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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For th	ne 2013 calend	dar year, or tax	year begir	ning 8/	01	, 20	13, and ending	7/			2014	
В	Check i	if applicable	С							D Employ	er Identifi	cation Number	
	ΠAd	idress change	FOREST SOC	CIETY C	F MAINE					02-0	04135	555	
	\vdash	ame change	115 FRANKI			OOR				E Telepho	ne numbe	er	
	\vdash	itial return	BANGOR, ME							120	7) 94	5-9200	
	\vdash									(20	., , ,	3200	
	\vdash	erminated								G	خ	1,674,041.	
	-	mended return					-	- I	U(a) le thic	G Gross re a group retur		1371	
	L Ap	oplication pending	F Name and addre		al officer				• •			H H	
			SAME AS C				T 1		If 'No,'	subordinates attach a list	(see instr	uctions) Yes No	
<u> </u>		exempt status	X 501(c)(3)	501(c) () ▼ (i	insert no)	4947(a)(1				_		
J	Wel	bsite: ► WW	W.FSMAINE.	ORG				!	H(c) Group	exemption nu			
K		of organization	X Corporation	Trust	Association	Other ►		L Year of formation	on 198	4 Ms	tate of leg	gal domicile ME	
Pa	irt l 🤄	Summar	у										
	1	Briefly descri	be the organizat	ion's miss	ion or most	significant	activities	TO PROTEC	CT AND	<u>CONSE</u>	RVE 1	THE FORESTS	
a		OF MAINE											
SE SE													
Ĕ													
Governance	2	Check this bo	ox ► ∐ if the d	organizatio	in discontinu	ued its ope	rations or c	lisposed of mo	re than 2	25% of its			
Ğ	3		ting members o								3	22	
δ.	4		dependent votin								4	22	
ii:	5		of individuals e			ear 2013 (Part V, line	- 2a) .			5	8	
Activities &	6		of volunteers (e			dumm (C)	line 12				7 a	47	
ĕ			ed business reve					•			7 a	0.	
_	<u>D</u>	Net unrelated	l business taxab	ie income	ITOM POINT	990-1, III1e	34		1 6	Prior Year	_ / 5	Current Year	
		04	and aroute (Da	-4 \ /111 lima	. 163				<u> </u>	892,9	20	1,291,223.	
e		8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 114										106,339.	
e.			nce revenue (Pa ncome (Part VIII			4 and 7d)			-	98,1		100,339.	
Revenue			e (Part VIII, colu				and 11a)			30,1	99.	101,000.	
			e (Fart Viii, coit e – add lines 81) line 12)		1,105,8	122	1,498,568.	
_			ımılar amountsi),o)	+	1,100,0	,,,,,	11,390.	
	14		to or for memb				-3)		<u> </u>			11,550.	
		Salarias ethi	er compensation	Compleyé	s popotito (Part IX cal	lumn (A) lu	nes 5.10)		494,6	77	522,927.	
S	15						iuiiiii (A), ii	1163 3-10)	-	434,0	'''	322, 321.	
Expenses	16a		fundraising fees	<i>*</i> \	~				sy tandeser	Mary Arthur & S.C.	ABLONE V	The water of the second of the	
ž.	b		sıng expenses (F			_		36,350.	2	C(M)			
Ш	17		ses (Part ÌX, coli							762,6	551.	205,608.	
	18	Total expens	es Add lines 13	-17 (must	equal Part I	IX, column	(A), line 25	5)		1,257,3	328.	739,925.	
	19	Revenue less	expenses Sub	tract line 1	18 from line	12				-151,4	195.	758,643.	
8			· ·						Beginni	ng of Currer	t Year	End of Year	
Asset:	20	Total assets	(Part X, line 16)							3,823,3	342.	4,577,983.	
Ž.	21	Total liabilitie	es (Part X, line 2	(6)						266,4	199.	84,351.	
Net /	22	Net assets or	fund balances	Subtract I	ine 21 from	line 20				3,556,8	343.	4,493,632.	
D:	art II	Signatur	e Block		·	$\overline{7}$							
				mined thus us	urn, including a	companying s	chedules and	statements, and to t	he best of n	ny knowledge	and belie	f, it is true, correct, and	
com	plete D	eclaration of prepa	arer (other then diffice	based on	all information	of which prepa	irer has any kn	owledge			,	of, it is true, correct, and	
			11/2	VIVI	Net		·			3/	12	15	
Si	an	Signatu	ire of Officer	V					D	ate	,		
Ηe	ere		Alan Hu	tchir	150n.	EXECU	ctive	Director	-				
		Type or	print name and title	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		A	Λ						
		Print/Type p	oreparer's name		Preparer's sig	gnature	71	Date	1/	Check	ıf F	PTIN	
Pa	id	KENNE	TH E. JARV	IS, JR.	talk	8 W	11/	31	9/15	self-employ	ed I	P01281920	
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NA-		IDC discuss th	DANGUE				netructione)			1	,20,	X Yes No	

Form	990 (2013) FOREST SOCIETY OF MAINE	02-041355	55 Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line 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 on the pri	ior	
	Form 990 or 990-EZ? .		Yes X No
	If 'Yes,' describe these new services on Schedule O		
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		
4	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 amount of others, the total expenses, and revenue, if any, for each program service reported	vices, as measure f grants and alloca	ed by expenses. Itions to
		· · · · · · · · · · · · · · · · · · ·	
4 a		Revenue \$	106,339.
	CONTACTED A NUMBER OF ENTITIES TO DISCUSS FOREST CONSERVATION IS		CUSSED
	COOPERATIVE EFFORTS WITH LANDOWNERS. PROMOTED CONSERVATION THRO	UGH VEHICLE	S SUCH AS
	EASEMENTS MAINTENANCE AND MONITORING. EDUCATED LAND OWNERS ABOU		
	MAINTAIN SUSTAINABLE FOREST LAND.		
		_	
41	(Code) (Expenses \$ including grants of \$) (I	Revenue \$	
7.			
			-
40	c (Code) (Expenses \$ including grants of \$) (F	Revenue \$)
•			
			
	1 Other program convers. (Decembe in Sahadida C.)		
40	d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$		١
	(Expenses \$ including grants of \$) (Revenue \$ ≥ Total program service expenses > 594,520.		
BAA			Form 990 (2013)

C

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
	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, 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		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	
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.	2.		47.8
а	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	
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
	I 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		Х
	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	11 f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		^
t	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		Х
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
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
t	of If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Х 22 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 X Schedule I 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and X complete Schedule K If 'No, 'go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c . d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part I Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L. Part I 25b Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 Х 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 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). 28a Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* Х 28b 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 X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If 'Yes,' complete Schedule M 30 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 32 Schedule N, Part II 32 Х 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, line 1 34 Х $\overline{\mathbf{x}}$ 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 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 X 36 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 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O 38 38 X

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	3		
ŀ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>)</u>		
(: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	
2 a	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 2 a	3		
ł	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	~
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ŀ	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
ŀ	o If 'Yes,' enter the name of the foreign country	-		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		_^
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
ı	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
ı	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.		х
	Form 8282?	7 c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Edia the organization receive any lunds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contract?	-/' 		<u>^</u>
	as required?	7 g		
١	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		ļ <u>-</u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business			
_	holdings at any time during the year?	8		ļ
	Sponsoring organizations maintaining donor advised funds.	9 a		ļ
	a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:	75		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	┥		
	Section 501(c)(12) organizations. Enter:	-		
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources	┥		
	against amounts due or received from them).			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		<u> </u>
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . 12b	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	ļ	
i	a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	138		-
	Note. See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand]	L_	
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14 b		

Form 990 (2013) FOREST SOCIETY OF MAINE 02-0413555 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 officer, director, trustee or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?. 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х **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 X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8 a b Each committee with authority to act on behalf of the governing body? X 8Ы Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Did the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 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 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE O 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? X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official SEE SCHEDULE Q 15 a **b** Other officers of key employees of the organization 15 b Х 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? X 16 a 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 organization's exempt status with respect to such arrangements? 16b 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 X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 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:

115 FRANKLIN ST, 3 RD FLOOR, BANGOR ME

•					
Form 990 (2013)	FOREST	SOCIETY	OF	MATNE	

02-0413555

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Part: VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a 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 n	or any rela	ted org	ganız	zatio	n co	mpens	ate	d any current officer, di	rector, or trustee	
				(C	;)					
(A) Name and Title	(B) Average hours per			not i less p d a d	check perso precto	more to n is both r/trustee		(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other
	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) SEE ATTACHED	0_0	Х						0.	0.	0.
(2) ALAN E HUTCHINSON EXECUTIVE DIR.	40			х				100,000.	0.	0.
(3)										
(4)							·			
(5)										
(6)										
<u></u>										
(8)										
(9)								17.		
(10)										
(11)										
(12)										
(13)										
(14)										

Page 8

Part VII Section A. Officers, Directors, Trus	(B)	\ey		1 <u>1</u> 110		es,	anı	i nignest con	ipensated Empi	oyee	S (conti	nuea)_
(A) Name and title	Average hours per	box	, unle	ess pe	erson direct	than is both or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) Estimated	ther
	week (list any hours for related organiza tions below dotted	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)	or a	npensati from the ganization nd relate ganization	on ed
	line)	8	tee			sated						
<u>(15)</u>												
(16)												
(17)												
(18)		}										
(19)												
(20)												
(21)										-	•	
(22)											···	
(23)												
(24)										-		
(25)												
1 b Sub-total		! i	L		1	!	•	100,000.	0.			0.
c Total from continuation sheets to Part VII, Section	ı A						7	0.	0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to from the organization ▶ 0	those li	sted	abo	ve) v	who	recei	ved	100,000. more than \$100,00	0. 0 of reportable compo	ensatio	on .	0.
nom the organization									·		Yes	No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r, or tru <i>ındıvıdu</i>	stee, al	key	en en	nploy	ee,	or h	ighest compensa	ted employee	3	<u> </u>	X
For any individual listed on line 1a, is the sum of rithe organization and related organizations greater such individual	eportabl than \$1	e co 50,00	mpe	ensa If '\	ition 'es'	and com	oth <i>plet</i>	er compensation e Schedule J for	from 	4		<u> </u>
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen comple	satio	n fr	om Iule	any <i>J fo</i>	unre r suc	late ch p	d organization or erson	individual	5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensations.	ited inde	enen	den	t co	ntrad	ctors	tha	t received more t	han \$100,000 of			
compensation from the organization Report compensa	tion for	the c	alen	dar	year	endi	ng v	vith or within the or	ganızatıon's tax year.		·C\	
Name and business addre	ss							Description (of services	Comp	(C) ensatio	on
						•						
						, .				-		
2 Total number of independent contractors (including but \$100,000 of compensation from the organization ▶		tea to	o tha	se I	ıstec	abo	ve) '	wno received more	tnan			

	Check if Schedule O contains a response or note to any	y line in this Part V	111	•	
1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	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 lines 1a-1f h Total. Add lines 1a-1f Business Code 2a SERVICE REVENUE b c	1,291,223.	106,339.		
PROGRAM SEI		106,339.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	72,503.			72,503.
	6 a Gross rents. b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 175, 473.				
	c Gain or (loss) d Net gain or (loss)	28,503.	28,503.		
OTHER REVENUE	8 a 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 .				
	9 a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses . b 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 11 a				
	c d All other revenue				
	e Total. Add lines 11a-11d . > 12 Total revenue. See instructions	1,498,568.	134,842.	0.	72,503.

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (A) (B) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 11,390. 11,390 Grants and other assistance to individuals in the United States See Part IV, line 22. Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 15,000 5,000. trustees, and key employees 100,000 80,000 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0. n O O 47,716. 15,905. Other salaries and wages 318,103 254,482 Pension plan accruals and contributions (include section 401(k) and 403(b) employer <u>25,286</u> 4,742 1,580. contributions) <u>31,6</u>08 6,230 Other employee benefits 33,228 2,077. 41,535 Payroll taxes 4,752 1,584. 25,345 31,681 11 Fees for services (non-employees) a Management 1.715 572. **b** Legal 11,436 9,149 7,480 403 c Accounting 9,350 467. **d** Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 152 51. 1,016 813. Advertising and promotion 1,768 414. 266. 13 Office expenses 88. 2,990 2,392 149. Information technology 449. Royalties 15 721. 14,422 11,538 2,163. 16 Occupancy 6,599 5,279 990. 330. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2,262 1,810 339 113. 10,767. 8,614. ,615 538. 20 Interest Payments to affiliates 21 1,370 457. 7,307. 22 Depreciation, depletion, and amortization 9,134 7,097 5,678. 1,064 355. 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) 7.224 48,161 38,529 408. a PROFESSIONAL SERVICES **b** AUTOMOBILE EXPENSE 19,030 2,855 951. 15,224 16,646 13,317 2,497 832. c BANK FEES 11,777 9,422 1,766 589. d PRINTING AND PUBLICATIONS 33,153 4,747 1,583. 26,823. e All other expenses 739,925. 25 Total functional expenses Add lines 1 through 24e 594,520. 109,055 36,350. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ☐ if following Check here

SOP 98-2 (ASC 958-720).

34

BAA

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 121,744. Cash — non-interest-bearing. 2.081 Savings and temporary cash investments 147,523 2 293,461. 2 3 3 Pledges and grants receivable, net . 265,330. 440,602. 18,246 4 Accounts receivable, net 5,367. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Ω Inventories for sale or use Prepaid expenses and deferred charges 500 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a 1,094,170 10 b 165,718 10 c b Less: accumulated depreciation 936,454 928,452. 11 Investments - publicly traded securities. 2,453,208 11 2,748,857. 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 39,500. 16 3,823,342. 4,577,983. 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 66,499. 84,351 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities . Escrow or custodial account liability Complete Part IV of Schedule D 21 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 Unsecured notes and loans payable to unrelated third parties 200,000 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 266,499 84,351 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 1,022,034 27 1,205,934. 28 28 Temporarily restricted net assets 944,518 2,695,928. 29 591,770. Permanently restricted net assets 590,291 Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 Total net assets or fund balances 3,556,843. 4,493,632. Total liabilities and net assets/fund balances

TEEA0111L 07/08/13

3,823,342

4,577,983.

Form 990 (2013)

Forn	1990 (2013) FOREST SOCIETY OF MAINE	<u>02-0413555</u>		Pa	ige 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,4	98,5	<u> 568.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	39,9	925.
3	Revenue less expenses. Subtract line 2 from line 1	3	7.	58,6	543.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	3,5	56,8	343.
5	Net unrealized gains (losses) on investments	5	1	78,1	146.
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	4,4	93,6	532.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			T	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	<u> </u>			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 :	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both.	viewed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
1	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis	eparate			
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?		3 a		х
ı	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b		
BAA			Form	990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name o	fthe	organ	uzation								•		Employe	r identifica	tion number		_
FORE	ES'	r s	CIETY OF	MA:	INE								02-0	41355	5		
Part	1	Re	ason for Pu	ıblic	Charity	/ Status	(All or	ganizations	must o	comple	ete this	part.)	See i	nstruct	ions.		
The o	rga	nızat	ion is not a pr	ıvate	foundatio	n becaus	seitis (F	or lines 1 thre	ough 11,	check c	nly one	box)					
1	П	A ch	urch, convent	ion o	f churche:	s or asso	ciation of	f churches des	scribed in	section	n 170(b)	(1)(A)(i)).				
2	П	A so	hool described	d ın s	ection 17	′0(b)(1)(A)(ii). (Atta	ach Schedule	E)								
3		A ho	spital or a cod	opera	tive hosp	ital servi	ce organi	zation describ	ed in se c	tion 17	0(b)(1)(A	A)(iii).					
4		A m	edical researc	h org	anızatıon	operated	in conju	nction with a	hospital	describe	d in sec	ction 17	0(b)(1)(A)(iii) Er	nter the hos	spital's	
	_	nam	e, city, and st	ate													
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)																
6			deral, state, o		_	_											
7	X	ın se	rganızatıon tha ection 170(b)(1	ΙχΑχ	vi). (Com	iplete Pa	rt II.)	• •		-	ental un	ıt or fror	n the ger	neral pub	lic describe	d	
8	Ш	A co	mmunity trust	desc	ribed in s	section 1	70(b)(1)(A	4)(vi). (Comple	ete Part I	۱)							
9		from inve June	rganization tha activities relate stment income 30, 1975. Se	ed to le e and e sec	its exempt unrelated tion 509(t functions d busines a)(2). (Co	s – subjec ss taxable emplete F	et to certain exc e income (less Part III)	ceptions, as section	and (2) r 511 tax	no more) from b	than 33- usiness	1/3% of es acqu	its suppo	rt from aros	S	∍r
10	Ц		organization or	-		-		-		-							
11	Ц	more	rganization org e publicly supp cribes the type	ported	d organiza	ations de	scribed in	n section 509(a)(1) or s	section !	509(a)(2	of, or ca !) See s	rry out the section !	ne purpos 509(a)(3)	ses of one o Check the	r e box tha	at
		аГ	Type I	ь	Type II	c	: Type	e III – Functio	nally inte	egrated		d 🗌 .	Type III	Non-f	unctionally	ıntegrate	ed
е	Description that have been been that the appropriate as not controlled directly as undersolved by the propriate discount find appropriate to the controlled directly as undersolved by the propriate discount find appropriate to the controlled directly as undersolved by the propriate discount find appropriate to the controlled directly as undersolved by the controlle																
f																	
g		Sind	e August 17, 2	2006,	has the o	organizat	ion accep	ted any gift	or contrib	ution fr	om any	of the f	ollowing	persons	۶7		
																Yes N	No.
		(i)	below, the g	overn	ing body	of the su	pported o	either alone oi organization?	r togethe	r with pe	ersons d	lescribe	d in (ii)	and (III)	11 g (i)		
		(ii)	A family mer	mber	of a pers	on descri	bed in (i)	above?							11 g (ii)		
		(iii)	A 35% contro	olled	entity of	a person	describe	d in (i) or (ii) i	above?						11 g (iii)		
h		Prov	ide the follow	ing in	formation	about th	ne suppor	ted organizat	ion(s)								
		(ı) Na	ame of supported organization		(II) Ei	N	(descri above	e of organization bed on lines 1-9 or IRC section instructions))	organiz column (your go	s the ation in) listed in overning ment?	L column (ou notify ization in (i) of your port?	organiz	s the ration in mn (i) ed in the S ?	(vii) Amoun sur	t of moneta port	.ry
									Yes	No	Yes	No	Yes	No			
(A)													1				
					_												
(B)													L	ll			
(C)																	_
(''							1	-	+		 	 			•		_
<u>(D)</u>			<u>-</u> .	_	···		ļ		 						·		
<u>(E)</u>									ļ								
Total																	
BAA	Fo	Pap	erwork Reduc	tion	Act Notic	e, see the	e Instruct	ions for Forn	1 990 or 9	990-EZ.			Schedule	A (Form	990 or 990	-EZ) 2013	3

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							
begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	674,019.	465,472.	586,819.	892,907.	1,225,415.	3,844,632.	
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 5	Total. Add lines 1 through 3 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)	674,019.	465,472.	586,819.	892,907.	1,225,415.	3,844,632. 1,161,171.	
6	Public support. Subtract line 5 from line 4						2,683,461.	
Sec	tion B. Total Support			,				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	674,019.	465,472.	586,819.	892,907.	1,225,415.	3,844,632.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,845.	33,457.	47,205.	49,730.	72,503.	237,740.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.	
11	Total support. Add lines 7 through 10						4,082,372.	
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	0.	
13	First five years. If the Form 990 is organization, check this box and	for the organizatior stop here	n's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶ 🗍	
Sec	tion C. Computation of Pu			·				
14				e 11, column (f)).		14	65.73%	
15	Public support percentage from	2012 Schedule A,	Part II, line 14.			. 15	70.39%	
16 a	16a 33-1/3% support test − 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
t	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	17 a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.							
	b 10%-facts-and-circumstances test — 2012. 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.							
	Private foundation. If the organi	zation did not che	ck a box on line 1	.s, Iba, Ibb, 17a,				
BAA					Sch	nedule A (Form 99	90 or 990-EZ) 2013	

Schedule A (Form 990 or 990-EZ) 2013 FOREST SOCIETY OF MAINE

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.	pelow please complete Part II.)

	tion A. Public Support							
Calen	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	<u> </u>	(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							
	Tax revenues levied for the organization'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							
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
	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				-			
	Public support (Subtract line 7c from line 6)							
	tion B. Total Support				Y	,		
	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	<u> </u>	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total Support. (Add Ins 9,10c, 11 and 12)							
14	First five years. If the Form 990 organization, check this box and	stop here	· .	nd, third, fourth, (or fifth tax year as	a section 50	1(c)(3)	▶ □
<u>Sec</u>	tion C. Computation of Pu	blic Support P	ercentage	- 12	 	Т.	45	
	Public support percentage for 20			ne 13, column (f))	• -	15	
	Public support percentage from			<u> </u>			16	%
	tion D. Computation of Inv				(0)	•		<u> </u>
	Investment income percentage f			•	umn (t))	-	17	
18	Investment income percentage f						18	%
	33-1/3% support tests — 2013. It is not more than 33-1/3%, check							
	33-1/3% support tests – 2012. If line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organızatıon qı	ualifies as a public	ly supported	organiz	ation
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, o	check this box and	d see instruct	ions	<u> </u>

Schedule A	(Form 990 or 9	90-EZ) 2013	FOREST	SOCIETY OF	MAINE	02-0413555	Page 4
Partiv	Suppleme or 17b; and (See instru	ntal Informad Part III, III actions).	ation. Prov ne 12. Also	vide the explar complete this	ations required by part for any addit	Part II, line 10; Part II, line 17a ional information.	
						 -	
			- 				
			. 				
		- -					
							

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

2013

Department of the Treasury Internal Revenue Service

(6)

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

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 Part II-A

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

		organizations Complete Part III.			
	of organization			Employer identifica	
FOF	REST SOCIETY OF MAI	NE		02-041355	
Par		rganization is exempt under section			zation.
1	Provide a description of the	organization's direct and indirect political of	campaign activities in	Part IV.	
2	Political expenditures			\$	<u> </u>
3_	Volunteer hours				
Par	t I-B; Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955 .	▶\$	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	► \$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
Ł	If 'Yes,' describe in Part IV				
Par	t'l-C' Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1	Enter the amount directly ex	spended by the filing organization for section	on 527 exempt function	on activities >\$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	nizations for section 527	7 exempt ►\$	
3	Total exempt function exper line 17b	nditures. Add lines 1 and 2 Enter here and	on Form 1120-POL,	> \$	
4	Did the filing organization fil	e Form 1120-POL for this year?			Yes No
5	organization made payment	s and employer identification number (EIN) s. For each organization listed, enter the a ns received that were promptly and directly del al action committee (PAC). If additional spa	mount paid from the flivered to a separate po	filing organization's fund ditical organization, such	ds Also enter the as a separate
	(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)					
			l		-

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

Schedule C (Form 990 or 990-EZ) 2013

Part II-A Complete if t section 501(I		on is exempt under se	ction 501(c)(3) and	filed Form 5768 (ele	ction under
		ngs to an affiliated group (and	l list in Part IV each affili	ated group member's name,	
address,	EIN, expenses, a	nd share of excess lobbying	expenditures).		
B Check ► ☐ If the filin	ig organization ch	ecked box A and 'limited co	ntrol' provisions apply		
(The term	Limits on Lobb 'expenditures' me	ying Expenditures eans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	•	· · · · · ·			
		legislative body (direct lobl	bying).		
c Total lobbying expenditu	-	and 1b)		0.	0.
d Other exempt purpose e		unos 10 and 1d)			
e Total exempt purpose ex	,	·		0.	0.
f Lobbying nontaxable am both columns.	ount Enter the a	mount from the following ta	ble in		
If the amount on line 1e, colu	ımn (a) or (b) ıs	The lobbying nontaxable	amount is.		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,0	000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$1		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$1	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000	1 (1 050	\$1,000,000.			
g Grassroots nontaxable a h Subtract line 1g from lin				0.	0.
i Subtract line 1g from line			•	0.	0.
	r than zero on eithe	er line 1h or line 1i, did the org	ganızatıon file Form 4720		☐Yes ☐No
Section 4311 tax for this	year				
(Some		4-Year Averaging Period l nat made a section 501(h) el ns below. See the instructi	lection do not have to		
	Lob	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount					0.
b Lobbying ceiling amount (150% of line 2a, column (e))					0.
c Total lobbying expenditures					0.
d 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) 2013

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	l filed	d For	m 5768		
(cicotion under continue)	(a	a)		(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Am	ount	•
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 Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1ι					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912 .					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				_	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to 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 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.'	(c)(5) Part I	, or s II-A, I	ection 5 ine 3, is	01(c))
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		2 a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
(7,7,7)					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information		<u> </u>	-		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group Part II-B, line 1 Also, complete this part for any additional information	up list)	, Part	II-A, line 2	; and	
					- - -

SCHEDULE D (Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service Name of the organization

	2013
m990.	Openito Public Inspection
Employer i	dentification number

FO	REST SOCIETY OF MAINE			02-0413555
	t 🤝 Organizations Maintaining Dono	or Advised Funds or Other	Similar Funds or Ac	counts.
	Complete if the organization ans	wered 'Yes' to Form 990, P	art IV, line 6.	
		(a) Donor advised fun	ds (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		<u> </u>	
5	Did the organization inform all donors and dorare the organization's property, subject to the	nor advisors in writing that the as organization's exclusive legal col	sets held in donor advised atrol?	d funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing tof the donor or donor advisor, o	that grant funds can be u r for any other purpose co	sed only onferring Yes No
Par	t II Conservation Easements. Complete if the organization ans	wered 'Yes' to Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by			
	X Preservation of land for public use (e g , r	·	Preservation of an histori	cally important land area
	X Protection of natural habitat		Preservation of a certified	l historic structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contrib	ution in the form of a conse	rvation easement on the
			F 47.4452.	Held at the End of the Tax Year
•	Total number of conservation easements		2a 3	
	Total acreage restricted by conservation ease			48,171
•	Number of conservation easements on a certi	fied historic structure included in	(a) 2c	
(Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and	not on a historic 2 d 2	3
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, or	terminated by the organizat	ion during the
4	Number of states where property subject to conse	ervation easement is located >	1	
5	Does the organization have a written policy re and enforcement of the conservation easemet		nspection, handling of vio	olations, XYes No
6	Staff and volunteer hours devoted to monitoring, 1,603	inspecting, and enforcing conservati	on easements during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting \$ 58,614.	ecting, and enforcing conservation e	asements during the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requ	rements of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements SEE PART XI	to the organization's financial sta $\Pi = 0$	tements that describes th	e organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Tr wered 'Yes' to Form 990, F	easures, or Other Si Part IV, line 8.	milar Assets.
	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its final	eld for public exhibition, education, on notal statements that describes the	or research in furtherance o lese items.	f public service, provide,
ı	o If the organization elected, as permitted unde historical treasures, or other similar assets held for following amounts relating to these items.	r SFAS 116 (ASC 958), to report or public exhibition, education, or re	in its revenue statement a search in furtherance of pul	and balance sheet works of art, blic service, provide the
	(i) Revenues included in Form 990, Part VIII,	, line 1		►\$ <u>39,500</u>
	(ii) Assets included in Form 990, Part X			►\$ <u>39,500</u>
2	If the organization received or held works of art, I	nistorical treasures, or other similar	assets for financial gain, pr	ovide the following
	amounts required to be reported under SFAS	,	tems	►Ś
	Revenues included in Form 990, Part VIII, line	: I	•	►s
	Assets included in Form 990, Part X	Instructions for Form 990	TEEA33011 10/02/13	Schedule D (Form 990) 20

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Part III Organizations maintain	ing conection	3 OI AIT, IIISTOI	ical ficasures, or	Other Sillinal Ass	ELS (COIT	muc	<u>u) </u>
3 Using the organization's acquisition, items (check all that apply)	accession, and other	r records, check an	y of the following that a	re a significant use of its o	collection		
a X Public exhibition		d Loan o	r exchange programs				
b Scholarly research		e Other					
c Preservation for future genera	itions						
4 Provide a description of the organizate Part XIII SEE PART XIII	ition's collections an	d explain how they	further the organization'	s exempt purpose in			
5 During the year, did the organizat to be sold to raise funds rather th.	ion solicit or receiv an to be maintaine	e donations of art, d as part of the or	historical treasures, o ganization's collection	or other similar assets	Yes	X	No
Part IV Escrow and Custodial line 9, or reported an a				swered 'Yes' to For	m 990, F	Part I	V,
1 a Is the organization an agent, trust on Form 990, Part X?	ee, custodian, or o	ther intermediary	for contributions or oth	ner assets not included	Yes		No
b If 'Yes,' explain the arrangement	n Part XIII and cor	nplete the followin	g table	Į.		ш	,
2		•			Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
2 a Did the organization include an ar	nount on Form 990	, Part X, line 21?		,, [Yes	П	No
b If 'Yes,' explain the arrangement			ion has been provided	ا I in Part XIII		H	
J. 11, 11, 11, 11, 11, 11, 11, 11, 11, 11		·	·			ب	
Part V Endowment Funds. Co	mplete if the o	rganization ans	swered 'Yes' to Fo	rm 990. Part IV. lin	e 10.		
	(a) Current year	(b) Prior year	(c) Two years back		(e) Four	r vears t	back
1 a Beginning of year balance	2,453,208	+ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			1	95,1	
b Contributions	211,873	359,91				02,7	
	222,0.0	303,32	.0.	0.07002.	 	<u>v=/ ·</u>	
c Net investment earnings, gains, and losses	278,324	300,12	25. 54,80	0. 210,760.	1	03,2	269.
d Grants or scholarships					 		
e Other expenditures for facilities					 		
and programs	178,629	128,25	66. 71,53	8. 61,907.		34,3	375.
f Administrative expenses	15,919	13,62	26. 12,93	8. 11,427.		9,5	30.
g End of year balance	2,748,857	2,453,20	08. 1,935,05	2. 1,942,729.	1,4	57,2	251.
2 Provide the estimated percentage	of the current year	r end balance (line	e 1g, column (a)) held	as			
a Board designated or quasi-endowme	nt ►7	6.00 %					
b Permanent endowment ▶	1.00%						
c Temporarily restricted endowment	23.)0 %					
The percentages in lines 2a, 2b, a	and 2c should equa	<u> 1</u> 00%					
3 a Are there endowment funds not in th	a naccassian of the	organization that ar	e held and administered	for the			
organization by	e possession or the	organization that ar	e ricia aria administeret	Tiol tile	Y	es	No
(i) unrelated organizations					3a(i)		Х
(ii) related organizations				•	3a(ii)		X
b If 'Yes' to 3a(II), are the related or	ganizations listed	as required on Sch	nedule R?		3b		
4 Describe in Part XIII the intended	uses of the organiz	zation's endowmer	nt funds SEE PAR	T XIII			
Part VI Land, Buildings, and E							
Complete if the organiz		'Yes' to Form	990, Part IV. line	11a. See Form 990), Part X	. line	10.
							
Description of property	(a) Co:	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	jk vait	16
1 a Land		849,287.			۶	349,2	287
b Buildings			159,803.	91,620.			183.
c Leasehold improvements			13,438.	7,525.			913.
d Equipment			71,642.	66,573.			9 <u>13.</u> 069.
e Other			/1,042.	00,010.		<u> </u>	505.
Total. Add lines 1a through 1e. (Column	ı (d) must equal Fo	orm 990. Part X. co		>		928,4	452
	· (-) ··································	,, . , . , . , . ,		1	_		

Page 3

Complete if the organization answered	'Yes' to Form 990	,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives .		
(2) Closely-held equity interests .		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)	-	
(H)		
(l)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments - Program Related.	Washin Farm 000	N/A
	(b) Book value), Part IV, line 11c. See Form 990, Part X, line (c) Method of valuation Cost or end-of-year market value
(a) Description of investment type	(b) Book value	(c) Method of Valuation Cost of end-of-year market valu
(1)		
(2)	· · · · - ·	<u> </u>
(3)		<u> </u>
(4)		
(5)		·
(6)		
(7)		
(8)		
(9)		
(10)		
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13)	N/A	
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.	N/A 'Yes' to Form 990	, Part IV, line 11d. See Form 990, Part X, line
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered	N/A 'Yes' to Form 990 scription	, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description	'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) December (1) (2)	'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (2) (3)	'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (2) (3) (4)	'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (3) (4) (5)	'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (a) (b) (c) (3) (4) (5) (6)	'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (a) (b) (c) (3) (4) (5) (6) (7)	'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (2) (3) (4) (5) (6) (7) (8)	'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	'Yes' to Form 990), Part IV, line 11d. See Form 990, Part X, line
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	'Yes' to Form 990 scription), Part IV, line 11d. See Form 990, Part X, line
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) (c) (c) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	'Yes' to Form 990 scription	0, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	'Yes' to Form 990 scription	7, Part IV, line 11d. See Form 990, Part X, line (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) (c) (c) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	'Yes' to Form 990 scription	Part IV, line 11d. See Form 990, Part X, line (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (b) (c) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	"Yes' to Form 990 scription 3), line 15)	Part IV, line 11d. See Form 990, Part X, line (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2)	"Yes' to Form 990 scription 3), line 15)	Part IV, line 11d. See Form 990, Part X, line (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3)	"Yes' to Form 990 scription 3), line 15)	Part IV, line 11d. See Form 990, Part X, line (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4)	"Yes' to Form 990 scription 3), line 15)	Part IV, line 11d. See Form 990, Part X, line (b) Book value
Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	"Yes' to Form 990 scription 3), line 15)	Part IV, line 11d. See Form 990, Part X, line (b) Book value
Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	"Yes' to Form 990 scription 3), line 15)	Part IV, line 11d. See Form 990, Part X, line (b) Book value
Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (Column (b) must equal Form 990, Part X) (Complete if the organization answered 'Yes' to Form (Column (Colu	"Yes' to Form 990 scription 3), line 15)	Part IV, line 11d. See Form 990, Part X, line (b) Book value
(10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Form (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	"Yes' to Form 990 scription 3), line 15)	Part IV, line 11d. See Form 990, Part X, line (b) Book value
Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	"Yes' to Form 990 scription 3), line 15)	Part IV, line 11d. See Form 990, Part X, line (b) Book value
Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	"Yes' to Form 990 scription 3), line 15)	Part IV, line 11d. See Form 990, Part X, line (b) Book value
Total (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	"Yes' to Form 990 scription 3), line 15)	Part IV, line 11d. See Form 990, Part X, line (b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,704,356.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments. 2a 178,146.		
b Donated services and use of facilities 2b 27, 642.	1	
c Recoveries of prior year grants	1	
d Other (Describe in Part XIII)	1	
e Add lines 2a through 2d .	2 e	205,788.
3 Subtract line 2e from line 1	3	1,498,568.
4 Amounts included on Form 990, Part VIII, line 12, 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	1 1	
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,498,568.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	767,567.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		1017301.
a Donated services and use of facilities . 2a 27, 642.		
b Prior year adjustments 2b	1 1	
c Other losses . 2c	1 1	
d Other (Describe in Part XIII)	1]	
e Add lines 2a through 2d	2 e	27,642.
3 Subtract line 2e from line 1	3	739,925.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		133,323.
a Investment expenses not included on Form 990, Part VIII, line 7b.	1 1	
b Other (Describe in Part XIII)	1 1	
c Add lines 4a and 4b	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	739,925.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	rt V, y additio	onal information.
PART II, LINE 9 - ORGANIZATION REPORTING OF CONSERVATION EASEMENTS		
THE_CONSERVATION_EASEMENTS_ARE_NOT_REFLECTED_AS_REVENUE,_EXPENSE_OR_	<u>BALAN</u>	ICE SHEET
ITEMS A STATEMENT THAT THE ORGANIZATION IS HOLDING EASEMENTS IS MA	DE.	ONLY THE
MONITORING EXPENSES ARE REFLECTED AS AN EXPENSE RELATED TO THE EASEM	ENTS.	EACH YEAR.
PART III, LINE 4 - DESCRIPTION OF ORGANIZATION COLLECTIONS & HOW FURTHERS E	XEMP1	L PURPOSE
THE_ORGANIZATION'S_COLLECTION_OF_ARTWORK_IS_USED_SHOW_THE_GRANDEUR_O	F <u>NA</u> I	URE AND WHY
LAND_CONSERVATION_IS_IMPORTANTSELECTED_ARTWORKS_SHOW_AREAS_THAT_TH	E_ORG	ANIZATION IS
CURRENTLY HELPING TO CONSERVE AND LOOKS FORWARD TO CONSERVING IN THE		IRE . ıle D (Form 990) 2013

Schedule D (Form 990) 2013 FOREST SOCIETY OF MAINE Part*XIII Supplemental Information (continued)	02-0413555	Page 5
Part*XIII Supplemental Information (continued)		
PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND	·	
CONSERVATION EASEMENTS, LAND ACQUISITIONS AND ANNUAL OPERATIONS		
		-
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2013

OMB No 1545-0047

Open to Public Inspection

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 02-0413555

Part I General Information on Grants and Assistance FOREST SOCIETY OF MAINE

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

SEE PART IV

% □

XYes

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KEEPING MAINE'S FOREST PO_BOX_5470 AUGUSTA, ME_04330			10,000.	0			PROVIDE ORGANIZATIONAL SUPPORT
(3)							
(4)							
							
<u>6</u>							
(8)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	3) and government or tons listed in the line	ganizations listed in	n the line 1 table			A A	0 1
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	, see the Instructions	for Form 990.		TEEA3901L 07/12/13	07/12/13	Schedul	Schedule I (Form 990) (2013)

Page 2 Schedule I (Form 990) (2013) | Parting Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Partive Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. 02-0413555 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance __<u>PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.</u> (c) Amount of cash grant (b) Number of recipients Schedule I (Form 990) (2013) FOREST SOCIETY OF MAINE __GRANT_APPLICATIONS_ARE_USED_ (a) Type of grant or assistance

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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 2013

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Open To Public Inspection

Name of the organization

Employer identification number

02-0413555

FOF	REST SOCIETY OF MAINE			02-	041355	5		
Par	t I Types of Property							
L		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	od of c contrib	letermır	iing mounts
1	Art – Works of art	Х	2	39,500.	APPRA:	ISAL		
2	Art - Historical treasures				<u> </u>	•		
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							-
7	Boats and planes						•	•
8	Intellectual property							
9	Securities - Publicly traded .	X	6	98,489.	SELLI	NG PI	RICE	•
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other						•	
15	Real estate - Residential .		_					
16	Real estate - Commercial							
17	Real estate - Other .							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other► ()			<u> </u>	<u> </u>			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done			r which the	29			
	organization completed Form S200, Fait 14, 50nd	, , , , , , , , , , , , , , , , , , , ,	290110111	•			Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must								
hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?						30 a		X
b If 'Yes,' describe the arrangement in Part II								
	1 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions					31		X
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell							
	noncash contributions?					32 a	X	
	If 'Yes,' describe in Part II	n (a) for a t	SEE PART I			1		1
33	If the organization did not report an amount in colum describe in Part II	n (c) for a typ	e or property for writch o	olumn (a) is checked,				

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

Schedule M (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

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Supplemental Information to Form 990 or 990-EZ

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.

2013

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

02-0413555 FOREST SOCIETY OF MAINE FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS THE FINANCE COMMITTEE 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 CONFLICTS ARE DISCLOSED AND DISCUSSED FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT COMMITTEE PERFORMS REVIEW OF EXECUTIVE DIRECTOR FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE DOCUMENTS MADE AVAILABLE UPON REQUEST

TEEA4901L 09/09/2013

FOREST SOCIETY OF MAINE BOARD OF DIRECTORS LISTING

For Auditor's use in preparing 990 Status on July 31, 2014 Updated 06/26/2014

George Browning

Ian Burnes

Aram Calhoun, Secretary

Ed Dysart

David Flanagan, Treasurer

Karen Fresne

Gordon Hall III

Alix Hopkins

Sherry Huber

George Jacobson

Michael J Kelley, Sr.

Jessica Leahy

Chris Livesay

Sue McCrum

John McNulty, President

Greg Millert

Catherine Robbins

Greg Shute

Hank Swan

Peter Triandafillou

Roy Van Vleck

Craig Watt