemental Information (continued)	<del></del>	
				. <b></b> _
				- <b>-</b>

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 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

2011

Open to Public Inspection

Employer identification number

	REST SOCIETY OF MAINE			02-0413555	
Pai	the example to a property of the example to the exa	Advised Funds or Other Similar Fu	unds or Acco	<b>ounts.</b> Complete	e if
	the organization answered 'Yes' t		1 415	<del></del>	<del></del>
_		(a) Donor advised funds	(b) Fr	unds and other acc	ounts
1	Total number at end of year		<u> </u>	· ·-	
2	Aggregate contributions to (during year)		<del>-  </del>		
3	Aggregate grants from (during year)		<del></del>		<del></del>
4	Aggregate value at end of year			· <del></del>	
5	Did the organization inform all donors and dor funds are the organization's property, subject	or advisors in writing that the assets held in to the organization's exclusive legal control?	donor advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor, or	unds can be for any other	Yes	No
Par	rt II   Conservation Easements. Compl		s' to Form 99	90, Part IV, line	7.
1					
	X Preservation of land for public use (e.g., r		n of an historica	ally important land	area
	X Protection of natural habitat	——————————————————————————————————————	n of a certified l	historic structure	
	X Preservation of open space	_			
2	Complete lines 2a through 2d if the organizati last day of the tax year	on held a qualified conservation contribution	in the form of a	a conservation ease	ement on the
				leld at the End of t	he Tax Year
•	a Total number of conservation easements		2a 27		
ı	<b>b</b> Total acreage restricted by conservation ease	ments .	2b 74	3,086	
•	c Number of conservation easements on a certi	fied historic structure included in (a)	2c		
(	d Number of conservation easements included i structure listed in the National Register	n (c) acquired after 8/17/06, and not on a his	storic 2d		
3	Number of conservation easements modified, tax year ► 0	transferred, released, extinguished, or termi	nated by the or	ganization during th	ne
4	Number of states where property subject to co	onservation easement is located >	_1		
5	Does the organization have a written policy re and enforcement of the conservation easement	garding the periodic monitoring, inspection, its it holds?	handling of viol	ations, X Yes	No No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation e	asements durin	g the year	
7	Amount of expenses incurred in monitoring, ii \$ 52,884.	nspecting, and enforcing conservation easem	nents during the	e year	
8	Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	n line 2(d) above satisfy the requirements of	section	Yes	X No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote	to the organization's financial statements tha	pense statement, at describes the	, and balance sheet, organization's acc	and ounting for
Pa	rt III Organizations Maintaining Collection Complete if the organization ans		or Other Sin	nilar Assets.	<del></del>
			<del></del>	nt and balance she	et works of
18	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	s held for public exhibition, education, or res	search in further	rance of public serv	rice, provide,
1	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items	r SFAS 116 (ASC 958), to report in its reven ld for public exhibition, education, or researc	ue statement a ch in furtherance	e of public service,	provide the
	(i) Revenues included in Form 990, Part VIII	line 1		►\$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar asse 116 (ASC 958) relating to these items	ts for financial o		
i	a Revenues included in Form 990, Part VIII, line	e 1		<b>►</b> \$	
1	h Assets included in Form 990. Part X			►Ś	

2 Harris No. 200		Albana and a state of		. af Na fallanna 11	ot one a superferent or		00115-		
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)									
a Public exhibition	<b>d</b> Loan or exchange programs								
<b>b</b> Scholarly research	search e Other								
c Preservation for future gener	ations	_							
4 Provide a description of the orga Part XIV	nization's collections	and explain how	v they	further the organiza	ation's exempt purpos	e in			
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or receive ather than to be mai	donations of art	t, histor	rical treasures, or o organization's colle	other similar	Yes	_ [	No	
Part IV Escrow and Custodia	Arrangements.	Complete if t	he or	ganizatıon ansv	vered 'Yes' to For	m 990	), Part	IV,	
line 9, or reported an	amount on Form	990, Part X,	line 2	1.					
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or ot	her intermediary	for co	ntributions or other	assets not	٦.,	_	٦	
					L	Yes	Ĺ	No	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and com	plete the followi	ng tabi	e		Λ			
- 5					<del></del>	Amoun	<u>t</u>		
c Beginning balance					1c				
d Additions during the year					1d				
e Distributions during the year					1e				
f Ending balance		D 1 V 1 013				7		٦,,,	
2a Did the organization include an a	•	Part X, line 217			Į	Yes	L	No	
Part V Endowment Funds. Co		ionization and	- NOTO	d 'Voc' to Form	990 Part IV June	10			
Part V Endowment Funds. Co					T		Four years		
1 a Danisana af was halana	(a) Current year	(b) Prior year		(c) Two years back	(d) Three years back 994, 057.	(e)	rour year:	Dack	
1 a Beginning of year balance.	1,942,729.	1,457,2		1,095,187.	<del>-,</del>	<del> </del>			
<b>b</b> Contributions	22,000.	348,0	52.	302,700.	236,294.				
c Net investment earnings, gains, and losses	54,800.	210,7	60.	103,269	-76,457.				
d Grants or scholarships						ļ <u>.                                    </u>			
<ul> <li>Other expenditures for facilities and programs</li> </ul>	71,538.	61,9	07.	34,375	51,765.				
f Administrative expenses	12,938.	11,4	27.	9,530	6,942.				
<b>g</b> End of year balance	1,935,053.	1,942,7	29.	1,457,251	1,095,187.				
2 Provide the estimated percentage	e of the current year	end balance (lin	ne 1g, d	column (a)) held as	<b>:</b>				
a Board designated or quasi-endov	vment ►2	7.00 %							
<b>b</b> Permanent endowment ▶	1.00%								
c Temporarily restricted endowmer	nt ►72.0	<u>00</u> %							
The percentages in lines 2a, 2b,	and 2c should equal	100%							
3a Are there endowment funds not	in the possession of	the organization	that ar	re held and admini	stered for the				
organization by	россоваси с.	o organization				$\longrightarrow$	Yes	No	
(i) unrelated organizations	•				•	3a(i)		Х	
(ii) related organizations						3a(ii)		Х	
<b>b</b> If 'Yes' to 3a(II), are the related of	organizations listed a	is required on So	chedule	e R <sup>7</sup>		3b		İ	
4 Describe in Part XIV the intended					XIV	ν.		_	
Part VI Land, Buildings, and	<b>Equipment.</b> See	<u>Form 990, Pa</u>	art X,	line 10.					
Description of property		st or other basis nvestment)	<b>(b)</b>	Cost or other asis (other)	(c) Accumulated depreciation	(d)	Book va		
1 a Land		849,287.						<u>,287.</u>	
<b>b</b> Buildings				159,802.	78,835.			<u>, 967.</u>	
c Leasehold improvements				13,438.	6,450.			,988.	
<b>d</b> Equipment				69,500.	62,293.		7	,207.	
e Other									
Total. Add lines 1a through 1e (Colum	nn (d) must equal Fo	rm 990, Part X,	columr	n (B), line 10(c))	<b>&gt;</b>			,449.	
BAA					Sched	ule <b>D</b> (f	Form 99	90) 2011	

(7)(8) (9) (10)(11)Total (Column (b) must equal Form 990, Part X, column (B) line 25.)

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)

Sche	edule D (Form 990) 2011 FOREST SOCIETY OF MAINE	02-0413555	Page <b>4</b>
Pai	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)		786,543.
2	Total expenses (Form 990, Part IX, column (A), line 25).		913,002.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-126,459.
4	Net unrealized gains (losses) on investments		-44,249.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)	ļ	
9	Total adjustments (net) Add lines 4 through 8		-44,249.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-170,708.
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	751 667
1	Total revenue, gains, and other support per audited financial statements	<del>-1</del>	751,667.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments  Donated services and use of facilities  2a -44,24 2b 9,37		
	The state of the s	3.	
	Recoveries of prior year grants  Other (Describe in Part XIV )	$\dashv$ !	
	Add lines 2a through 2d	2e	-34,876.
	Subtract line 2e from line 1	3	786,543.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3	700,343.
	Investment expenses not included on Form 990, Part VIII, line 7b.		
	O Other (Describe in Part XIV )	<del>- </del>	
	Add lines 4a and 4b	4c	
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	786,543.
	t XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses p	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	Total expenses and losses per audited financial statements	1 1	922,375.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
á	Donated services and use of facilities 2a 9,37	3.	
ŀ	Prior year adjustments 2b		
(	Other losses 2c		
C	Other (Describe in Part XIV )		
•	Add lines 2a through 2d .	2e	9,373.
3	Subtract line 2e from line 1	3	913,002.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b.		
	Other (Describe in Part XIV )	<u> </u>	
	c Add lines <b>4a</b> and <b>4b</b> Total expenses Add lines <b>3</b> and <b>4c.</b> <i>(This must equal Form 990, Part I, line 18.)</i>	4c	913,002.
	t XIV   Supplemental Information	131	913,002.
Com Part any	Plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compadditional information.	IV, lines 1b and lete this part to p	2b, provide
	PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS		
	THE CONSERVATION EASEMENTS ARE NOT REFLECTED AS REVENUE, EXPENSE OF	R_BALANCE_S	HEET
	ITEMS. A STATEMENT THAT THE ORGANIZATION IS HOLDING EASEMENTS IS I	MADE _ ONLY	THE
	MONITORING_EXPENSES_ARE_REFLECTED_AS_AN_EXPENSE_RELATED_TO_THE_EASI	EMENTS EACH	YEAR
	PART Y, LINE 4 - INTENDED USES OF ENDOWMENT FUND		
	CONSERVATION EASEMENTS, LAND ACQUISITIONS AND ANNUAL OPERATIONS		

Schedule D (Form 990) 2011 FOREST SOCIETY OF MAINE	02-0413555	Page 5
Schedule D (Form 990) 2011 FOREST SOCIETY OF MAINE  Part XIV: Supplemental Information (continued)		
	·	
	·	

# SCHEDULE M (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Open To Public Inspection

Employer identification number

FOF	OREST SOCIETY OF MAINE 02-0413555							
Par	t I Types of Property							
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(c od of c contrib	letermin	ing mounts
1	Art — Works of art		· <del></del> ,					
2	Art — Historical treasures							
3	Art – Fractional interests		· · · · · · · · · · · · · · · · · · ·					
4	Books and publications				ļ			
5	Clothing and household goods				ļ			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	3	42,023.	TRADIN	IG PI	RICE	
10	Securities - Closely held stock		.,		ļ			
11	Securities - Partnership, LLC, or trust interests						<u> </u>	
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other	X	1	108,100.	APPRAI	SAL		
15	Real estate - Residential							
16	Real estate — Commercial							
17	Real estate - Other		·		ļ			
18	Collectibles				<u> </u>			
19	Food inventory		·		ļ			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							_
23	Scientific specimens				ļ			
24	Archeological artifacts				ļ			
25	Other ► ()							
26	Other ► ()							
27	Other ► ()			<u> </u>	<u> </u>			
28	Other ► ()	<u> </u>			ļ <u> </u>			
29	Number of Forms 8283 received by the organizati	on during th	e tax year for contribut	tions for which the				
	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	e Acknowled	dgement		_29			1
							Yes	No
30 a	During the year, did the organization receive by c hold for at least three years from the date of the purposes for the entire holding period?	ontribution a initial contrib	iny property reported in outlon, and which is no	n Part I, lines 1-28 that t required to be used fo	it must or exempt	30 a		X
b	If 'Yes,' describe the arrangement in Part II							
31	Does the organization have a gift acceptance poli	cy that requi	ires the review of any r	non-standard contributi	ons?	31	X	_
32 a	Does the organization hire or use third parties or noncash contributions?	related orga	nizations to solicit, pro	cess, or sell		32 a	X	
b	If 'Yes,' describe in Part II		SEE PART I	I				
33	If the organization did not report an amount in co	lumn (c) for	a type of property for v	which column (a) is che	ecked,			
	describe in Part II							

Schedule M (Form 990) 2011	FOREST SOCIETY OF MAINE	02-0413555	Page 2
Part II Supplemental Ir	nformation. Complete this part to provide the information rec	quired by Part I, lines 30	b, 32b,
and 33, and whe	ether the organization is reporting in Part I, column (b), the r s received, or a combination of both. Also complete this part	number of contributions,	tne nation
Tiumber of items	received, or a combination of both. Also complete this part	Tor any additional inform	
PART I, LINE 32 - HI	IRE AND USE OF THIRD PARTIES		
71777777777777 DD0///	DDAGE STOWS ARE HORD MO MRARE CROWNTHIES		
INVESTMENT_BROKE	ERAGE FIRMS ARE USED TO TRADE SECURITIES.		
		·	
		·	
		<b>_</b>	
			- <b>-</b>
			. <b></b>
			<del></del> - <b>-</b>
DAA		Schedule <b>M</b> (Form	990\ 2011
BAA	TEEA4602L 07/14/11	Schedule III (FOITI)	

TEEA4602L 07/14/11

BAA

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

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

- . මාන රු Public Inspection

Employer identification number

•	Employer identification number							
FOREST SOCIETY OF MAINE	02-0413555							
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS								
THE FINANCE COMMITTE WILL REVIEW THE FORM 990 AND REPORT TO THE	FULL BOARD OF							
DIRECTORS								
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT 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 MADE AVAILABLE UPON REQUEST								

2011

### SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

FOREST SOCIETY OF MAINE

02-0473555

FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL  $\frac{$}{$}$  -44,249.

#### FOREST SOCIETY OF MAINE BOARD OF DIRECTORS July 31, 2012

George Browning 65 Black Rocks Road

Georgetown, ME 04548

**Bob Burr** 

1334 Beech Hill Road Mercer, ME 04957

Aram Calhoun 31 Haynes Brook Lane Amherst, ME. 04605

Carole Dyer 1058 River Road Bowdoinham, ME 04008

**Ed Dysart** 216 Sawyer Road Hampden, ME. 04444

David Flanagan 1826 Appleton Ridge Road Appleton, ME 04862

Gordon Hall III 1 Walnut Street Marblehead, MA 01945

Alix Hopkins 259 Libby Road Pownal, ME 04069

**Sherry Huber** 439 Blackstrap Road Falmouth, ME 04105

George Jacobson 75 Forest Ave. Orono, ME. 04473

Michael J Kelley, Sr. SVP, TD Bank 680 Main Street Presque Isle, ME 04769

**Ed Kfoury** Box 344 Oquossoc, ME 04964

Chris Livesay 240 Maine Street Brunswick, ME 04011

Sue McCrum P. O. Box 229 Belfast, ME. 04915

John McNulty P.O. Box 1168 Bangor, Maine 04402-1168

Rosaire Pelletier P.O. Box 32 Madawaska, ME 04756

**Greg Shute** 685 Headtide Hill Road Alna, ME 04535

Hank Swan 133 Breck Hill Road Lyme, NH 03768

Peter Triandafillou PO. Box 554 Old Town, ME 04468

Roy Van Vleck 196 Pinnacle Road Lyme, NH 03768

Peter Vigue P. O. Box 1000 Pittsfield, ME 04967

Craig Watt P. O. Box 570 Greenville, ME. 04441

# Form **8868**

(Rev January 2012)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Internal Revenue		► File a sep	arate appli	cation for each return.					
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box				<del></del>	<u> </u>				
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 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 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 <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file for Charities & Nonprofits.									
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).									
A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only									
All other corp income tax re	oorations (inc eturns	luding 1120-C filers), partnerships,	REMICS, ai	nd trusts must use Form 7004 to request	an ex	tension of tir	ne to file		
<del></del>	·			Enter filer's identif					
Name of exempt organization or other filer, see instructions					Employer identification number (EIN) or				
print	Type or print FOREST SOCIETY OF MAINE				X 02-0413555				
due date for				Social security number (SSN)					
return See	filing your return See 115 FRANKLIN ST, 3RD FLOOR								
instructions		st office, state, and ZIP code. For a foreign addr	ess, see instru	ctions					
	BANGOR,	ME 04401							
Enter the Return code for the return that this application is for (file a separate application for each return)									
Application Is For		Return Code	Application Is For						
Form 990		01	Form 990-T (corporation)		07				
Form 990-BL		02	Form 1041-A		08				
Form 990-EZ		01	Form 4720			09			
Form 990-PF		04	Form 5227		10				
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069						
Form 990-T (trust other than above) 06 Form 8870							12		
Telephone No ► 207-945-9200 FAX No ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box  If this is for the whole group, check this box									
<ul> <li>1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _3/15, 20 _13 _, to file the exempt organization return for the organization named above The extension is for the organization's return for</li> <li>▶ calendar year 20 or</li> <li>▶ tax year beginning _ 8/01, 20 _11 _, and ending _ 7/31, 20 _12</li> </ul>									
	ax year entere	ed in line 1 is for less than 12 mont nting period	hs, check r	eason: Initial return Fin	al retu	ırn			
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					\$	0.			
<b>b</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.					3 b	\$	0.		
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions  3c \$  Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-I							0.		
Caution. If you payment inst		to make an electronic fund withdraw	wal with this	s Form 8868, see Form 8453-EO and For	m 887	79-EO for 			