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DLN: 93493278007327 OMB No 1545-0047 Return of Organization Exempt From Income Tax 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 Department of the Treasur ▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a> Internal Revenue Service Inspection For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016 C Name of organization D Employer identification number B Check if applicable FEDERATION OF STATE CONSERVATION LEAGUES ☐ Address change DBA MAINE CONSERVATION VOTERS 01-0536008 ☐ Name change Doing business as ☐ Initial return Fınal ☐eturn/terminated E Telephone number Number and street (or P O  $\,$  box if mail is not delivered to street address) 295 WATER STREET NO 9  $\,$ ☐ Amended return (207) 620-8811 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code AUGUSTA, ME 04330 G Gross receipts \$ 393,968 Name and address of principal officer **H(a)** Is this a group return for MAUREEN DROUIN ☐Yes ☑No subordinates? H(b) Are all subordinates ☐ Yes ☐No included? Tax-exempt status 501(c)(3) 4947(a)(1) or **✓** 501(c) (4) **◄** (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW MAINECONSERVATION ORG L Year of formation 1998 M State of legal domicile ME K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities MAINÉ CONSERVATION VOTERS PLAYS A CRITICAL ROLE IN TURNING PUBLIC SUPPORT FOR CONSERVATION INTO NEW LAWS TO PROTECT OUR AIR, LAND, WATER AND WILDLIFE AS A RESULT OF SUCCESSFUL CAMPAIGN STRATEGIES, A FOCUSED POLICY AGENDA, AND SHARP ACCOUNTABILITY TOOLS, WE ARE BUILDING MAINE'S ENVIRONMENTAL MOVEMENT INTO A POWERFUL FORCE MCV Activities & Governance PROGRAMS INCLUDE AN ANNUAL ENVIRONMENTAL SCORECARD ON MAINE LEGISLATORS, A GOVERNOR'S REPORT CARD, EDUCATION AND ADVOCACY AT THE STATE HOUSE AND COMMUNITY ENGAGEMENT Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 7 5 50 6 Total number of volunteers (estimate if necessary) . . . Total unrelated business revenue from Part VIII, column (C), line 12 7a ٥ b Net unrelated business taxable income from Form 990-T, line 34

## **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 241,120 180.228 Program service revenue (Part VIII, line 2g) . 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 32 63 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 172,710 213.677 393,968 413,862 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 267,824 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 281,816 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶10,277 90,287 104,481 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .

358,111 386,297 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 55,751 7,671 t Assets or Beginning of Current Year End of Year 178,036 194,470 20 Total assets (Part X, line 16) . 32,994 41.757 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 145,042 152,713 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2017-10-05 Signature of officer Date Sign Here MAUREEN DROUIN EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name PETER MONTANO Preparer's signature PETER MONTANO Date PTIN Check | If

2017-10-02 P01200943 Paid self-employed Firm's name MACPAGE LLC Firm's EIN ▶ 01-0242373 Preparer Firm's address ► 30 LONG CREEK DRIVE Phone no (207) 774-5701 Use Only SOUTH PORTLAND, ME 04106 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016) Cat No 11282Y

Form	990 (2016)					Р	age <b>2</b>
Par	tiiii State	ement of Program Ser	vice Accomplisi	nments			
	Check	if Schedule O contains a re	sponse or note to a	iny line in this Part III			<b>✓</b>
1		be the organization's missio					
AIR, ACCO ANNI	LAND, WATER DUNTABILITY T JAL ENVIRONM	AND WILDLIFE AS A RESULT OOLS, WE ARE BUILDING M	LT OF SUCCESSFUL IAINE'S ENVIRONM	. CAMPAIGN STRATEGI ENTAL MOVEMENT INT	FOR CONSERVATION INTO NEW L ES, A FOCUSED POLICY AGENDA, O A POWERFUL FORCE MCV PROC RT CARD, EDUCATION AND ADVOC	AND SHARP GRAMS INCLUDE AN	JR
2	Did the organ	nızatıon undertake any sıgnı	ficant program serv	uces during the year w	arch were not listed on		
-	_	n 990 or 990-EZ?		- ·		□ Yes ☑ No	
	•	ribe these new services on					
3	•	nization cease conducting, o		thanges in how it condu	icts, any program		
	-		<del>-</del>			☐ Yes 🗹 N	No
	If "Yes," desc	ribe these changes on Sche	dule O				
4	Section 501(c		ations are required	to report the amount of	largest program services, as meas f grants and allocations to others,		
4a	(Code	) (Expenses \$	271,183	including grants of \$	) (Revenue \$	213,677 )	
	See Additional I	Data					
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)	
	-						
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)	
4d		m services (Describe in Sch	,				
	(Expenses \$		ncluding grants of	•	) (Revenue \$	)	
4e	Total progra	am service expenses 🕨 👚	271,18	33			

Yes

1 2

3

11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Page 3

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No

Form 990 (2016)

s th	e organ	ızatı	on	des	crıbe	ed in	sec	tion	501
Sche	dule A								

Is	the	organization	describe	d ın	section	501(c)(3)	or

ULV	CHECKIISE	JI KEY	uneu	SCII	euule	:5
Is the	organization o	describe	d in se	ction	501(c)	1(3

THE LOCAL	Checklist of Required Schedules	

- 4947(a)(1) (other than a private foundation)? If "Yes," complete
- Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .
- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates
- Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

- Section 501(c)(3) organizations.
- 4

- 5 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? 6
  - 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8
  - 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 9
  - 10

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

No Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, No permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

29

Page 4

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

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

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see 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

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

No Nο Nο

Nο

Νo

Nο

Nο

Nο

No

Nο

Νo

Νo

Nο

No

Nο

Nο

Nο

Nο

21

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23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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33

34

35a

35h

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37

Yes

Yes

Form 990 (2016)

orm	990 (2016)			Page !
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	Faterable annulus and a Day 2 of Fame 1000 Fater 0 of eat annulus black 1.4- 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	.		
		.		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	   2b	Yes	
D	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		No
b	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-		5c		
6a	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?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b	Yes	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
8	1098-C?	7h		
	the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter	]		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	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 )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
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			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

	•						
Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 th 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedu	_	•	" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction	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	12			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or r committee, explain in Schedule O					
b	Enter	the number of voting members included in line 1a, above, who are independent	1b	12			
2		L ny officer, director, trustee, or key employee have a family relationship or a busines t, director, trustee, or key employee?			2		No
3		e organization delegate control over management duties customarily performed by cers, directors or trustees, or key employees to a management company or other p			3		No
4	Did th	e organization make any significant changes to its governing documents since the p	orior F	orm 990 was filed?	4		No
5	Did th	e organization become aware during the year of a significant diversion of the organ	ızatıo	n's assets?	5		No
6	Did th	e organization have members or stockholders?			6		No
7a	Did th	e organization have members, stockholders, or other persons who had the power to pers of the governing body?	o elec	t or appoint one or more	7a		No
b	Are ar	ny governance decisions of the organization reserved to (or subject to approval by) as other than the governing body?		bers, stockholders, or	7b		No
8	Did th	e organization contemporaneously document the meetings held or written actions t llowing		aken during the year by			
а	The g	overning body?			8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?			<b>8</b> b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who c ization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		t be reached at the	9		No
Se		B. Policies (This Section B requests information about policies not requi		y the Internal Revenue	e Code	 e.)	
						Yes	No
10a	Did th	e organization have local chapters, branches, or affiliates?			10a		No
b		s," did the organization have written policies and procedures governing the activitie ranches to ensure their operations are consistent with the organization's exempt pu			10b		
11a	Has th	ne organization provided a complete copy of this Form 990 to all members of its gov	ernın	g body before filing the	11a		No
b	Descr	be in Schedule O the process, if any, used by the organization to review this Form	990				
12a	Did th	e organization have a written conflict of interest policy? If "No," go to line 13			12a	Yes	
b	Were conflic	officers, directors, or trustees, and key employees required to disclose annually inte	erests	that could give rise to	12b	Yes	
С		e organization regularly and consistently monitor and enforce compliance with the lule O how this was done	oolicy	? If "Yes," describe in	12c	Yes	
13	Did th	e organization have a written whistleblower policy?			13		No
14	Did th	e organization have a written document retention and destruction policy?			14		No
15		e process for determining compensation of the following persons include a review ans, comparability data, and contemporaneous substantiation of the deliberation and					
а	The o	rganization's CEO, Executive Director, or top management official			15a	Yes	
b	Other	officers or key employees of the organization			15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a		e organization invest in, contribute assets to, or participate in a joint venture or sin le entity during the year?	nılar a •	rrangement with a	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to safeguate or safeguate arrangements under applicable federal tax law, and take steps to safeguate federal tax law, and tax law steps to safeguate federal tax law, and tax law steps to safeguate federal ta	on to a	evaluate its participation e organization's exempt			
	status	with respect to such arrangements?			16b		
Se	ction	C. Disclosure					
17	List th	e States with which a copy of this Form 990 is required to be filed▶					
18	availa	n 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990 ble for public inspection Indicate how you made these available. Check all that app	ly				
19		own website $\ \square$ Another's website $\ ec{oldsymbol{arPsi}}$ Upon request $\ \square$ Other (explain in Scibe in Schedule O whether (and if so, how) the organization made its governing doc		•			
20	policy	, and financial statements available to the public during the tax year the name, address, and telephone number of the person who possesses the organi					
		REEN DROUIN 295 WATER STREET SUITE 9 AUGUSTA, ME 04330 (207) 620-881:				orm QQ	<b>n</b> (2016

organization and any related organizations

Part VII

Form 990 (2016)

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

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
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, i n of or/t	t ch unle: ficer rust	ss pers	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) ADAM LEE DIRECTOR	1 00	х						0	0	0
(2) DAN AMORY TREASURER	1 00	х		x				0	0	0
(3) JEFF PIDOT DIRECTOR	1 00	х						0	0	0
(4) JENN BURNS GRAY DIRECTOR	1 00	х						0	0	0
(5) JOHN PIOTTI DIRECTOR	1 00	х						0	0	0
(6) KAREN HEROLD DIRECTOR	1 00	х						0	0	0
(7) KATE WILLIAMS SECRETARY	1 00	x		×				0	0	0
(8) LUCAS STCLAIR VICE PRESIDENT	1 00	х		×				0	0	0
(9) MICHAEL BOLAND DIRECTOR	1 00	х						0	0	0
(10) ROGER BERLE PRESIDENT	2 00	Х		x				0	0	0
(11) SHERRY HUBER DIRECTOR	1 00	х						0	0	0
(12) KAREN HEROLD DIRECTOR	1 00	х						0	0	0
(13) MAUREEN DROUIN EXECUTIVE DIREC	20 00			×				74,100	0	11,352

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) Name and Title **(B)** Average (C)
Position (do not check more (**D**) Reportable **(F)** Estimated **(E)** Reportable

Name and Tide	hours per week (list any hours		ne b	ox, ι in of	inles ficer	s pers and a	on	compensation from the organization (W-	compensation from related organizations (W-	amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1h Sub Total					

	Sub-Total						
d Total (add lines 1b and 1c)				▶	74,100	0	11,352

1b Sub-Total				<b>&gt;</b>		·	
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶□			
d Total (add lines th and to)				[	74 100	0	11 252

1b Sub-Total c Total from continuation sheets to		<b>*</b>				_		
d Total (add lines 1b and 1c)		 		▶	74,100	0	11,3	52

1b Sub-Total				<b>&gt;</b>			l			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)						▶□		74,100	0	11,352

1b Sub-Total				<b>&gt;</b>			
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		▶□			
d Total (add lines 1b and 1c)				▶	74,100	0	11,352

1b Sub-Total					▶			
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.		•	▶			
d Total (add lines 1b and 1c)					▶	74,100	0	11,352

1b	Sub-Total						•					
С	Total from continuation sheets to Pa	art VII, Sectio	nΑ.				►∫					
d	Total (add lines 1b and 1c)						▶[		74,100	0	11,	352
2	Total number of individuals (including			e liste	ed al	oov	e) wh	o rec	eived more than	\$100,000		

					Vas	No.
2	Total number of individuals (including but not limited to those listed above of reportable compensation from the organization $\blacktriangleright$ 0	) wh	no received more than	\$100,000		
d	otal (add lines 1b and 1c)	•	74,100	0		11,352
С	otal from continuation sneets to Part VII, Section A	•				

С	Total from continuation sheets to Part VII, Section A	▶				
d	Total (add lines 1b and 1c)	•	74,100	0		11,352
2	Total number of individuals (including but not limited to those listed aboof reportable compensation from the organization $\blacktriangleright$ 0	ve) wh	no received more than	\$100,000		
					V	NI -

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No

_	of reportable compensation from the organization ▶ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1s, is the sum of reportable compensation and other compensation from the			

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization $^2$ If "Yes," complete Schedule J for such person	5	No
Se	ction B. Independent Contractors		
4	Complete this table for your five bisheet componented independent continues that you you make they \$100,000 of con-		L

İ		4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	mpensa	ition	

	services rendered to the organization of "Yes," complete Schedule J for such person	5	No
Se	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		nsation
•	(A) Name and business address	(B) Description of services	(C) Compensation

Form 990 (2016)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0

Part \	7111	Statement of R	evenue						- Tage 3
		=		a respo	onse or note to any	/ line in this Part VIII			🗆
						<b>(A)</b> Total revenue	(B) Related or exempt function	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaigns		1a			revenue		512-514
ons, Gifts, Grants Similar Amounts		Membership dues		1b	<u>                                       </u>				
ira! 10u		Fundraising events .		1c	<u> </u>				
s. C An		Related organizations		1d	<u> </u>				
Sift		Government grants (conti		10 1e	<u> </u>				
iii.		All other contributions, gif		l re	<u> </u> 				
tion r S		and similar amounts not i above		1f	180,228				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions	uncluded						
a de de			meradea						
S e	h T	otal.Add lines 1a-1f			•	180,228			
<u> </u>					Busines	s Code			
หา	2a 			_					
å	b –			_					
J.	<b>c</b> –			_					
3	d –								
a	e –								
Program Service Revenue	f A	ll other program servi	ce revenue			•	1	- 1	<u>'</u>
<u>~</u>		otal.Add lines 2a-2f .			<u> </u>				
		vestment income (incl nilar amounts)			interest, and other	63			63
		come from investment			ond proceeds	•			
	<b>5</b> Ro	yaltıes				•			
			(ı) Rea		(II) Personal				
	<b>6a</b> G	iross rents							
	Ь	_ess rental expenses							
	_								
		Rental income or (loss)							
	d N	Net rental income or (I	oss)						
			(ı) Securit	ies	(II) Other				
	fr	ross amount om sales of							
		ssets other nan inventory							
	b L	_ess cost or							
		other basis and sales expenses							
	<b>c</b> (	Gain or (loss)							
		Net gain or (loss) .			<b>•</b>				
a,		iross income from fund not including \$		ents of					
Š	C	ontributions reported o	on line 1c)						
e e		ee Part IV, line 18 .							
ت ه		ess direct expenses let income or (loss) fro		<b>b</b> sına ev	ents				
Other Revenue	<b>9</b> a G	iross income from gam	ning activiti						
0	S	ee Part IV, line 19 .		_					
	b L	ess direct expenses		a b		_			
		let income or (loss) fro			les •				
	<b>10</b> aG	iross sales of inventory	y, less						
	re	eturns and allowances		_					
	b La	ess cost of goods sold	4	a b					
		let income or (loss) fro							
		Miscellaneous Re		IIIVCIII	Business Code				
	<b>11</b> a <sub>(</sub>	OFFICE SPACE & PERS	ONN		90009	213,677	213,677		
	b_								
	c <sup>-</sup>								
	d A	II other revenue .							
	e T	<b>otal.</b> Add lines 11a-1	1d		•	213,677			
	12 T	<b>otal revenue.</b> See In	structions			393.968			0 63
						393,968	213,6//	<u> </u>	0 63 Form <b>990</b> (2016)

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must comp	olete column (A)	_
Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	85,452	68,362	17,090	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	183,059	140,080	35,019	7,960
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	13,305	13,305		
<b>10</b> Payroll taxes				
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting	21,175	1,694	19,481	
d Lobbying	16,125		16,125	
e Professional fundraising services See Part IV, line 17			·	
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,791	143	1,648	
12 Advertising and promotion	143	114	29	
13 Office expenses	1,836	1,469	367	
14 Information technology	11,458	9,166	2,292	
15 Royalties				
<b>16</b> Occupancy	18,337	14,670	3,667	
<b>17</b> Travel	7,562	6,050	1,512	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	.,	5,555		
19 Conferences, conventions, and meetings	3,627	2,902	725	
<b>20</b> Interest		,		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,848	228	2,620	
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)	5,7 1		_,	
a POSTAGE AND DELIVERY	5,492	3,837	959	696
b PRINTING AND REPRODUCTI	5,010	2,731	683	1,596
c EQUIPMENT RENTAL	2,220	1,776	444	
d DUES & SUBSCRIPTIONS	2,200	1,760	440	
e All other expenses	4,657	2,896	1,736	25
25 Total functional expenses. Add lines 1 through 24e	386,297	271,183	104,837	10,277
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

19

20

21

23

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25

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27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Page **11** 

27,113

41,757

152.713

152,713

194,470

Form **990** (2016)

		Beginning of year		End of year
1	Cash-non-interest-bearing	176,902	1	168,007
2	Savings and temporary cash investments		2	

Pledges and grants receivable, net . . 3 4 26,463 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L

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) 6 voluntary employees' beneficiary organizations (see instructions) Complete

Part II of Schedule L Assets Notes and loans receivable, net . . . . Inventories for sale or use . 8 1.134 9 Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities . 11

12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets . . . . . 15 15 Other assets See Part IV, line 11 . 178.036 194,470 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 20,494 17 14,644 18 18

12,500

32,994

145.042

145,042

178.036

19

20

21

22 23

24

25

26

27

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Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>			393,968
2	Total expenses (must equal Part IX, column (A), line 25)	2			386,297
3	Revenue less expenses Subtract line 2 from line 1	3			7,671
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			145,042
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 0)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			152,713
	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
	Check in Schedule of Contains a response of flote to any line in this part AII	•	• •	Yes	No No
_	Accounting method used to prepare the Form 990			-1-0	
1	Accounting method used to prepare the Form 990				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2016)

#### Additional Data

Software ID:

**Software Version:** 

EIN: 01-0536008

Name: FEDERATION OF STATE CONSERVATION LEAGUES

DBA MAINE CONSERVATION VOTERS

Form 990 (2016)

### Form 990, Part III, Line 4a:

ADVOCACY AT THE STATE HOUSE WE WORKED WITH THE STATE LAWMAKERS TO 1 PROTECT MAINE'S NATURAL RESOURCES BY INVESTING IN OUR FORESTS, FARMS, AND FISH THE LAND FOR MAINE'S FUTURE PROGRAM (LMF) PARTNERS WITH LANDOWNERS, MUNICIPALITIES, AND STATE AGENCIES TO SUPPORT LOCAL ECONOMIES THROUGH CONSERVATION PROJECTS 2 KEEP RGGI WORKING TO LOWER ENERGY COSTS FOR BUSINESSES THE REGIONAL GREENHOUSE GAS INITIATIVE (RGGI) IS AN EFFECTIVE 9-STATE PROGRAM THAT REDUCES CLIMATE POLLUTION WHILE LOWERING ENERGY COSTS AND IMPROVING MAINE'S ECONOMY 3 PROTECT MAINE'S OIL

EFFECTIVE 9-STATE PROGRAM THAT REDUCES CLIMATE POLLUTION WHILE LOWERING ENERGY COSTS AND IMPROVING MAINE'S ECONOMY 3 PROTECT MAINE'S OIL SPILL REPORTING SYSTEM MAINTAIN MAINE'S OIL SPILL REPORTING INCENTIVE THAT ENCOURAGES PEOPLE TO CALL DEP TO REPORT SPILLS BEFORE IT'S TOO LATE TO PREVENT ENVIRONMENTAL DAMAGE HOLDING MAINE'S ELECTED OFFICIALS ACCOUNTABLE MCV'S ENVIRONMENTAL SCORECARD PROVIDES OBJECTIVE, FACTUAL INFORMATION ABOUT THE MOST IMPORTANT ENVIRONMENTAL LEGISLATION EACH YEAR, INCLUDING ENERGY, LAND CONSERVATION, CLEAN WATER, AND THE

PREVENT ENVIRONMENTAL DAMAGE HOLDING MAINE'S ELECTED OFFICIALS ACCOUNTABLE MCV'S ENVIRONMENTAL SCORECARD PROVIDES OBJECTIVE, FACTUAL INFORMATION ABOUT THE MOST IMPORTANT ENVIRONMENTAL LEGISLATION EACH YEAR, INCLUDING ENERGY, LAND CONSERVATION, CLEAN WATER, AND THE CORRESPONDING VOTING RECORDS OF ALL STATE LEGISLATORS IN 2016, THE SCORECARD WAS SHARED WITH MORE THAN 10,000 MAINERS BY MAIL AND COUNTLESS OTHERS THROUGH THE WEB CLIMATE ACTION CAMPAIGN - MAINE MCV WORKED WITH LOCAL, STATE, AND NATIONAL ORGANIZATIONS TO ADDRESS CLIMATE CHANGE - THE ISSUE OF OUR TIME OUR PARTNERS RANGE FROM ENVIRONMENTAL STEWARDS TO BUSINESSMEN, FROM PUBLIC HEALTH ADVOCATES TO FAITH LEADERS THE THING THAT UNITES US ALL IS A COMMON BELIEF IN OUR MORAL OBLIGATION, BACKED BY SCIENCE, TO ACT ON CLIMATE CHANGE FOR OUR ECONOMY, OUR HEALTH, AND OUR CHILDREN'S FUTURE EDUCATING THE PUBLIC MCV CONTINUED ITS POPULAR CONSERVATION LUNCHEON SERIES TO BRING COMMUNITY LEADERS TOGETHER TO DISCUSS CUTTING EDGE ENVIRONMENTAL ISSUES WE ORGANIZED THREE LUNCHEONS FEATURING THE FOLLOWING SPEAKERS ATTORNEY GENERAL, JANET MILLS

ASSISTANT MAJORITY LEADER SARA GIDEON TIM SCHNEIDER. MAINE PUBLIC ADVOCATE SUSAN YOUNG. EDITORIAL DIRECTOR, BANGOR DAILY NEWS DAVID FARMER.

MANAGING DIRECTOR, THE BERNSTEIN SHUR GROUP LANCE DUTSON, FOUNDER, RED HILL STRATEGIES

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -		DLN:	93493278007327		
SCHEDUL	E O Supplemental Informati	on to Form 990 or 9	90-F7	OMB No 1545-0047		
(Form 990 or EZ)	99()- Complete to provide information f Form 990 or 990-EZ or to pro  ► Attach to Form	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.				
Department of the T		n 990 or 990-EZ) and its instru ov/form990.	ctions is at	Open to Public Inspection		
DBA MAINE CONSE	ATE CONSERVATION LEAGUES		Employer identi 01-0536008	fication number		
Return Reference		Explanation				
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTORS	DR PRIOR TO SIGNING AND A C	OPY IS PROVIDE	ED TO THE BOARD		

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MAINE CONSERVATION VOTERS (MCV), AS WELL AS ITS OFFICERS, DIRECTORS, DELEGATES AND COMMITT EE MEMBERS, SHALL SCRUPULOUSLY AVOID ANY CONFLICT BETWEEN THEIR RESPECTIVE PERSONAL, PROFE SSIONAL OR BUSINESS INTERESTS AND THE INTERESTS OF MCV IN ANY AND ALL ACTIONS TAKEN BY THE M ON BEHALF OF THE MCV IN THEIR RESPECTIVE CAPACITIES IF ANY OFFICER, DIRECTOR, DELEGATE OR COMMITTEE MEMBER SHALL HAVE ANY DIRECT OR INDIRECT INTEREST IN, OR RELATIONSHIP WITH, A NY INDIVIDUAL OR ORGANIZATION WHICH PROPOSES TO ENTER INTO ANY TRANSACTION WITH MCV, INCLU DING BUT NOT LIMITED TO TRANSACTIONS INVOLVING, SALE, PURCHASE, LEASE OR RENTAL OF ANY PRO PERTY OR OTHER ASSET, EMPLOYMENT OR RENDITION OF SERVICES, PERSONAL OR OTHERWISE, AWARD OF ANY GRANT, CONTRACT OR SUBCONTRACT, AND/OR INVESTMENT OR DEPOSIT OF ANY FUNDS OF MCV, SUC H PERSON SHALL GIVE NOTICE OF SUCH INTEREST OR RELATIONSHIP, DISCLOSE ALL MATERIAL FACTS O F THE TRANSACTION AND SUCH PERSON'S INTEREST IN THE TRANSACTION, AND SHALL THEREAFTER REFR AIN FROM DISCUSSING OR VOTING ON THE PARTICULAR TRANSACTION IN WHICH HE HAS AN INTEREST, O R OTHERWISE ATTEMPTING TO EXERT ANY INFLUENCE ON MCV OR ITS COMPONENTS TO AFFECT A DECISIO N TO PARTICIPATE OR NOT PARTICIPATE IN SUCH TRANSACTION

Return Explanation

990 Schedule O, Supplemental Information

FORM 990,	THE BOARD OF MAINE CONSERVATION VOTERS USES COMPENSATION RESEARCH PROVIDED BY THE MAINE AS
PART VI,	SOCIATION OF NONPROFITS AND OTHER RELEVANT NATIONAL DATA TO HELP DETERMINE THE COMPENSATIO
SECTION B,	N OF THE EXECUTIVE DIRECTOR THESE DATA ARE ALSO USED IN DETERMINING COMPENSATION FOR OTHE
LINE 15	R EMPLOYEES

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493278007327 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** FEDERATION OF STATE CONSERVATION LEAGUES
DBA MAINE CONSERVATION VOTERS 01-0536008 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state (d) Total income (e) End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organiz related tax-exempt organizations during the tax years.		anızatıon answered '	"Yes" on Form 990	, Part IV, line 34 be	cause it had one or	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 51 (13) contr entity	12(b) rolled
(1)MAINE CONSERVATION VOTERS ACTION FUND	POLITICAL ACTION	ME	527				<b>No</b>
295 WATER STREET 9  AUGUSTA, ME 04330 01-0536637	COMMITTEE						
For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.	Cat No 5013!	5Y		Schedule R (Form	990) 201	.6

4.3		1 // // //	1 , 1	4.15	1 4	1 40	1 .			1 ()	1 4	., 1	
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income		(H Disprop alloca	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	i) ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
											$\vdash$		
		1	1		1		1		1				
Identification of Related Organizat because it had one or more related org						zation ansv	vered "Yes	" on Fo	orm 99	90, Part IV	, line	34	
		a corporation	(c) egal micile or foreign	st during th	(d) controlling Typentity (C co	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	(1	1) ntage	Se (1	(I) ection 512 3) control entity?
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related org (a)  Name, address, and EIN of	ganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No

· ·		
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	10	No
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
		$\top$

No 1s No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction (d) (c) Amount involved Method of determining amount involved type (a-s)

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	l domicilo l	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	ar allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	Schedule R (Form 990) 2016												0) 2016

