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SCANNED JUL 1 8 2013

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)

Open to Public

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

Inspection

OMB No 1545-0047

A	For the	2012 calendar year, or tax year beginning and	ending	• · · · · · · · · · · · · · · · · · · ·	
В	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Address	Maine Tree Foundation			
Ē	Name change	Doing Business As		01-0	453264
Ē	Initial return		Room/suite	E Telephone number	
F	Termin- ated	P.O. Box 5470		(207	
F	Amende			G Gross receipts \$	401,022.
Ī	Applica			H(a) Is this a group re	
	pending			for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates inc	luded? Yes No
ī	Tax-exe	mpt status: X 501(c)(3)	or 527	If "No," attach a	list (see instructions)
J	Website	:> www.mainetreefoundation.org		H(c) Group exemption	n number 🕨
		organization: X Corporation Trust Association Other >	_ L Year	of formation: 1989 N	State of legal domicile: ME
		Briefly describe the organization's mission or most significant activities. To de	evelor	and sponso	r programs
Activities & Governance		that increase the public's awareness of			
rua	_	Check this box If the organization discontinued its operations or dispose			
o Ve	3 1	lumber of voting members of the governing body (Part VI, line 1a)			16
<u>ن</u> مع	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	16
es	5 7	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		. 5	4
Viti	6 7	otal number of volunteers (estimate if necessary)		6	35
Acti	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	1 d	let unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		387,868.	334,291.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		59,674.	60,083.
Re	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		719.	780.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	6,408.	5,071.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>454,669.</u> 0.	400,225.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	۔ ۔ ا	Benefits paid to or for members (Part IX, column (A), line 4) Balaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	166,258.	171,428.
ses	160 5	Professional fundraising fees (Part IX, column (A), line 11e)	 	0.	0.
Expenses	loa r	otal fundraising expenses (Part IX, column (A), line 25)	02.		
ŭ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	94,151.	115,622.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		260,409.	287,050.
	19 F	Revenue less expenses. Subtractine 18 from line 12/ED		194,260.	113,175.
20.0	3	RECEIVED O	Be	ginning of Current Year	End of Year
Net Assets or I	20 1	otal assets (Part X, line 16)		448,580.	556,901.
A	21 7	otal liabilities (Part X, line 26)		65,360.	60,506.
캺	22 1	otal liabilities (Part X, line 26) 1 1 1 1 1 2 3 3 3 4 5 5 5 5 5 5 5 5 5		383,220.	496,395.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return; including accompanying schedule			y knowledge and belief, it is
true	e, correct	and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparei	r has any knowledge.	
	1	Signature of officer		1 6/24	13
Sig			·	\	
He	re	Type or print name and title	عي رو	ector	
_		Print/Type preparer's name ,Rreparer's signature		Date Check	PTIN
Pai		Jeanne T Gibson, CPA		if self-employ	
		Firm's name Gibson LeClair, LLC		Firm's EIN	45-0512128
	· -	Firm's address 150 Capitol Street, Suite 3		1.3.11.0 €114	
	-	Augusta, ME 04330		Phone no. (207) 623-8401
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No
	001 12-10		ons.		Form 990 (2012)

Form 990 (2012) 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	<u> </u>
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	L
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		<u>X</u>
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		X
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	<u> </u>	<u>X</u>
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	<u> </u>
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	.,,	100	- 5
	as applicable.		₹ ⁶	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	ļ	l	
	Part VI	11a	X	<u> </u>
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	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		<u>X</u>
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	ļ	<u> </u>
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	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	ļ	X
þ	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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
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		1	37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			7.7
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
18	1000000		ļ	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19_		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-	_
<u>u</u>	165 to line 204, and the organization attaon a copy of its addited illiancial statements to this fetulity		990	(2012)
		1 0111	. 555	(2112)

	•		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		_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
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			
	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		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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
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			
00	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			7.7
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
21	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	07		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions).	- '		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		Х
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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
		35a		<u>X</u>
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٠,	
	Note. All Form 990 filers are required to complete Schedule O	38	000 (0010
		rorm	990 (ZU12!

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2012)

<u>ı, ci</u>	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	_	•	IVO I	sspon	se
	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			
	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	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other		l '	
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	t supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	$\label{eq:decomposition} \mbox{Did the organization make any significant changes to its governing documents since the prior Form}$	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 a	ppoint	one or	İ		
	more members of the governing body?			7a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?		•	7b		X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			-
а	The governing body?			8a	X	<u> </u>
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 real	ached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenue	e Code.)			
					Yes	_
	Did the organization have local chapters, branches, or affiliates?			10a		X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly befo	re filing the form?	11a	X	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		•	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res," d	escribe		l '	
	ın Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	<u> </u>	X
15	Did the process for determining compensation of the following persons include a review and approve	•	dependent	``.	,	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				`
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
40	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 arrange	ment v	vith 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 the control of the	-	*			-
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	ınızatıo	n's			
500	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed None	T (0				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	ı (Sect	ion 501(c)(3)s only)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
40	Own website Another's website X Upon request Other (explain		·	-1 C		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	ontiict	or interest policy, an	a tinar	icial	
20	statements available to the public during the tax year.	است.	auda afti	.		
20	State the name, physical address, and telephone number of the person who possesses the books a $S. F. Huber - (207) 621-9872$	ına rec	ords of the organiza	tion: 🕨		
	153 Hospital Street, Augusta, ME 04332					
232006				Farr	000	(2010)
12-10-	14			LOLU	フラリ	(2012)

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.

(2) Dwain Allen 0.50 Vice-President 1.00 Treasurer 0.50 Secretary 0.50 Director 0.50	stee or director	not cl unle:	ss per	tion more rson us rector	Highest compensated Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC) 0.	(E) Reportable compensation from related organizations (W-2/1099-MISC) 0. 0.	(F) Estimated amount of other compensation from the organization and related organizations 0. 0.
week (st any hours for related organizations below line)	X X X	er an	X X	rector	r/truste	ee)	from the organization (W-2/1099-MISC) 0.	from related organizations (W-2/1099-MISC) 0.	other compensation from the organization and related organizations 0.
(list any hours for related organizations below line) (1) G. Bruce Wiersma	X X X	Institutional trustee	x x	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC) 0.	organizations (W-2/1099-MISC) 0. 0.	compensation from the organization and related organizations 0.
related organizations below line	X X X	Institutional frustee	x x	Key employee	Highest compensated employee	Former	(W-2/1099-MISC) 0. 0.	0.	organization and related organizations 0.
Organizations Delow Inne)	X X X	Institutional truste	x x	Key employee	Highest compens: employee	Former	0.	0.	and related organizations 0. 0.
Delow Inne)	X X X	Institutional	x x	Key employe	Highest com employee	Former	0.	0.	0. 0.
Inne	х х х	Insatut	x x	Key em	Highes employ	Former	0.	0.	0.
President	х х х		x x				0.	0.	0.
(2) Dwain Allen 0.50 Vice-President 1.00 Treasurer 0.50 Yester Hedlund 0.50 Secretary 0.50 Director 0.50	x x x		x x				0.	0.	0.
Vice-President 1.00 Treasurer 0.50 Secretary 0.50 Director 0.50	x x		x				0.	0.	0.
(3) Ted Asherman 1.00 Treasurer (4) Wesley Hedlund 0.50 Secretary (5) Sue Aygarn 0.50 Director (6) Keith Bisson 0.50 Director (7) William Cole 0.50 Director (8) David Field 0.50 Director (9) Michael S. Greenwood 0.50 Director (10) Ron Lovaglio 0.50 Director (11) Kevin McCarthy 0.50 Director (12) Marcia McKeague 0.50	x x		x				0.	0.	0.
Treasurer (4) Wesley Hedlund	x x								
(4) Wesley Hedlund 0.50 Secretary 0.50 Director 0.50 (6) Keith Bisson 0.50 Director 0.50 Marcia McKeague 0.50	x x								
Secretary	X		X				0.	0.	0.
(5) Sue Aygarn Director (6) Keith Bisson Director (7) William Cole Director (8) David Field Director (9) Michael S. Greenwood Director (10) Ron Lovaglio Director (11) Kevin McCarthy Director (12) Marcia McKeague 0.50	X		X				0.	0.	O.
Director 0.50 Director 0.50 (7) William Cole 0.50 Director 0.50 (8) David Field 0.50 Director 0.50									
(6) Keith Bisson Director (7) William Cole Director (8) David Field Director (9) Michael S. Greenwood Director (10) Ron Lovaglio Director (11) Kevin McCarthy Director (12) Marcia McKeague 0.50							i		
Director	X					\rightarrow	0.	0.	0.
(7) William Cole Director (8) David Field Director (9) Michael S. Greenwood Director (10) Ron Lovaglio Director (11) Kevin McCarthy Director (12) Marcia McKeague 0.50 0.50	X	<u> </u>							
Director (8) David Field					_		0.	0.	0.
(8) David Field 0.50 Director (9) Michael S. Greenwood 0.50 Director (10) Ron Lovaglio 0.50 Director (11) Kevin McCarthy 0.50 Director (12) Marcia McKeague 0.50							:		
Director	X						0.	0.	0 <u>.</u>
(9) Michael S. Greenwood Director (10) Ron Lovaglio Director (11) Kevin McCarthy Director (12) Marcia McKeague 0.50									
Director 0.50 (10) Ron Lovaglio 0.50 Director 0.50 (11) Kevin McCarthy 0.50 Director 0.50 (12) Marcia McKeague 0.50	X				_		0.	0.	0.
(10) Ron Lovaglio									
Director 0.50 Director 0.50 Director 0.50	X	_					0.	0.	0.
(11) Kevin McCarthy 0.50 Director 0.50 (12) Marcia McKeague 0.50					- 1		_ :	_	
Director (12) Marcia McKeague 0.50	X		Щ	_	_	_	0.	0.	0.
(12) Marcia McKeague 0.50						-	_	_	
	X						0.	0.	0.
Director								_	_
0.50	X				_	_	0.	0.	0.
(13) Frederick H. Morton, Jr. 0.50					-	ı		•	
Director	X		-		_	\dashv	0.	0.	0.
(14) Jonathan Pottle 0.50					Ì	}			
Director	X		_		_	_	0.	0.	0.
(15) Lucy Gardner Quimby 0.50						- 1		_	
	X				\dashv	\dashv	0.	0.	0.
(16) Joel Swanton 0.50	X							^	_
4= 00	^		\vdash	\dashv			0.	0.	0.
			х				65 776		4 040
Executive Director 232007 12-10-12			$[\Delta]$				65,776.	0.	4,040. Form 990 (2012)

Par	(A)	(B)	oloy		and (C Posi	>)		st C	(D)	(E)			F)	_
	Name and title	Average hours per week (list any	box offic	not c , unle	heck i	more rson	than on the state of the state	h an	Reportable compensation from	Reportable compensation from related	١	amo ot	nated unt of her	
		hours for related organizations	individual trustee or director	trustee		e,	pensated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	fror organ	ensatior in the iization related	
		below line)	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					zations	;
										<u> </u>	_			
											_ -			
											_			
											_			
	Sub-total • 65,776.										0.		,040	- -
С	Total from continuation sheets to Part VII, Section A										0.			<u>.</u>
d 2									0.	4	,040			
	compensation from the organization											١	es N	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		3	7	<u>र</u>
4	For any individual listed on line 1a, is the stand related organizations greater than \$15									the organization		4	1	<u>,</u>
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					-		elat	ted organization or indiv	idual for services		5	,	<u>ζ</u>
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mnensated in	dene	ande	ent c	ont	racto	are 1	that received more than	\$100,000 of com		tion fro		
	the organization Report compensation for													
	(A) Name and business	address	N	ON	E				(B) Description of s	services	Cc	(C) ompens		
	Total number of independent contractors (including but r	ot li	mıte	d to	tho	se li	stec	d above) who received n	nore than		 ,	,	
	\$100,000 of compensation from the organ	=					0				<u>.</u>	• 5		

Form **990** (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under (C) Unrelated Related or Total revenue exempt function business sections 512 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b Membership dues c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 334,291 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 334,291 Total. Add lines 1a-1f **Business Code** 611710 30,009 30,009. 2 a Project Learning Tree 15,565. ь Certified Logging Prof 611710 15,565 611710 7,534 7,534. c Leaf Tours 6,975. d Other Program fees 611710 6,975 All other program service revenue 60,083 Total, Add lines 2a-2f Investment income (including dividends, interest, and 780. 780 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) (i) Securities (ii) Other 7 a Gross amount from sales of 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 5,868 Part IV, line 18 797 b Less: direct expenses 071 5,071 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 400,225 60, 083 0. Total revenue. See instructions. 5,851 Form 990 (2012)

Form 990 (2012) Maine Tree Foundation
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
	Check if Schedule O contains a respon		s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				т <u>ж</u> -
	organizations in the United States. See Part IV, line 21			,]	·
2	Grants and other assistance to individuals in			e \	,
_	the United States. See Part IV, line 22			4	* /
3	Grants and other assistance to governments,				
Ū	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			-	
-	Compensation of current officers, directors,				
5		69,816.	24,436.	34,908.	10,472
_	trustees, and key employees	05,010.		34,500.	10, 12
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	06 124	20 052	FF 276	2 205
7	Other salaries and wages	86,134.	28,053.	55,276.	2,805
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4 344	1 000	0.100	100
9	Other employee benefits	4,344.	1,961.	2,187.	196
10	Payroll taxes	11,134.	3,743.	6,462.	929
11	Fees for services (non-employees)				
а	Management .				
b	Legal .				
C	Accounting	3,765.		3,765.	· · · · · · · · · · · · · · · · · · ·
d	Lobbying				· · · · · · · · · · · · · · · · · · ·
е	Professional fundraising services. See Part IV, line 17			S. 3- 2 2 1	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	4,765.	4,765.		
12	Advertising and promotion				
13	Office expenses	10,546.	5,138.	5,408.	
14	Information technology				
15	Royalties				
16	Occupancy .	3,960.		3,960.	
17	Travel	8,053.		8,053.	
	·	0,000.		0,033.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40		899.	899.		
19	Conferences, conventions, and meetings	033.	033.		
20	Interest				
21	Payments to affiliates	348.		348.	
22	Depreciation, depletion, and amortization	348.		340.	
23	Insurance	+ + + + + + + + + + + + + + + + + + +	77		
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 O.)				
_		70,333.	70,333.		······································
a	LEAF program expense Certified logging profe	6,832.	6,832.	 	
b			0,034.		
c	Insurance	3,070.	0 (34	3,070.	
d	Project learning tree e	2,631.	2,631.		
	All other expenses	420.	27.	393.	4444
25	Total functional expenses. Add lines 1 through 24e	287,050.	148,818.	123,830.	14,402
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2010

Form 990 (2012)
Part X | Balance Sheet

Part X	Balance Sheet			<u>-</u>
	Check if Schedule O contains a response to any question in this Part X			
	,	(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	37,706.	1	39,135
2	Savings and temporary cash investments	389,949.	2	499,531
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	19,219.	4	16,734
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete	· ·		
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7 8	Notes and loans receivable, net		7	***************************************
8	Inventories for sale or use		8	
` 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other	, -		
	basis. Complete Part VI of Schedule D 10a 5,867.		-	
l b	Less. accumulated depreciation 10b 5,068.	1,074.	10c	799
11	Investments - publicly traded securities	•	11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	632.	15	702
16	Total assets. Add lines 1 through 15 (must equal line 34)	448,580.	16	556,901
17	Accounts payable and accrued expenses	59.	17	
18	Grants payable		18	
19	Deferred revenue	65,301.	19	60,506
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
21 22	Loans and other payables to current and former officers, directors, trustees,	·		,
	key employees, highest compensated employees, and disqualified persons.			
·	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		l	
:	parties, and other liabilities not included on lines 17-24). Complete Part X of			
İ	Schedule D		25	<u></u>
26	Total liabilities. Add lines 17 through 25	65,360.	26	60,506
ŀ	Organizations that follow SFAS 117 (ASC 958), check here			
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 and 34.	•		,
27	Unrestricted net assets	383,220.	27	496,395
28	Temporarily restricted net assets .		28	
29	Permanently restricted net assets		29	
-	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ □	-	´	
5	and complete lines 30 through 34.	g		T. 7. 35
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		_32	
33	Total net assets or fund balances	383,220.	33	496,395
34	Total liabilities and net assets/fund balances	448,580.	34	556,901 Form 990 (201

Form **990** (2012)

	990 (2012) Maine Tree Foundation	01-045	3264	Pag	e 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	400		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>287</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> 113</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	383	, 22	<u> 20.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	496	, 39	95.
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	1 1	1	-
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1	- 1	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1	1	
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	11		-
	consolidated basis, or both		.		
	Separate basis Consolidated basis Both consolidated and separate basis			1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	'		
	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 Sch	edule O		1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u> _
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		į	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	990 (2	2012)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			<u>'ree Foundati</u>						0	<u>1-0453</u>	<u> 3264</u>	<u> </u>
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions.			•	
he orgar	nization is not a	private foundation	because it is: (For lines 1	through '	11, check	only one b	ox.)					
1	A church, cor	nvention of churche	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)			,					
з 🗀			ital service organization of		n section	170(b)(1)((A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	ıl's nar	ne,
	city, and stat		•		•					·		
5 🗀	•		benefit of a college or ur	niversity ov	wned or or	erated by	a governr	nental uni	t describ	ed in		
	•	(b)(1)(A)(iv). (Compl	•	,	•	•	Ū					
6 🗀			ent or governmental und	t described	d ın sectio	n 170(b)(1	Π(A)(v).					
7 🗔	•		eives a substantial part					r from the	general	public desi	cribed	เก
	•	b)(1)(A)(vi). (Comple	•			J -			J	•		
8 🗀	-		section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X			eives: (1) more than 33		•	rom contri	butions, m	nembershi	o fees. a	nd aross re	eceipts	from
	_		nctions - subject to certa		• •					_		
			axable income (less sect			-						
		509(a)(2). (Complete	•		-,			,			,	
10 🖂			perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	I).				
11 🗔	•	•	perated exclusively for the	•	•			•	v out the	purposes	of one	or
	•	•	ations described in secti									
			organization and compl	, ,,	•		,					
	a Type	ı ь 🗀 т	ype II c 🔲 T	ype III - Fu	nctionally	integrated	c	тур	e III - No	n-functiona	ılly ınte	grated
е 🗀	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than											
	foundation m	nanagers and other t	than one or more publicly	y supporte	ed organiza	ations desi	cribed in s	ection 509	∂(a)(1) or	section 50	9(a)(2)	
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III				
		rganization, check tl			·							
g	Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?			
			lirectly controls, either al							',	Yes	No
	the gove	erning body of the s	upported organization?							11g(i)	\perp	
	(ii) A famıly	member of a perso	n described ın (ı) above?							11g(ii	1	
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) abovi	e? .					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
` '	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(described on lines 1-9 in col. (i) listed in your organization in col. $\binom{00}{00}$					the on in col. ed in the .?	(vii) Amour su	nt of mo	onetary
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
					<u> </u>							
								i -				
						_						
						_		<u> </u>				
			<u></u>	<u></u>							_	
		7.7.	,		ļ — — —							
otal	- 	7 6 3a		, ,					-			

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 Part II Support Schedule for 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")]				
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]					
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions		-				
•	by each person (other than a		-		'		
	governmental unit or publicly		; <u> </u>				
	supported organization) included	-	- '	•	į		
	on line 1 that exceeds 2% of the	ر ا	4		.*, -*		
	amount shown on line 11,						
	column (f)			·	14-1-1-1		
6	Public support. Subtract line 5 from line 4		***		3 2 3 3 7	12 3	
	etion B. Total Support	<u>l</u>		<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	(a) 2000	(b) 2009	(6) 2010	(u) 2011	(e) 2012	(I) Total
8	Gross income from interest,						
0	•		İ				
	dividends, payments received on						
	securities loans, rents, royalties	ļ			1		
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on			····			
10	Other income. Do not include gain						
	or loss from the sale of capital	j					
	assets (Explain in Part IV)						
	Total support. Add lines 7 through 10	<u> </u>	<u> </u>	<u>-</u>	<u> </u>		
	Gross receipts from related activities	•	•		-	12	
13	First five years. If the Form 990 is fo	•	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	, [
50/	organization, check this box and stop ction C. Computation of Publ	here	rcentage				
							
	Public support percentage for 2012 (,	•	olumn (f))	•	14	
	Public support percentage from 2011					15	
16a	33 1/3% support test - 2012. If the	-		•	14 is 33 1/3% or n	nore, cneck this box	and
	stop here. The organization qualifies		•	•			. ▶∟
b	33 1/3% support test - 2011. If the				line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qua	•		•		.,,	▶∟⊥
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	· ·	rt IV how the organiz	ation
	meets the "facts-and-circumstances"	-		. ,	•		
b	10% -facts-and-circumstances tes						0% or
	more, and if the organization meets to				•		
	organization meets the "facts-and-circ						▶ڸڸ
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ind see instructions	
					~ .	1 1 A CE 000	000 ET\ 0040

232022 12-04-12

Schedule A (Form 990 or 990-EZ) 2012 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

	qualify under the tests listed b	elow, please comp	olete Part II)		,		
	tion A. Public Support	·					
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	l					
	membership fees received. (Do not						
	include any "unusual grants.")	329,168.	196,347.	165,598.	387,868.	334,291.	1,413,272.
	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	280,112.	278,046.	250,795.	67,189.	65,951.	942,093.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	609,280.	474,393.	416,393.	455,057.	400,242.	0.355.365
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and	009,200.	4/4,393.	410,333.	455,057.	400,242.	2,355,365.
	3 received from disqualified persons	212,129.	96,372.	59,381.	54,370.	120,600.	542,852.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	212,129.	90,372.	39,301.	34,370.	120,000.	0.
_	amount on line 13 for the year Add lines 7a and 7b	212,129.	96,372.	59,381.	54,370.	120,600.	542,852.
_	Public support (Subtract line 7c from line 6)	414,147.	30,372.	39,301.	<u> </u>	120,000.	1.812.513.
	etion B. Total Support	<u> </u>			<u></u>		1,812,513.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	609,280.	474,393.		455,057.	400,242.	2,355,365.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,359.	1,584.	316.	719.	780.	8,758.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	5,359.	1,584.	316.	719.	780.	8,758.
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.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	614,639.	475,977.	<u>416,709.</u>	455,776.	401,022.	2,364,123.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here .	- <u></u>	<u> </u>	. 			
Sec	tion C. Computation of Publ	ic Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2012 (line 8, column (f) d	ivided by line 13, o	column (f))		15	<u>76.67 %</u>
	Public support percentage from 2011					16	<u>74.98 %</u>
Sec	tion D. Computation of Inve	stment incom	e Percentage				
17	Investment income percentage for 20)12 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	.37 %
18	Investment income percentage from	2011 Schedule A,	Part III, line 17		- •	18	.61 %
19a	33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2011. If the	•	•	•		•	▶ X
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation, if the organization	n did not check a	box on line 14, 19	a or 19b check th	ns box and see ins	structions	

METREEF1

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2012 Open to Public Inspection

Name of the organization

Employer identification number

110111	Maine Tree Foundat	ion	01-0453264
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6	,
	·· •	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose confe	rring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an historica	illy important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure 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		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(i	
	and section 170(h)(4)(B)(ii)?		. L Yes No
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the or	ganization's accounting for
Par	conservation easements. t.III Organizations Maintaining Collections of	of Art Historical Transuras or Other	Cimilar Assats
r, ai	Complete if the organization answered "Yes" to Form	•	Similar Assets.
4-			
ıa	If the organization elected, as permitted under SFAS 116 (A		•
	historical treasures, or other similar assets held for public ex		r public service, provide, in Part XIII,
L	the text of the footnote to its financial statements that describe account to a partition of the company of the		
b	If the organization elected, as permitted under SFAS 116 (Attractives, or other similar assets held for public exhibition of		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		• •
		• •	. 💆 🗕
2			. 🏲 🐧
2	If the organization received or held works of art, historical tree		, provide
а	the following amounts required to be reported under SFAS 1 Revenues included in Form 990, Part VIII, line 1	TO MOO 300) relating to these items	•
b	Assets included in Form 990, Part X	•	•
			> \$

232051 12-10-12

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

Schedule D (Form 990) 2012

		ree Foundat	cion			C	<u> 1-04</u>	53264	Page 2
Paı	t III Organizations Maintaining C	collections of Ar	t, Historical Tre	easures, c	or Othe	er Simila	ır Asse	ts(continu	ıed)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following tha	t are a s	ignificant u	se of its	collection	items
	(check all that apply)								
а	Public exhibition	d	Loan or excl	nange progra	ıms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	on's exe	mpt purpo	se in Pai	rt XIII.	
5	During the year, did the organization solicit o		•						
	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arran				'Yes" to	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, fine 21						_	
1a	Is the organization an agent, trustee, custod	an or other intermed	ary for contribution	s or other as	sets not	included			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table.						
	•	•	· ·					Amount	·
С	Beginning balance					1c			
	Additions during the year		•			1d			
	Distributions during the year	•	- 			1e			
f	Ending balance	•	· •	•		1f			
2a	Did the organization include an amount on F	orm 990, Part X, line :	21?					Yes	□ No
	If "Yes," explain the arrangement in Part XIII.			provided in l	Part XIII	•			\sqcap
	t V Endowment Funds. Complete					10.			
		(a) Current year	(b) Prior year	(c) Two year	1	(d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance	213,667.	3,600.		Î			1	
b	Contributions	135,303.	209,751.		3,600.				
C	Net investment earnings, gains, and losses	482.	316.						
	Grants or scholarships								
	Other expenditures for facilities		•						
•	and programs								
f	Administrative expenses				Ì		-		
g	End of year balance	349,452.	213 667.		3,600.		-		
2	Provide the estimated percentage of the cur		•		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		-		
	Board designated or quasi-endowment	100.00	%	,,,					
	Permanent endowment ▶	%							
	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c show								
За	Are there endowment funds not in the posse		ition that are held a	nd administe	red for t	he organiz	ation		
	by	5				5		Г	Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations	_	•					3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required or	n Schedule R?					3b	
4	Describe in Part XIII the intended uses of the							<u> </u>	
Pai	t-VI 🖟 Land, Buildings, and Equipm								
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) A	ccumulate	d	(d) Book	value
		basis (investm	' '	(other)		preciation		• •	
1a	Land								
	Buildings								
	Leasehold improvements								,
	Equipment			5,867.		5,06	58.		799.
	Other								
otal	LAdd lines 1a through 1e (Column (d) must e	qual Form 990 Part	X column (R) line 1	0(c))					799

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012		oundation		01	-0453264 Page 3
	s - Other Securities. See ategory (including name of security)	Form 990, Part X, line 1 (b) Book value		valuation Cost or end	l-of-year market value
(1) Financial derivatives	ategory (including name of security)	(b) Dook value	(C) Method of	Valuation Cost of end	rorycai market value
(1) Financial derivatives (2) Closely-held equity intere	ete		-		
(3) Other	5515				
(A)					
(B)					
(C)		* .			
(D)		- 	 -		
(E)			-		
(F)		····-			
(G)					
(H)			,		
(1)					
Total (Col. (b) must equal Form	990, Part X, col. (B) line 12.)				
	- Program Related. See	e Form 990, Part X, line	13.		
(a) Description o	f investment type	(b) Book value	(c) Method of	valuation. Cost or end	l-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					4
(6)					
(7)		·			
(8)					
(9)					
(10) Total. (Col. (b) must equal Form			 		
Part IX Other Asset	S. See Form 990, Part X, line 1	5 escription			(b) Book value
(1)					
(2)				<u> </u>	
(3)					
(4)					
(5)					
(6) (7)			· · · · · · ·		
(8)			····		
(9)					
(10)					
	al Form 990, Part X, col. (B) line	15)	· · · · · ·	<u> </u>	·
	ities. See Form 990, Part X, III				
<u> </u>) Description of liability		(b) Book value	, - ,	
(1) Federal income taxes	3			T	
(2)					
(3)					•
(4)					_
(5)					
(6)					
(7)					
(8)			- · · - · · · · · · · · · · · · · · · ·		
(9)				_	
(10)				_ _	
(11)				, ,	
	l Form 990, Part X, col. (B) line				·
	te. In Part XIII, provide the text				
liability for uncertain tax p	positions under FIN 48 (ASC 74	O). Check here if the te	t of the footnote ha		
				Sch	edule D (Form 990) 2012

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232053 12-10-12

Sche	edule D (Form 990) 2012 Maine Tree Foundation		01-	-0453264 Page 4
Pà	rt XI. Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Retur	'n
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:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	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			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		•
С	Add lines 4a and 4b		7 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Рa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses pe	r Ret	urn
1	Total expenses and losses per audited financial statements	······································	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
ь	Prior year adjustments	2b	٦.	
С	Other losses	2c	╡. ⁻ -	
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		_	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	_	
	Add lines 4a and 4b	-15	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	•	5	7.7
	rt XIII Supplemental Information			· · · · · · · · · · · · · · · · · · ·
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III. lines 1a and 4: Part IV. lines	1b and	2b: Part V. line 4: Part
	ne 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t			
	en the endowment funds reach a certain amo			determine on
		<u> </u>	<u> , </u>	
ın	annual basis what percentage of these fur	nds mav be appli	eđ t	o current
				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
g	erating expenses according to the Board Er	ndowment Policy.		
				·
_				- ···
				
			Sche	edule D (Form 990) 2012

232054

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	Open to Public Inspection
Name of the organizatio	Maine Tree Foundation	Employer identification number 01-0453264
Form 990, Pa	rt I, Line 1, Description of Organization Mis	
Form 990, Pa	rt III, Line 4d, Other Program Services:	
Maine Tree F	arm Committee: The Maine Tree Foundation spo	nsors and
supports thi	s state member of the American Tree Farm Syst	em, a national
program of t	he American Forest Foundation. We provide ad	ministrative
services and	organizational support to this volunteer org	anization that
arranges for	professional foresters to inspect and certif	y Tree Farms
every five y	ears while providing assistance and advice to	landowners in
the developm	ent of management plans and sustainable fores	try.
Expenses \$ 5	,999. including grants of \$ 0. Revenue \$	6,975.
Form 990, Pa	rt VI, Section B, line 11: The 990 is reviewe	d by the
Executive Di	rector for accuracy of financial information	and disclosure
before distr	ibution to the Foundation Board for review.	Comments from the
Board are su	bmitted to the Finance Committee. Upon compl	etion of the Board
review, the	final 990 is reviewed and signed by the Execu	tive Director.
Form 990, Pa	rt VI, Section B, Line 12c: In the event of a	potential
conflict inv	olving 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 ma	tter to the Executive Committee of the Board	to review, make
recommendati	ons and disclose actions taken at the next bo	ard meeting. The

recommended course of action to be taken to mitigate the Foundation's

facts and circumstances surrounding the potential conflict and the

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Form **8868**

(Rev. January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

Internal Revenue Service	e a separate appl	ication for each	return.				
 If you are filing for an Automatic 3-Month Extension, o If you are filing for an Additional (Not Automatic) 3-Monot complete Part II unless you have already been g 	onth Extension, or ranted an automa	omplete only Pa tic 3-month exter	art II (on page 2 of the nsion on a previously	filed Form 8868.	. X		
Electronic filing (e-file). You can electronically file Form 8	3868 if you need a	3-month automa	atic extension of time	to file (6 months for	a corporation		
required to file Form 990-T), or an additional (not automatic	c) 3-month extens	ion of time. You	can electronically file	Form 8868 to reque	est an extension		
of time to file any of the forms listed in Part I or Part II with	the exception of	Form 8870, Infor	mation Return for Tr	ansfers Associated \	With Certain		
Personal Benefit Contracts, which must be sent to the IRS							
visit www.irs.gov/efile and click on e-file for Charities & No.		,		J	•		
Part I Automatic 3-Month Extension o		ubmit origina	l (no copies nee	ded).			
A corporation required to file Form 990-T and requesting a							
Part I only	ar adiomatic c mic		noon and box and or	ompioto .			
All other corporations (including 1120-C filers), partnership to file income tax returns.	os, REMICs, and to	rusts must use Fo	orm 7004 to request	an extension of time			
Type or Name of exempt organization or other filer, se print		E	Employer identification number (EIN) or				
Maine Tree Foundation				01-0453264			
filing your P.O. Box 5470	Number, street, and room or suite no. If a P.O. box, see instructions.				Social security number (SSN)		
return See instructions City, town or post office, state, and ZIP code.	For a foreign add	ress, see instruct	tions.				
Augusta, ME 04332-5470	-	,					
	<u> </u>				···		
Enter the Return code for the return that this application is	s for (file a separa		each return)	VENUE SERVI	CE 01		
Application	Return	Application	W& EL	DASSISTANCE A, ME 04330	Return		
<u>Is For</u>	Code	ls For	AUGUST	STA, IVIL CO			
Form 990 or Form 990-EZ	01	Form 990-T (co	poration)	A 2013			
Form 990-BL	02	Form 1041-A	MAT	AT 1 12010			
Form 4720 (Individual)	03	Form 4720	- the T	09			
Form 990-PF	04	Form 5227		ECEIVED 10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		44108			
Form 990-T (trust other than above)	06	Form 8870		<u> </u>	12		
S. F. Huber • The books are in the care of ▶ 153 Hospital Telephone No. ▶ (207) 621-9872 • If the organization does not have an office or place of box ▶ . If it is for part of the group, check this box	ul Street Dusiness in the Ur ur digit Group Exe	FAX No. ▶ nited States, chec emption Number	ck this box (GEN) If	this is for the whole			
1 I request an automatic 3-month (6 months for a corp. August 15, 2013 , to file the) extension of time u organization named		on		
is for the organization's return for:							
► X calendar year 2012 or				~- ·- ·-	•		
tax year beginning	, an	d ending		·			
2 If the tax year entered in line 1 is for less than 12 mg							
Change in accounting period	onths, check reas	on Init	alreturnF	ınal return			
Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T,				ınal return			
					0.		
3a If this application is for Form 990-BL, 990-PF, 990-T, nonrefundable credits. See instructions.	, 4720, or 6069, e	nter the tentative	tax, less any		0.		
 3a If this application is for Form 990-BL, 990-PF, 990-T, nonrefundable credits See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 	, 4720, or 6069, e r 6069, enter any	nter the tentative	tax, less any	3a \$	0.		
 3a If this application is for Form 990-BL, 990-PF, 990-T, nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, o estimated tax payments made. Include any prior year. 	, 4720, or 6069, e r 6069, enter any ar overpayment a	nter the tentative refundable credi llowed as a credi	tax, less any ts and t.		0.		
 3a If this application is for Form 990-BL, 990-PF, 990-T, nonrefundable credits See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 	, 4720, or 6069, e or 6069, enter any ar overpayment a your payment wit	nter the tentative refundable credi llowed as a credi th this form, if red	tax, less any ts and t.	3a \$			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.