Form. 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

2006

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

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

| II ILGI | 1010101 | ide del vide | .4.0 | | THE POST OF |
|------------|------------|--|-------------------------|---------|--|
| A | For th | e 2006 calendar year, or tax year beginning $A ho ril$ / , 2006, and | | | 1631,2007 |
| 8 | Check if a | applicable: | DE | mploy | ver identification number |
| | | chance 200703 031630000 29 IB | T () | / | 0270690 |
| | | NATURAL RESOURCES COUNCIL INC | RET | <i></i> | one number |
| | Name cl | | | 2/2 | 1622-3101 |
| | nitial re | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| Ш | Final ret | um · | / FAI | ****** | g method: Cash Accrual |
| | Amende | d return | | | ner (specify) > |
| | Applicati | on pending • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable | | | to section 527 organizations. |
| | | trusts must attach a completed Schedule A (Form 990 or 990-EZ). | | | for affiliates? Yes 🔀 No |
| G_ | Website | » WWW. nrcm.org | • • | | er of affiliates ▶ |
| | | 57 501(a) () a (back and | H(c) Are all affiliate: | | hammed formation in |
| <u></u> | Organiz | tation type (check only one) ► 🗶 501(c) (3) ◄ (insert no.) 🗌 4947(a)(1) or 📗 527 | , | | . See instructions.) |
| | | here F if the organization is not a 509(a)(3) supporting organization and its gross | H(d) is this a separat | | n tiled by an y a group ruling? 🔲 Yes 🛣 No 🔻 |
| | | are normally not more than \$25,000. A return is not required, but if the organization chooses return, be sure to file a complete return. | | | |
| | to me a | tetani, de adie to nie a complete retain. | | | |
| L | Gross : | receipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 3, 1/5, 207 | | | the organization is not required orm 990, 990-EZ, or 990-PF). |
| | art | Revenue, Expenses, and Changes in Net Assets or Fund Balar | | *** | |
| | | | 1000 1000 1110 111 | 130.00 | 2001.6.7 |
| | 1 | Contributions, gifts, grants, and similar amounts received: Contributions to donor advised funds. | 905.198 | | |
| | | | 100,114 | | |
| | 1 | Brook public dupport (not moradod on mic ra) ; , | | | |
| | ! | Indirect public support (not included on line 1a) 1c | | | |
| | | Government contributions (grants) (not included on line 1a) 1d | | | 202-100 |
| | e | Total (add lines 1a through 1d) (cash \$2905198 noncash \$ |). | 1e | 2905198 |
| | 2 | Program service revenue including government fees and contracts (from Part | : VII, line 93) | 2 | |
| | 3 | Membership dues and assessments | | 3 | |
| | 4 | Interest on savings and temporary cash investments | | 4 | 30686 |
| | 5 | Dividends and interest from securities | | 5 | 176519 |
| | 6a | Gross rents | | | |
| | b | Less: rental expenses | | | |
| | С | Net rental income or (loss). Subtract line 6b from line 6a | | 6c | |
| ø | 7 | Other investment income (describe |) | 7 | |
| nua | 8a | Gross amount from sales of assets other (A) Securities (E |) Other | | |
| Revenue | | than inventory 8a | | | |
| <u> </u> | b | Less: cost or other basis and sales expenses. 8b | | | • |
| | 1 | Gain or (loss) (attach schedule) , | | | |
| | 1 | Net gain or (loss). Combine line 8c, columns (A) and (B) | | 8d | |
| | 9 | Special events and activities (attach schedule). If any amount is from gaming, chec | k here ▶ □ | | |
| | _ a | Gross revenue (not including \$ of | | | |
| | " | contributions reported on line 1b) 9a | | | |
| | b | Less: direct expenses other than fundraising expenses . 9b | | | |
| | 1 | Net income or (loss) from special events. Subtract line 9b from line 9a | | 9c | |
| | 10a | Gross sales of inventory, less returns and allowances [10a] / | 097 | | |
| | b | Less: cost of goods sold | 5 96 | | • |
| | C | Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from sales of inventory (attach schedule). | om line 10a | 10c | - 499 |
| | 11 | Other revenue (from Part VII, line 103) | | 11 | 1707 |
| | 12 | Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | | 12 | 3113611 |
| | 13 | Program services (from line 44, column (B)) | | 13 | 1711900 |
| ses | 14 | Management and general (from line 44, column (C)) | | 14 | 335886 |
| Expenses | 15 | Fundraising (from line 44, column (D)) | 1 | 15 | 423944 |
| ΕX | 16 | Payments to affiliates (attach schedule) | | 16 | |
| | 17 | Total expenses. Add lines 16 and 44, column (A) | | 17 | 2471730 |
| ts. | 18 | | | 18 | 641881 |
| Net Assets | 19 | Net assets or fund balances at beginning of year (from line 73, column (| | 19 | 5933100 |
| ¥, | 20 | Other changes in net assets or fund balances (attach explanation) . United | | 20 | 150033 |
| ž | 21 | Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | | 21 | 6725014 |

Cat. No. 11282Y

| | m i shale amounts wanned on line | | | | (C) Management | See the instructions.) |
|---------|--|----------|-----------|-------------------------|-----------------------------|------------------------|
| | Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | and general | (D) Fundraising |
| (1 | Grants paid from donor advised funds (attach schedule) cash \$ | | | | | |
| | f this amount includes foreign grants, check here Check | 22a | | | | |
| (| cash \$ 34430/ noncash \$) f this amount includes foreign grants, check here | 22b | 344301 | 344301 | | |
| | Specific assistance to individuals (attach schedule) | 23 | | | | |
| | Benefits paid to or for members (attach schedule) | 24 | | | The State of the Laboratory | |
| ļ | Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) | 25a | 408339 | 249087 | 73501 | 8575/ |
| . | Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) | 25b | - | | · . | |
| | Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | 25c | | · | | |
| 26 | Salaries and wages of employees not included on lines 25a, b, and c | 26 | 753318 | 458253 | 140317 | 154748 |
| | Pension plan contributions not included on lines 25a, b, and c | 27 | 61956 | 37793 | 11152 | 13011 |
| | Employee benefits not included on lines 25a - 27 | 28 | 111001 | 67711 | 19980 | 23310 |
| 29 | Payroll taxes | 29 | 84692 | 5/662 | 15245 | 1//83 |
| | Professional fundraising fees | 31 | 16956 | | 16956 | |
| | Legal fees | 32 | 28587 | 16097 | 2753 | 9737 |
| | Supplies | 33 34 | 24167 | 15280 | 4574 | 4313 |
| | Telephone | 35 | 63783 | 39446 | 1154 | 23183 |
| 35 | Postage and shipping | 36 | 35272 | 21516 | 6349 | 7407 |
| 36 | Occupancy | - | 28504 | 16005 | 4170 | 8329 |
| 37 | Equipment rental and maintenance | 37 | 126306 | 109166 | 47 | 17093 |
| 38 | Printing and publications | 38 | 28492 | 21483 | 2487 | 4522 |
| 39 | Travel , | 39 | | 28672 | 3314 | 3430 |
| 40 | Conferences, conventions, and meetings | 40 | 35416 | 20012 | 3311 | <u> </u> |
| 41 | Interest | 41 | r 6 1/12/ | 74 74/ | 9087 | 10603 |
| 42 | Depreciation, depletion, etc. (attach schedule) | 42 | 50486 | 30796 | 7081 | 10000 |
| 43 | Other expenses not covered above (itemize): | | 1// | 100110 | つつん | ני ניין בייין כיי |
| а | Dues Subscriptions | 43a | 14774 | 10942 | 330 | 3502 |
| b | Insurance | 43b | | 5405 | 1595 | 1860 |
| С | Professional Services | 43c | | 174282 | 21716 | 11834 |
| ď | Misc | 43d | 38-688 | 14003 | 1159 | 23526 |
| e | | 43e | | | | |
| f | | 43f | | | | |
| | | 43g | | | | |
| g 44 | Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15) | 4.4 | 2471730 | 1711900 | 3.75 886 | 423944 |

Page 3

| and the late of th | ······································ | | | | | ······ | _ |
|--|--|-------------|---------|-----------------|---------|------------------|----|
| Part III | Statement | of Program | Service | Accomplishments | (See ti | he instructions. | .) |
| | | | | | | | _ |

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| ٧h | at is the organization's primary exempt purpose? ► £nviren mental Advecacy | Program Service |
|------|---|--|
| of c | organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
| а | Programs to unite + coordinate the efforts for the advance ment of Natural Resources conservation + relate the economy of Maine to its Natural Resources. Issues addressed include air + water pollution, rivers, land use, public lands, energy | |
| | (Grants and allocations \$ 3 4 4 3 0 /) If this amount includes foreign grants, check here ▶ □ | 1711900 |
| b | | . , , , , , , |
| | | |
| | | : |
| | | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ | |
| _ | | |
| С | | |
| | | |
| | | |
| | | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ | |
| d | | |
| | *************************************** | |
| | | |
| | | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ | |
| | Other program services (attach schedule) | |
| | (Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ | |
| f | Total of Program Service Expenses (should equal line 44, column (B), Program services), | 1711900 |

Form **990** (2006)

| Pai | t IV | Balance Sheets (See the instructions. | | | | |
|---------------|----------|---|---------------------------------|--|---------------------------------|--------------------|
| N | ote: | Where required, attached schedules and amounts column should be for end-of-year amounts only. | within the description | (A) Beginning of year | | (B) End of year |
| | 45 | Cash—non-interest-bearing | | 48045 | 45 | 72684 |
| | 46 | Savings and temporary cash investments . | | 896632 | 46 | 773498 |
| | | | | | | • |
| | 470 | Accounts receivable | 47a 3806 | | | |
| | | Less: allowance for doubtful accounts . | 47b | 62857 | 47c | 3806 |
| | IJ | Less, allowaries for deaptial accounts, | | | 100 | |
| | 40- | Diadras respirable | 48a 76/76 | | | |
| | | Pledges receivable | 48b | · - | 48c | 76176 |
| | | | | 105000 | 49 | 119659 |
| | 49 | Grants receivable | - divertors and | | | |
| | 50a | | | · se* | 50a | ~ |
| | | key employees (attach schedule) | | | | |
| | b | Receivables from other disqualified persons | (as defined under section | | 50b | <u></u> |
| | | 4958(f)(1)) and persons described in section 495 | | | | |
| | 51a | Other notes and loans receivable (attach | 51a | | and participation of the second | * |
| Assets | | schedule) | 51b | A-GF- | 51c | · • |
| 155 | | Less: allowance for doubtful accounts . | 310 | 1294 | 52 | . 926 |
| • | 52 | Inventories for sale or use | | 8460 | 53 | 16638 |
| | 53 | Prepaid expenses and deferred charges . | | 4166143 | 54a | 4996082 |
| | 54a | Investments—publicly-traded securities | . ▶ ☐ Cost ☒ FMV | 11001 | 54b | |
| | | Investments—other securities (attach sched | ule) ▶ ☐ Cost ☐ FMV | ······································ | 3.3 | |
| | 55a | Investments-land, buildings, and | 55a | | | |
| | ļ | equipment: basis | 353 | | | |
| | b | Less: accumulated depreciation (attach | 55b | | 55c | سير |
| ٠ | | schedule) | 330 | | 56 | |
| | 56 | Investments—other (attach schedule) | 57a 1,223995 | ··· | - 00 | |
| | 3 | Land, buildings, and equipment: basis . | 5/a /225 9 73 | | | • |
| | b | Less: accumulated depreciation (attach | 57b 464128 | 730363 | 57c | 759867 |
| | | schedule) | | 70000 | 0.0 | |
| | 58 | Other assets, including program-related inv (describe ► Gitts of Future | estments | 108270 | 58 | 119251 |
| | - | Total assets (must equal line 74). Add lines | 45 through 58 | 6127064 | 59 | 6938587 |
| | 59 | | | 165 057 | 60 | 193999 |
| | 60 | Accounts payable and accrued expenses . | | | 61 | |
| | 61 | Grants payable | | | 62 | |
| | 62 | Deferred revenue | | | | |
| Liabilities | 63 | Loans from officers, directors, trustees, ar | | | 63 | |
| Ħ | | schedule) | | | 64a | |
| 0 | 648 | 1 ax-exempt bond liabilities (attach schedul | | | 64b | |
| | \t | Mortgages and other notes payable (attach Other liabilities (describe ► Lease. | Pavable | 28907 | 65 | 19574 |
| | 65 | Other liabilities (describe | | | | |
| | 66 | Total liabilities. Add lines 60 through 65 | | 193964 | 66 | 213573 |
| | | ganizations that follow SFAS 117, check here | | | | |
| | | 67 through 69 and lines 73 and 74. | - Kind with outspicto into | : | | |
| és | 67 | Unrestricted | | 5246/19 | 67 | 6079333 |
| ä | 68 | Temporarily restricted | | 501981 | 68 | 460681 |
| 3aí | 69 | Permanently restricted | | 185000 | 69 | 185000 |
| 7 | Ore | ganizations that do not follow SFAS 117, chec | | | | |
| Fund Balances | 0, 1 | complete lines 70 through 74. | | | | |
| 2 | | Capital stock, trust principal, or current fur | nds | | 70 | |
| y. | 71 | Paid-in or capital surplus, or land, building | , and equipment fund . | | 71 | |
| 9 | 72 | Retained earnings, endowment, accumulat | ed income, or other funds | | 72 | |
| AS | 73 | Total net assets or fund balances. Add li | nes 67 through 69 or lines | | | |
| Net Assets | <u> </u> | 70 through 72. (Column (A) must equal line | e 19 and column (B) must | 1-000 | | 1700 AIL |
| 2 | • | equal line 21) | | 5933100 | | 6725014 |
| | 74 | Total liabilities and net assets/fund balan | ces. Add lines 66 and 73 | 6127064 | 74 | 6938587 |

| Pa | rt IV-A | Reconciliation of Revenue per Aud instructions.) | ited Financial Statem | ents | With Rev | enue pe | er Retu | rn (S | See the |
|----------|--------------------------------|--|-----------------------------|-----------|---|---------------|---|----------|--|
| а | Total rev | enue, gains, and other support per audit | ed financial statements | | | | а | ج. | 060987 |
| b | | included on line a but not on Part I, line | | | | | | <u></u> | |
| 1 | | alized gains on investments | | b1 | 1500 | 033 | | | 4 |
| 2 | | services and use of facilities | | b2 | 1400 | 048 | | | |
| 3 | | es of prior year grants | | b3 | | | | | |
| 4 | Other (sp | | | | | | | | |
| | | | | b4 | 15~ | 96 | | | |
| | Add lines | s b1 through b4 | | | | | b | 2 | 91677 |
| C | Subtract | line b from line a | | | | | С | | |
| d | Amounts | included on Part I, line 12, but not on lin | ne a: | | | | | | |
| 1 | | nt expenses not included on Part I, line | 3b | d1 | | | | | |
| 2 | Other (sp | pecify): Pass - thru Funds | | | - | | | | • |
| | | | | d2 | 3443 | 0/ | | - | 1546-1 |
| _ | | s d1 and d2 | | | | | d | <u> </u> | 19301 |
| e | rt IV-B | venue (Part I, line 12). Add lines c and d Reconciliation of Expenses per Aug | | | | | e . | 5// | 36// |
| et. lare | | | | Henre | AAITH EX | <u>Jenses</u> | · | | 69073 |
| a | | penses and losses per audited financial s | | | | | _a | مل کیا | 67073 |
| b | | included on line a but not on Part I, line | · · | b1 | 1400 | 45 | | | |
| 1 | | | | b2 | 1100 | 70 | | | |
| 2 | | r adjustments reported on Part I, line 20 | | b3 | , | ···· | - | | |
| 3 | | eported on Part I, line 20 | | - 50 | | | | | |
| r.p | Other (Sh | echy) | | b4 | 15 | 96 | | | |
| | Add lines | s b1 through b4 | | | | | b | 14 | 1644 |
| С | | line b from line a | | | | | c | 21 | 27429 |
| d | | included on Part I, line 17, but not on lin | | | • • • | • • • | _ | - \ / | |
| 1 | | nt expenses not included on Part I, line | | d1 | | | | | |
| 2 | Other (sp | pecify): Pass-thru Funds | | * | | | | | • |
| | | | | d2 | 3443 | 201 | | | |
| | | s d1 and d2 / / | | | | | d | 30 | 44301 |
| е | The second livery was a second | penses (Part I, line 17). Add lines c and c | | | | ▶ | | 24 | <u>///</u> |
| ra | rt V-A | Current Officers, Directors, Trustees | , and Key Employees | (List e | each persor | n who wa | ıs an offi | icer, | director, trustee, |
| | | or key employee at any time during the year | ar even it they were not | | | | | · | Jans Pr |
| | | (A) Name and address | Title and average hours per | (If not | | benefit pla | ans & deferre | d i | (E) Expense account and other allowances |
| | Cae | - Lf / l | week devoted to position | | -0) | comper | isation plans | | |
| | ے۔ عامے جید | ittached chedules | As Necessary | | | | | . | <i>(7)</i> |
| | | -aca Oacs | · / J / V C ESTAIG | - | ······································ | | | | |
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|-------------------|---|---|--|---|----------------------------------|
| | 0 (2006) | | - (continued) | | Page 6 Yes No |
| '5a E r b / | V-A Current Officers, Directors, Trustees, Enter the total number of officers, directors, and trusteetings Are any officers, directors, trustees, or key employed employees listed in Schedule A, Part I, or high contractors listed in Schedule A, Part II-A or I | stees permitted to vot | e on organization , Part V-A, or hig rofessional and other through | hest compensated other independent family or business | 75b |
| c (| relationships? If "Yes," attach a statement that idea of any officers, directors, trustees, or key ecompensated employees listed in Schedule A, Independent contractors listed in Schedule A, Forganizations, whether tax exempt or taxable, that the definition of "related organization." | employees listed in Part I, or highest co Part II-A or II-B, record tare related to the or treest policy? | Form 990, Par mpensated profeive compensation? See the instructions. | t V-A, or highest essional and other on from any other the instructions for | 75c × 75d × efits (If any former |
| | officer, director, trustee, or key employee rec person below and enter the amount of comp | ceived compensation of ensation or other benef | its in the appropria | ate column. See the in: (D) Contributions to employee | a tise vom , nor usur |
| | (A) Name and address | (B) Loans and Advances | (if not paid, enter -0-) | benefit plans & deferred compensation plans | allowances |
| | W/A | · | | | |
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| Pai | t VI Other Information (See the instruction | ns.) | | | Yes No |
| | Did the organization make a change in its activit | | nducting activitie | s? If "Yes," attach a | 76 × |
| 77 | detailed statement of each change | es. | | | 777 |
| | Did the organization have unrelated business grathis return? | oss income of \$1,000 | or more during | the year covered by | 78a × |
| b 79 | If "Yes," has it filed a tax return on Form 990-T Was there a liquidation, dissolution, termination, a statement | or substantial contra | ction during the y | /ear? If "Yes," attach | |
| 80a | Is the organization related (other than by associ | iation with a statewid tees, officers, etc., | e or nationwide o to any other ex | organization) through empt or nonexemp | n at 80a |

81a Enter direct and indirect political expenditures. (See line 81 instructions.) . .

b If "Yes," enter the name of the organization ▶ and check whether it is □ exempt or □ nonexempt

80a

81b

Natural Resources Council of Maine 01-0270640

| | 990 (2006) | | Page / |
|----------|--|------------|--------|
| Par | t VI Other Information (continued) | | Yes No |
| | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | X |
| | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | | |
| | Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | 83a 83b | Ž – |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85a | NA |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | Ý×. |
| | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization | | |
| | received a waiver for proxy tax owed for the prior year. | | |
| C | Dues, assessments, and similar amounts from members | | |
| d | Section 162(e) lobbying and political expenditures | | |
| е | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | |
| † | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85g | NA |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 009 | 7-7/7 |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | NA |
| 86 | 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A | | |
| b | Gross receipts, included on line 12, for public use of club facilities 86b | | |
| 87 | 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a / | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 88a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88a | X |
| b | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | 88b | X |
| 89a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ►; section 4912 ►; section 4955 ►; | | |
| b | 501(c)(3) and $501(c)(4)$ orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | |
| | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| | Enter: Amount of tax on line 89c, above, reimbursed by the organization > | | |
| | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | |
| f | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | |
| 90a | List the states with which a copy of this return is filed | L | ···· |
| | Number of employees employed in the pay period that includes March 12, 2006 (See | | |
| ۵4 - | instructions.) The books are in care of \triangleright Rebecca \supset Morse \bigcirc Telephone no. \triangleright (207). | <u>27</u> | -3/01 |
| эта | Located at \triangleright 3 Wade St Augusta ME ZIP + 4 \triangleright 0 4 3 3 0 - | .63. | 1.Z |
| 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 | 91b | Yes No |
| | account)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | 910 | |
| | and Financial Accounts. | | |

| 990 (r t V | | anization mair | stain an office o | outside of the l | Inited States? | Yes No |
|-----------------------|--|---------------------------|---|--|----------------------------------|----------------------|
| lf Se ar | "Yes," enter the name of the foreign country rection 4947(a)(1) nonexempt charitable trusts fill and enter the amount of tax-exempt interest received. | ng Form 990 ived or accru | in lieu of Form ed during the t | 1041—Check ax year | here | |
| rt V | Analysis of Income-Producing Activi | t ies (See the | instructions.) | | | |
| | nter gross amounts unless otherwise | Unrelated bu | isiness income | Excluded by section | on 512, 513, or 514 | (E) Related or |
| ate | | (A) | (B) | (C) | (D) | exempt function |
| | Program service revenue: | Business code | Amount | Exclusion code | Amount | income |
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| | Medicare/Medicaid payments | | | | | |
| | Fees and contracts from government agencies | | | | | |
| | Membership dues and assessments | | | | 20101 | |
| i | nterest on savings and temporary cash investments | | | 1-1-7- | 30686 | |
| | Dividends and interest from securities | | | 14 | 176519 | |
| | Net rental income or (loss) from real estate: | | | | | |
| | debt-financed property | | | | | |
| | not debt-financed property | | | | | - |
| | Net rental income or (loss) from personal property | | | | | |
| | Other investment income | | | | | |
| | Gain or (loss) from sales of assets other than inventory | | | | | |
| | Net income or (loss) from special events . | | | | | - 49 |
| | Gross profit or (loss) from sales of inventory | | | | | |
| | Other revenue: a MISC | | | 0/ | 1707 | |
| b | | | | | | |
| С | | | | | .,,,, | |
| d | | | | | | |
| 9 | | | | | 208 912 | - 499 |
| | Subtotal (add columns (B), (D), and (E)) | | | | | 8413 |
| | Total (add line 104, columns (B), (D), and (E)). | | 40 David I | | | 0 11- |
| | Line 105 plus line 1e, Part I, should equal the a | mount on line | 12, Part I. | | no instructions | 1 |
| rt \ | Relationship of Activities to the Acco | mplishment | or exempt Pu | ir poses (See ii | ie manachoma. | a nacomplishm |
| | No. Explain how each activity for which income of the organization's exempt purposes (other | is reported in c | olumn (E) of Par ding funds for su | t VII contributed | importantly to ti | e accompnant |
| ¥ | | 7 | | | to pren | 12+B |
| 0- | 2 200 | logo iter | 15 1 | e need | | servatio |
| | the organization to t | Re pub | 1.3. | 10 Meed | FUI VUI | 3 1 0 2 1 1 0 |
| | of Maine's Natural | Resource | <u>es</u> | | | |
| | Information Regarding Taxable Subsi | diaries and F | isregarded Fr | tities (See the | instructions.) | |
| Į, | | (B) | | | (D) | (E) End-of-yea |
| | Name, address, and EIN of corporation, | ercentage of | Nature of | C) f activities | Total income | End-of-yea assets |
| | partnership, or disregarded entity owr | ership interest | | | | |
| | | <u>%</u> % | | | | |
| | | | | | | |
| | | <u>%</u> % | | | | |
| وينوس | X Information Regarding Transfers Associ | isted with De | rsonal Renefit | Contracts (See | the instructions | .) |
| art | | | | | | Yes ⊠ |
| (a) | Did the organization, during the year, receive any funds, dir Did the organization, during the year, pay pren | ectly or indirectly, | to pay premiums | on a personal bene | ni contracti enefit contracti | |
| | SILL the exampleation during the year nay pren | nums directiv | r or indirectly, C | אוומ טבוצטוומו ט | PHOLIC COLLEGES | · 1 CO 1 |

| | tural Kesources | - Council a | ot Maine | 01-02706 | 10 | y |
|------------------------|---|--|----------------------------------|---|-----------------------|-------------------------|
| Part X | Information Regarding | Transfers To and From | Controlled Entitie | s. Complete only if the o | | Page 9 zation |
| 106 | is a controlling organization matthe Code? If "Yes," complete the | ake any transfers to a con | trolled entity as define | d in section 512(b)(13) of | Yes | No × |
| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description transfer | of (I | D) of trans | fer |
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| c | | | | | | |
| | Totals | | | | | |
| | Did the reporting organization red 512(b)(13) of the Code? If "Yes," | | | | Yes | No |
| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description o transfer | of (I | | fer |
| а | | | | | | |
| b | | | | | | |
| c | | | | | | |
| | Totals | | | | | • |
| | Did the organization have a binding rents, royalties, and annuities des | | | covering the interest, | Yes | No |
| Please Sign Here | Under penalties of perjury, I declare that I and belief, it is true correct, and comple Signature of officer Rehecca Type or print name and title | have examined this return, includ | ng accompanying schedules | and statements, and to the best onformation of which preparer has | f my knov any knov | wledge wledge. |
| Paid | Preparer's signature | | Date Check self- | Preparer's SSN or PTIN | (See Gen. | . Inst. X) |

Firm's name (or yours if self-employed), address, and ZIP + 4

Use Only

Form **990** (2006)

EIN

Phone no. ► (

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NATURAL RESOURCES COUNCIL OF MAINE 01-0270690 FORM 990 FYE 3/31/07

PART I, LINE 20 - OTHER CHANGES IN NET ASSETS

| UNREALIZED GAINS | | 150,033 150,033 | | · · |
|--|-------------|--------------------|------------|--------------------|
| PART IV, LINE 54 - INVESTMENTS CURRENT | | | | |
| MARKETABLE SECURITIES | | 4,996,082 | • 1 | |
| PART IV, LINE 57 - LAND, BUILDINGS & EQUIPMENT | | @COST | ACCUM DEPR | ADJ BASIS |
| LAND BUILDINGS | \$ | 107,510 409.600 | 150,187 | 107,510 259,413 |
| BUILDING IMPROVEMENTS | | 424,506 | 128,958 | 295,548 |
| EQUIPMENT | | 282,379 | 184,983 | 97,396 |
| TOTAL | \$ | 1,223,995 | 464,128 | 759,867 |

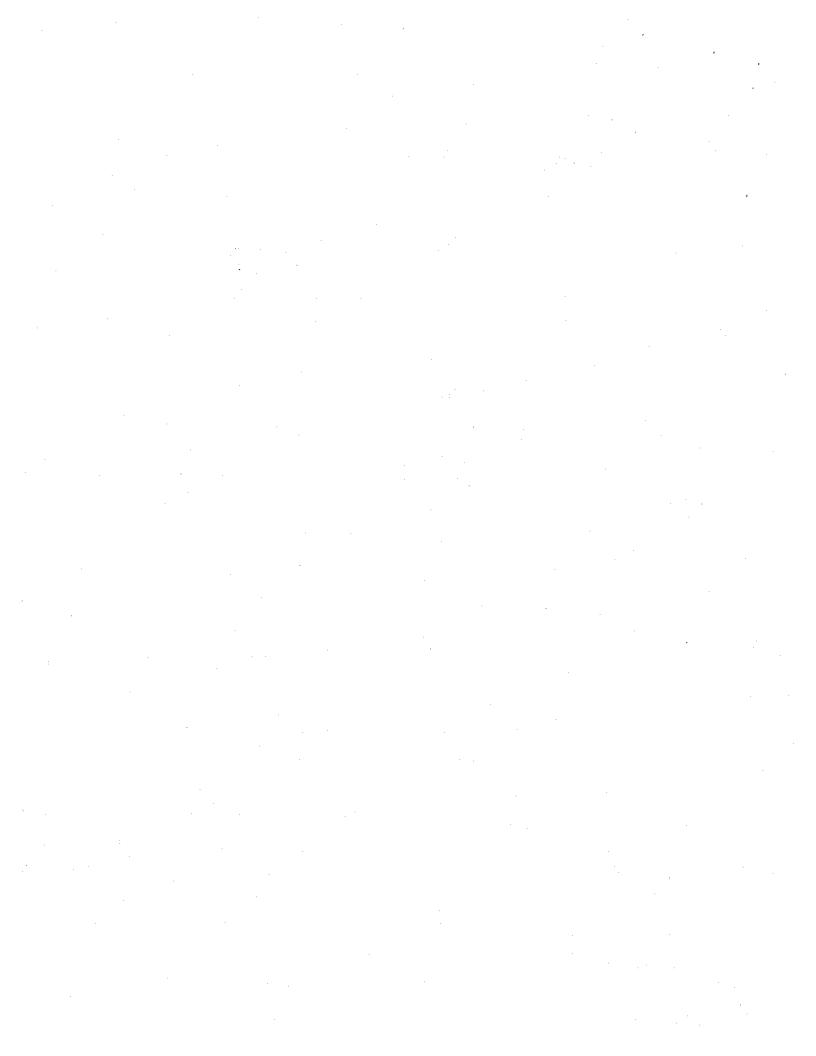
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| Bald Rock | 7 | Commen. | · | - | | *************************************** | | | | | | | | | • | | | | | | | - | | ~- | | | | - been | | · | - | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
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| GOF | GOF | GOF | GO. | GOF | - GO- | GOP 1 | 90g | GOF | GOP | GO . | GOF | GOF F | GOF | GOF | 900 1 | - C | ρ c | 00 FO | GOF | GOF | GOF | GOF | 0 0 1 1 | 7 G | 900 FOF | GOF | GOF | GOP 1 | 2 7 7 | ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב ב | | | 100 | GOF | GOF | GOF | GOF | GOF | GOF |
| 500.00 | 45.00 | 350.00 | 100.00 | 50.00 | 100.00 | 100.00 | 500.00 | 20.00 | 150.00 | 941.90 | 100,00 | 250.00 | 45.00 | 100.00 | 50.00 | 50.00 100.00 | 20.02 | 20.00 | 100.00 | 45.00 | 65.00 | 100.00 | 1,000.00 | 0.00 | 20.00 | 20.00 | 50.00 | 20:00 | 50.00 | 20.00 | 50.00 | 30.05 | 20.00 | 65.00 | 45.00 | | 100.00 100 | 50.00 | 50.00 |
| 3/13/2007 | 2/20/2007 | 3/30/2007 | 2/13/2007 | 2/13/2007 | 2/13/2007 | 2/13/2007 | 2/19/2007 | 2/21/2007 | 3/8/2007 | 2/21/2007 | 3/7/2007 | 2/19/2007 | 2/20/2007 | 2/7/2007 | 2/7/2007 | 2/8/2007 | 3/8/2007 | 700217212 | 2/8/2007 | 3/7/2007 | 2/27/2007 | 2/27/2007 | 3/8/2007 | 3/8/200/ | 2/13/2007 | 2/7/2007 | - 2/20/2007 | 2/21/2007 | 2/8/2007 | 73972007 | 2400000 | 2/19/2007 | 2/19/2007 | 2/20/2007 | 2/20/2007 | 2/20/2007 | 2/20/2007 | 2/21/2007 | 700011010 |
| Lincolnville ME | Winter Springs FL | Rockport ME | Camden ME | Cambridge MA | Camden ME | Lincolnville ME | Cincinnati OH | Lincolnville ME | Freeport ME | Lincolnville ME | Rockport ME | Lincolnville ME | Camden ME | Morrill ME | Bristol ME | Rockland ME | Camden ME | Camden ME | Camden ME | Camden ME | Lincolnville ME | Lincolnville ME | Boston MA | Camden ME | Elitority ME | Rockport ME | Camden ME | Lincolnville ME | Lincolnville ME | Camden ME | ROCKDOLL INT | Kockport ME | Uncolnville Beach ME | • | Camden ME | Rockport ME | Mequon WI | Northport ME | l incolnville ME |
| र् । 97514 Andrew Oliver | Ilman Kellev II | | Ms. Lucinda Zeis | 97898 Ms. Mary Chatfield | □Ms. Meg Barclay | Scott Dickerson Janet Redfield | | Chris and Sheila Polson | Charles and Marilyn Gould | Mr. Tony Oppersdorff □Mrs. Whitney \ Lincolnville ME | Shirley Geoffrion | Mark Lutz | Corallie Murray | | 105622 Mr. & Mrs. Ben Tupper | Capt. Anne E. Mahle □Capt. Jon P. Fir Rockland ME | George Jennings | Judy Berk⊟David Foley Mc. Amy Elocher | 100/36 Ms. Allly rescribed | 108776 Mr. & Mrs. Robert H. Eddy | 109292 Mr. & Mrs. Tom Jamrog | 111295 Ivan Stancioff⊡Lynn Travis Stancioff | 117341 Mr. L. Taylor Mudge | 118271 Dr. & Mrs. Robert N. Werrill | 19408 John and Christine builstein 21635 Maria Malin | George Haselton⊟Eliza Todd-Haselton Rockport ME | 30685 Mr. & Mrs. George C. Wheelwright | 31948 Douglas and Rebecca Thompson | John Silverio | Equinox Island Transit | 32313 Oliver and Pauline Vilider | 32317 Mr. & Mrs. Peter E. Van der Klett | 22316 Mr. James Murial III | 32344 Ardve Dodoe | 32346 Marva Allen | 32347 David and Lynn Bannister | 32348 Mr. Ward Wickwire | 32357 Lawrence Hollins⊡ha Lowe Hollins | (2025) Tom and Ian Chanders |

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| 0 0 0 | B & (A NOCT | the month | | | | | | ., | • | · | | | | | | e e e e e e e e e e e e e e e e e e e | -Turpey Market | - | aloupo | S. C. | | | | | | | | | | | | PRRT | | | <u>၂</u> | 90 | R112 |
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| | 100.00 100 | 100.00 | 100.00 | 100.00 | 200.00 | 100.00 | 100.00 100 | 250.00 | 100.00 | 35.00 | 20.00 | 30.00 | 65.00 | 20.00 | 100.00 | 100.00 | 100.00 | 65.00 | 25.00 | 25.00 | 100.00 | 100.00 | 25.00 | 20.00 | 25.00 | 25.00 | 25.00 | 25.00 | 25.00 | 40.00 | | | | | | | 5,000.00 K01 |
| | 2/21/2007 | 2/21/2007 | 2/23/2007 | 2/23/2007 | 2/23/2007 | 2/27/2007 | 3/6/2007 | 3/7/2007 | 3/7/2007 | 3/7/2007 | 3/13/2007 | 3/13/2007 | 3/13/2007 | 3/13/2007 | 3/16/2007 | 3/16/2007 | 3/21/2007 | 3/21/2007 | 3/27/2007 | 3/27/2007 | 3/27/2007 | 3/27/2007 | 3/30/2007 | 3/8/2007 | 2/20/2007 | 2/7/2007 | 2/13/2007 | 2/23/2007 | 2/26/2007 | 2/27/2007 | 2/20/2007 | 9/15/2006 | 6/27/2006 | 3/1/2007 | 8/15/2006 | 4/17/2006 | 1/4/2007 |
| | Camden ME | Lincolnville ME | Camden ME | Washington DC | Camden ME | Camden ME | Lincolnville ME | Rockland ME | Santa Fe NM | Camden ME | Lincolnville ME | Tenants Harbor ME | Greenwood VA | Oak Park IL | Lincolnville ME | Oakland CA | Lincolnville ME | Rockport ME | Camden ME | Rockland ME | Monroe ME | Rockport ME | Camden ME | Liberty ME | Camden ME | Rockport ME | Lincolnville ME | Camden ME | Cambridge MA | Rockport ME | Camden ME | Skowhegan ME | Washington DC | Newtown Square PA | Washington DC | Washington DC | Chestnut Hill MA |
| | 132360 Torn Laurita | 132361 Paul Hyatt | 132381 Anne Dennen | 132383 Ms. Jamie R. Holland DMr. Edward L. | 132384 Ms. Laurie Adams | 132388 Ms. Sally Enggass | 132401 Sarah Cucinelli | 132406 Peter Proeller | 132412 Thomas Osgood | 132413 Margaretha Churchill | 132423 Michael and Karen O'Neil | 132424 I.E. and Jane Bracy | 132425 Tara Murray | 132426 Greta Gulezian | 132430 Richard and Ann McKittrick | 132431 Robert and Kathryn Riddell | 132436 Whales Tooth Pub | 132437 Williams CPA Group | 132442 Kevin Pleas | 132443 Michael Eliott□K. Searls. | 132444 Paul Sheridan | 132445 Andrew and Leetha Filderman | 132447 C. Douglas Johnstone | 132416 Ivan and Betsy Davis | 125244 Heather Bruce | 132292 Carl and Sarah Trapani | 132312 Walter Guinon | 132382 Susan Morrision | 132385 Valerie Donham | 132390 Jean Forest | 123285 Kristen Lindquist□Paul Doiron | 97691 Mr. & Mrs. Clinton B. Townsend | 100638 Mr. & Mrs. Charles O. Verrill Jr. | 102200 Jane MacEiree | 105032 American Rivers | 110276 John Berry | 120745 Ms. Pamela Kohlberg |



NATURAL RESOURCES COUNCIL OF MAINE 01-0270690 2006 (FYE 3/31/07) KEY EMPLOYEES FORM 990, PART V-A

| EMPLOYEE'S NAME AND ADDRESS | TITLE | SALARIES | RETIREMENT HEALTH | HEALTH | MEDICAL. REIMBURSE | | LTD | TOTAL |
|---|----------------------|----------|-------------------|--------|-----------------------|-----|-----|--------|
| Everett B. Carson | Executive Director | 87,185 | 8,719 | 1,914 | 009 | 150 | 506 | 11,888 |
| Bunswick, Maine 04011 | | | | | | | | |
| Joan Welsh 54 Sea St. Rockport, Maine 04856 | Deputy Director | 69,073 | 6,907 | 3,828 | 009 | 150 | 401 | 11,886 |
| Peter Didisheim 39 Hemlock Rd Brunswick, Maine 04011 | Advocacy Director | 67,746 | 6,775 | 1,914 | 009 | 150 | 393 | 9,832 |
| Gretta Wark 25 Meadow Way Bath, Maine 04530 | Development Director | 64,879 | 6,488 | 3,828 | 009 | 150 | 376 | 11,442 |
| Rebecca Morse 612 Prescott Rd Manchester, Maine 04351 | Director of Finance | 64,879 | 6,488 | 1,914 | 009 | 150 | 376 | 9,528 |



SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Cumplementary Information (Co.) consents instructions

instructions.) 20**06**

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Supplementary Information—(See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

| Natural Resources Co. | uncil of Main | ie. | 01 0270 | |
|--|---|--|--|--|
| Part I Compensation of the Five High | | | | and Trustees |
| (See page 2 of the instructions. I | List each one. If there are (b) Title and average hours | | (d) Contributions to | (e) Expense |
| than \$50,000 | per week devoted to position | (c) Compensation | employee benefit plans & deferred compensation | account and other allowances |
| See attached | schedule | | | Ø |
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| Total number of other employees paid over \$50,000 . | | in the state of th | L | |
| Part II-A Compensation of the Five High | est Paid Independent (| Contractors for | Professional Se | rvices |
| (See page 2 of the instructions. Lis | ······································ | 1 | ~~~~~ | |
| (a) Name and address of each independent contracto | r paid more than \$50,000 | (b) Type | of service | (c) Compensation |
| NONE | | | | |
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| | | | | *************************************** |
| Total number of others receiving over \$50,000 for professional services | | | | en en en en en en En en en en en en en en |
| Part II-B Compensation of the Five High- (List each contractor who perform firms. If there are none, enter "No | ned services other than p | orofessional serv | Other Services vices, whether inc | dividuals or |
| (a) Name and address of each independent contracto | | T | of service | (c) Compensation |
| NONE | | 5 | _ | |
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| Total number of other contractors receiving over \$50,000 for other services | | | | |

| I | Statements About Activities (See page 2 of the instructions.) | | |
|----|--|---|-----------|
| | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\Bigsim \frac{4}{676}\$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | × | |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | |
| | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) | | |
| а | Sale, exchange, or leasing of property? | | X |
| b | Lending of money or other extension of credit? | | X |
| c | Furnishing of goods, services, or facilities? | | X_ |
| d | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | X | |
| е | Transfer of any part of its income or assets? | | X |
| 3a | Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) | l l | × |
| b | Did the organization have a section 403(b) annuity plan for its employees? | · × | |
| С | Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 30 | | 1× |
| d | d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3 | 1 | $+\times$ |
| | Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g | ı | × |
| | b Did the organization make any taxable distributions under section 4966? | | |
| c | c Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| c | d Enter the total number of donor advised funds owned at the end of the tax year | | |
| E | e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year • | # ************************************ | |
| f | f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts | Ø | 5 |
| • | g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ | · Q | |

| ertify t | | | | | | |
|----------|---|---|---|---|---|---|
| | that the organization is not a priva | te foundation beca | ause it is: (Please check | only ONE app | licable box.) | - |
| | A church, convention of churches | , or association o | f churches. Section 170 | (b)(1)(A)(i). | | |
| | A school. Section 170(b)(1)(A)(ii). | Also complete Pa | rt V.) | | | |
| | A hospital or a cooperative hospi | tal service organiz | ation. Section 170(b)(1)(| A)(iii). | | |
| | A federal, state, or local government | ent or governmen | tal unit. Section 170(b)(| 1)(Á)(v). | | |
| | A medical research organization of and state ▶ | • | · · | | | hospital's name, cit |
| . 🗆 | An organization operated for the b (Also complete the Support Scheo | _ | or university owned or op | perated by a go | vernmental unit. | Section 170(b)(1)(A)(i |
| а 🗍 | An organization that normally rece 170(b)(1)(A)(vi). (Also complete the | | | ı governmental | unit or from the | general public. Secti |
| o 🔲 | A community trust. Section 170(b |)(1)(A)(vi). (Also co | emplete the Support Sc | hedule in Part | IV-A.) | |
| × | An organization that normally rece from activities related to its charit from gross investment income arorganization after June 30, 1975. | able, etc., functior | ns—subject to certain ex ness taxable income (le | ceptions, and (ss section 511 | no more that tax) from busin | n 33%% of its supponesses acquired by t |
| | An organization that is not contr requirements of section 509(a)(3). | olled by any disq Check the box th | ualified persons (other | than foundation | managers) an | |
| | ☐ Type II | | nat describes the type o | f supporting or | ganization: | d otherwise meets t |
| | | Type I | nat describes the type of II-Functionally Integrate | f supporting or | ganization: Type III-Other | d otherwise meets t |
| | Provide the following info | <u> </u> | II-Functionally Integrat | f supporting or | ganization: Type III-Other | |
| Name(| Provide the following info (a) e(s) of supported organization(s) | <u> </u> | II-Functionally Integrat | f supporting or | ganization: Type III-Other 7 of the instru) pported n listed in porting ation's | |
| lame(| (a) | rmation about th (b) Employer identification | Il-Functionally Integrate supported organizate (c) Type of organization (described in lines 5 through 12 above or IRC | ions. (See page (d) Is the su organization organiz | ganization: Type III-Other 7 of the instru) pported n listed in porting ation's | ctions.) (e) Amount of |
| lame(| (a) | rmation about th (b) Employer identification | Il-Functionally Integrate supported organizate (c) Type of organization (described in lines 5 through 12 above or IRC | ions. (See page (d) Is the su organization the sup organiz | ganization: Type III-Other 7 of the instru) pported in listed in porting ation's ocuments? | ctions.) (e) Amount of |
| lame(| (a) | rmation about th (b) Employer identification | Il-Functionally Integrate supported organizate (c) Type of organization (described in lines 5 through 12 above or IRC | ions. (See page (d) Is the su organization the sup organiz | ganization: Type III-Other 7 of the instru) pported in listed in porting ation's ocuments? | ctions.) (e) Amount of |
| Name(| (a) | rmation about th (b) Employer identification | Il-Functionally Integrate supported organizate (c) Type of organization (described in lines 5 through 12 above or IRC | ions. (See page (d) Is the su organization the sup organiz | ganization: Type III-Other 7 of the instru) pported in listed in porting ation's ocuments? | ctions.) (e) Amount of |
| lame(| (a) | rmation about th (b) Employer identification | Il-Functionally Integrate supported organizate (c) Type of organization (described in lines 5 through 12 above or IRC | ions. (See page (d) Is the su organization the sup organiz | ganization: Type III-Other 7 of the instru) pported in listed in porting ation's ocuments? | ctions.) (e) Amount of |

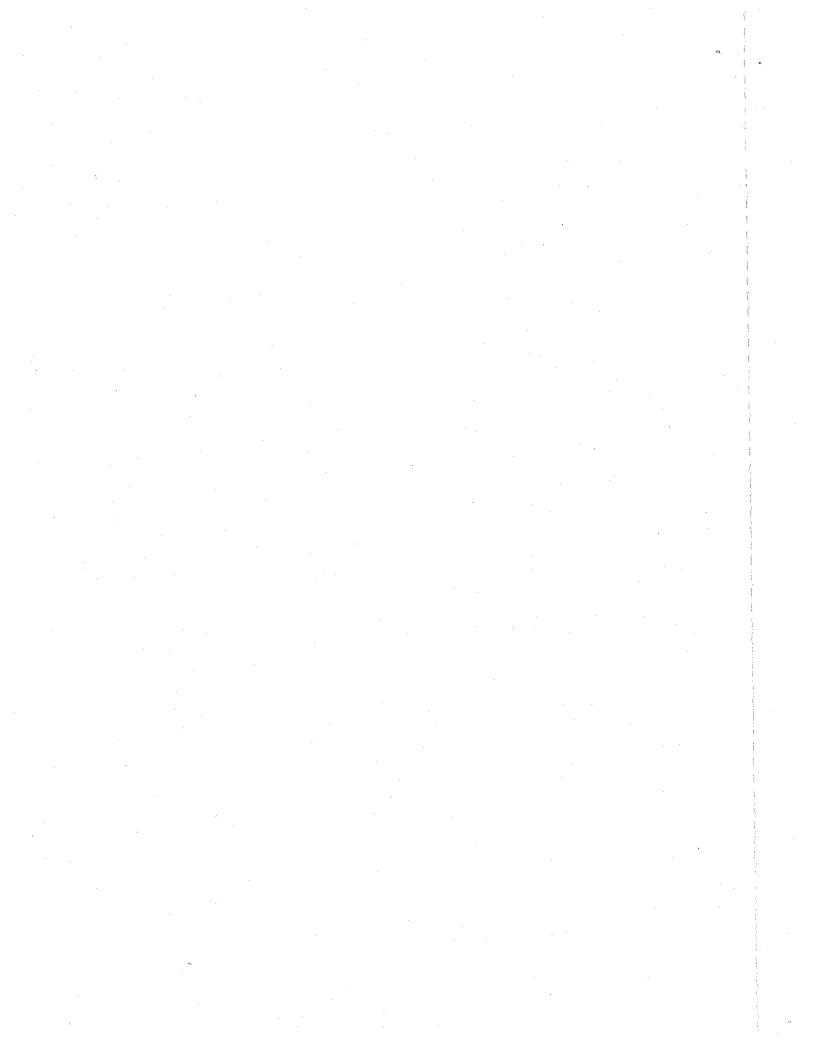
| art | IV-A Support Schedule (Complete only | if you checked | a box on line 10, | 11, or 12.) Use of the cash method | cash method of a | accounting. |
|--------------|---|---|---|--|---|--|
| ote: | You may use the worksheet in the instructions | for convening in | JEN 2004 | (c) 2003 | (d) 2002 | (e) Total |
| | dar year (or fiscal year beginning in) | (a) 2005 | (b) 2004 | (6) 2003 | (4) 2002 | (0) 10:03 |
| 5 | Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . | 2383128 | 2325 ⁻⁹⁶ 7 | 2570650 | 2277269 | 9557014 |
| | Membership fees received | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 7 | Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | Ø | 33328 | 1046 | 648 | 44422 |
| 8 | Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 118 75 9 | | | | 344374 |
| 9 | Net income from unrelated business activities not included in line 18 | | | | | |
| 20 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 | The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | |
| 22 | Other income. Attach a schedule. Do not | 0107 | C000 | nuell | 1017 | 40023 |
| | include gain or (loss) from sale of capital assets | 9107 | 5088 | | ·- [| 9985833 |
| 23 | Total of lines 15 through 22 | 2510994 | | 2677234 | | 9941411 |
| 24 | Line 23 minus line 17 | 2510994 | | 2676188 | 2337839 | |
| 25 | Enter 1% of line 23 | 25110 | 24497 | 26772 | 23385 ▶ 26a | |
| 26 b c | Organizations described on lines 10 or 11: Prepare a list for your records to show the na governmental unit or publicly supported organiamount shown in line 26a. Do not file this list was Total support for section 509(a)(1) test: Enter list was to be section 509(a)(1) test: Enter list was to be section 509(a)(1) test: Enter list was to be section 509(a)(1) test: Enter list was the section 509(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(| me of and amou ization) whose to vith your return. | nt contributed by tal gifts for 2002 t Enter the total of a | each person (oth through 2005 exc all these excess an | her than a seeded the | 1 1 |
| d | Add: Amounts from column (e) for lines: 18 22 Public support (line 26c minus line 26d total) | | 19 26b | | ▶ 26d ▶ 26e | |
| e f | Public support percentage (line 26e (numer | rator) divided by | line 26c (denon | ninator)) | ▶ 26f | |
| 27 | Organizations described on line 12: a F person," prepare a list for your records to show Do not file this list with your return. Enter the | v the name of, an he sum of such a | d total amounts for each | year: | eal from, each G | aquamed porcon. |
| b | (2005) 84/202 (2004) 7. For any amount included in line 17 that was received for each (Include in the list organizations described in lines the difference between the amount received an amounts) for each year: (2005) (2004) | eived from each p n year, that was m s 5 through 11b, as d the larger amou | erson (other than ' lore than the large s well as individual ant described in (1 | "disqualified person r of (1) the amoun s.) Do not file this) or (2), enter the | ons"), prepare a list ton line 25 for the list with your retu sum of these diffe | t for your records to year or (2) \$5,000. Irn. After computing erences (the excess |
| | | | | · · | | |
| 0 | 17 | 9557014 | 16 21 tal | 1 _A . | 270 270 | 9601438 1 2818 983 |
| d | note the sales and the Oze total minus line 27d | total) | | | | e 6782 45. |
| e | m .) | amount from line | = 23. column (e) | ► 27f 99 | 85833 S | |
| f | . Bublic support parcentage (line 27e (nume | ratori divided bi | v line 2/1 (denoi: | mmator)), , . | , , | |
| g h | Investment income percentage (line 18, co | lumn (e) (numer | ator) divided by | line 2/1 (denom | inator)), 🚩 2/ | |
| 28 | Unusual Grants: For an organization describ prepare a list for your records to show, for ed description of the nature of the grant. Do no | aoch vear the na | ime of the contril | butor, the date a | ла аточні онин | giant, and a bire |

Natural Resources Council of Maine 01-0270690

Schedule A (Form 990 or 990-EZ) 2006 Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 other governing instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c 32d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization discriminate by race in any way with respect to: 33 33a 33b Admissions policies? . . . 33c 33d Scholarships or other financial assistance? . . . 33e Educational policies? 33f Use of facilities? 33g Athletic programs? 33h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 34b **b** Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

| art' | VI-A Lobbying Expenditures by Ele (To be completed ONLY by an | eligible organi: | zation that filed | page 10 of the I Form 5768) ou checked "a" and | | |
|------|---|--|--|--|-------------------------|--------------------------------------|
| heck | ► a ☐ if the organization belongs to an affiliat | | | ou checked "a" and | (a) Affiliated group | (b) To be completed for all electing |
| | (The term "expenditures" mean | s amounts paid | or incurred.) | - | totals | organizations |
| | Total lobbying expenditures to influence public | | | 36 | | 874 |
| 6 | Total lobbying expenditures to influence public Total lobbying expenditures to influence a legis | opiimon (grasaroc Pativa hody (direc | t lobbying) | 37 | | 40802 |
| 7 | Total lobbying expenditures to influence a legis | RTI | . 1000yg/, | 38 | | 41676 |
| | Other exempt purpose expenditures | ,,,, | | 39 | | 2430054 |
| | Other exempt purpose expenditures | 38 and 39) | | 40 | | 2471730 |
| 0 | Lobbying nontaxable amount. Enter the amount | t from the followi | ng table— | | | 100 |
| 1 | If the amount on line 40 is— The lo | bbying nontaxa | ble amount is- | | | DESCRIPTION OF |
| | Not over \$500,000 | | |) | | |
| | Over \$500,000 but not over \$1,000,000 . \$100,0 | 100 plus 15% of th | ne excess over \$50 | 00,000 | | 273586 |
| | Over \$1,000,000 but not over \$1,500,000 . \$175,0 | 000 plus 10% of the | e excess over \$1,00 | 00,000 / 41 | 100 | 2/3000 |
| | Over \$1,500,000 but not over \$17,000,000 . \$225,0 | 000 plus 5% of the | excess over \$1,50 | 00,000 | | |
| | Over \$17,000,000 | ,000 | | | | 68397 |
| 12 | Grassroots nontaxable amount (enter 25% of li | ne 41) | · · · · · | | | 000 |
| 13 | Subtract line 42 from line 36. Enter -0- if line 4 | 2 is more than lir | ne 36, | | | 8 |
| 14 | Subtract line 41 from line 38. Enter -0- if line 4 | 1 is more than lir | ne 38, | | | |
| | Caution: If there is an amount on either line 43 | 3 or line 44, vou r | nust file Form 472 | 20. | | |
| | | | d Under Section | | | |
| | (Some organizations that made a section See the instructions f | on 501(h) election or lines 45 throug | do not have to c gh 50 on page 13 | omplete all of the of the instruction | (18.) | |
| | | Lob | bying Expenditu | res During 4-Ye | ar Averaging P | |
| | Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
| 45 | Lobbying nontaxable amount | 273586 | 254389 | 28/657 | 264123 | 1073755 |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | e visit server e se se se El como de se | E.U. | 1610633 |
| 47 | Total lobbying expenditures | 41676 | 65677 | 64764 | | |
| 48 | Grassroots nontaxable amount | 68397 | 63597 | 70414 | 66031 | 268439 |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | and the second s | and the second s | | 402659 |
| 50 | Grassroots lobbying expenditures | 874 | 4714 | 14024 | 10194 | 29806 |
| Pa | rt VI-B Lobbying Activity by Nonele (For reporting only by organiz | cting Public C ations that did | harities N not complete | Part VI-A) (See | page 13 of t | he instructions.) |
| Dur | ing the year, did the organization attempt to inf | luence national, s | state or local legis | slation, including | any Yes No | Amount |
| atte | empt to influence public opinion on a legislative | matter or referen | dum, through the | use of: | | |
| a | Volunteers | | | | | |
| t | Paid staff or management (Include compensa | tion in expenses | reported on lines | c through h.). | • • • | |
| c | : Media advertisements | | | | | |
| Ċ | Mailings to members, legislators, or the public | c | | | • • | |
| € | Publications, or published or broadcast state | ments | | • • • | • • | |
| 1 | Grants to other organizations for lobbying pu | rposes | المنظم ال | hodu | • • | |
| ç | Direct contact with legislators, their staffs, go | vernment official | s, or a legislative | r means | • • | |
| ì | Rallies, demonstrations, seminars, convention | ns, speeches, lec | tures, or any othe | , . Cilball, s | | |
| | Total lobbying expenditures (Add lines c thro | atoment diving a | detailed descripti | on of the lobbying | activities. | |

Natural Resources Council of Maine 01-0270690 Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.) Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting organization to a noncharitable exempt organization of: 51a(i) (ii) Other assets . a(ii) **b** Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization . b(i) (ii) Purchases of assets from a noncharitable exempt organization . . . b(ii) (iii) Rental of facilities, equipment, or other assets b(iii) (iv) Reimbursement arrangements b(iv) b(v) (vi) Performance of services or membership or fundraising solicitations b(vi) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (a) Name of noncharitable exempt organization Line no. Amount involved Description of transfers, transactions, and sharing arrangements 52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? **b** If "Yes," complete the following schedule: (a) Name of organization Type of organization Description of relationship



NATURAL RESOURCES COUNCIL OF MAINE 01-0270690 2006 (FYE 3/31/07) FIVE HIGHEST PAID EMPLOYEES FORM 990, SCHEDULE A PART I

| EMPLOYEE'S NAME AND ADDF | DF TITLE | COMPENSATION RETIREMENT HEALTH | RETIREMENT | HEALTH | MEDICAL REIMBURSE | LIFE | CTD | TOTAL |
|---|--|--------------------------------|------------|--------|----------------------|------|-----|--------|
| Catherine Johnson PO Box 551 Alna, Maine 04535 | Staff Attorney 40 hrs/week | 58,699 | 5,870 | 5,718 | 009 | 150 | 340 | 12,678 |
| Allison Wells 31 Chestnut St. Gardiner, Maine 04345 | Director of Marketing 40 hrs/week | 57,169 | 5,717 | 7,656 | 009 | 150 | 332 | 14,454 |
| Dylan Voorhees 82 Smith St. Apt 4 Augusta, Maine 04330 | Energy Project Director 40 hrs/week | 20,000 | 5,000 | 7,656 | 009 | 150 | 290 | 13,696 |
| Judy Berk 232 Beech Hill Rd. Northport, Maine 04849 | Communications Director 40 hrs/week | 49,299 | 4,930 | 5,718 | 009 | 150 | 286 | 11,684 |
| Nick Bennett RR! Box 1140 Outlet Rd. Hallowell, Maine 04347 | Watersheds Director 40 hrs/week | 47,877 | 4,788 | 3,828 | 009 | 150 | 278 | 9,643 |

Number of other employees with total compensation over \$50,000: 4

