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)

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2010 calendar year, or tax year beginning $4/01$, 2010, and end	ing :	3/31		, 201	1	
В	Check if	applicable;		D Emplo	yer Ident	ification	Number	
	Add	dress change NATURAL RESOURCES COUNCIL OF MAINE		01-	0270	690		
	Nan	me change 3 WADE ST		E Teleph				
	 	AUGUSTA, ME 04330-6318		(20	7) 6	22-3	101	
	 	minated		\	/			
	}	ended return		G Gross	raceinto	¢.	3,663,	992
	 	offication pending F Name and address of principal officer: LISA POHLMANN	H(a) is	this a group retu			Yes	X No
	Mbh	SAME AS C ABOVE		e all affiliates in			Yes	No No
<u> </u>	Toylor		H.,	'No,' attach a list	. (see ins	structions	,	L] 1,10
-			-			_		
<u>J</u>			· · · · · · · · · · · · · · · · · · ·	oup exemption r		······	3.677	
K		of organization: X Corporation Trust Association Other L Year of Form	nation: 🗘	959 M	State of	legal dom	nicile: ME	
H/S	irt I	Summary						
	1 F	Briefly describe the organization's mission or most significant activities: <u>ENVIRON</u>	MENTA	T WDAOC	<u>1</u> CY			
G		. THE REPORT OF THE						
Jan	-							
ren								
Governance		Check this box ➤ ☐ if the organization discontinued its operations or disposed of m Number of voting members of the governing body (Part VI, line 1a)				sets.		24
•ಕ		Number of voting members of the governing body (Fait VI, line 1a)						24
ties		Total number of individuals employed in calendar year 2010 (Part V, line 2a)						27
Activities &		Total number of volunteers (estimate if necessary)						0
Ac		Total unrelated business revenue from Part VIII, column (C), line 12						0.
	1 d	Net unrelated business taxable income from Form 990-T, line 34			7 b			0.
				Prior Year		С	urrent Y	ear
	8 (Contributions and grants (Part VIII, line 1h)		1,987,	485.		2,149	
Revenue		Program service revenue (Part VIII, line 2g)				***************************************		
ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			215.		288	,703.
ď	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).			934.			,533.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,021,	634.		2,458	<u>,178.</u>
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	[
	14	Benefits paid to or for members (Part IX, column (A), line 4)						
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,369,	814.		1,463	,360.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		3,	260.			
ĕ	h -	Total fundraising expenses (Part IX, column (D), line 25) ► 388,801		9 8		y d		<u>.</u>
Ϋ́	37	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		545,	006		721	,345.
	1.	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,919,			2,194	
						****	***************************************	
		Revenue less expenses. Subtract line 18 from line 12.		102,			·····	<u>, 473.</u>
Net Assets or Fund Bafances	٠.	T-t-t caselo (Dark V. Line 10)	Begi	inning of Curre			nd of Ye	
See	20	Total assets (Part X, line 16)		5,886, 199,			6,388	
# PER	21							<u>, 459.</u>
,		Net assets or fund balances. Subtract line 21 from line 20		5,686,	830.		6,167	<u>,870.</u>
B	art II	Signature Block						***************************************
Und	der penait	ties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and eclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	to the best	t of my knowledo	je and be	elief, it is	true, correc	t, and
		A Line III a dilla						
٠.		Signature of officer		Date				
Sig	gn		T13.61		D. T. D. F.	~=~~		
He	ere	LISA POHLMANN Type or print name and title.	EXI	ECUTIVE	DIRE	CTOR		
						PTIN	***************************************	***********
		Print/Type preparer's name Preparer's sanatte Date	lu lu	Check	if			
Pa		PETER MONTANO	11/11	self-emplo	yed	PU12	00943	
	epare	,				_		
US	e On			Firm's EIN				
		SOUTH PORTLAND, ME 04106		Phone no.	207	-774-		minin marrament
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)	/			. X	Yes	No

Form 990 or 990-EZ? If Yes, if describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	AL RESOURCES COUNCIL OF MAINE	01-0270690	Page 2
Birefly describe the organization's mission: ENVIRONMENTAL ADVOCACY			·
ENVIRONMENTAL ADVOCACY Did the organization undertain any significant program services during the year which were not listed on the prior form 990 or 900-CZ? Yes X Was, describe these new services an Schedule C. Did the organization case conducting, or make significant charges in how it conducts, any program services? Yes X Was, describe these charges on Schedule C. Did the organization and second 497x(0) unstrained for the organization states largest program services by expenses. Section 501 and 501x(6)4 (graphizations and section 494x(0)) unstrained required to report the amount of grants and allocations to others. Its expenses, and revenue, it any, for each program service optical. Code: Schopers Sample Sample		Part III	
2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27			
Form 990 or 990-EZ? If Yes, if describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	ADVOCACY		
If "Yes," describe these new services on Schedule 0. If Yes, describe the organization coase conducting, or make significant changes in how it conducts, any program services?			
Form 990 or 990-EZ? If Yes, 'describe these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?			
Form 990 or 990-EZ? If Yes, idescribe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	adatala any significant program conjugat during	the year which were not listed on the prior	
If Y'es, 'describe these new services on Schedule C. If Yes, 'describe the organization cases conducting, or make significant changes in how it conducts, any program services?			X No
3 Did the organization classe conducting, or make significant changes in now it conducts, any program services?		168	, 140
If Yes: describe these changes on Schedule C Describe the exemp purpose achievements for each of the organization's three largest program services by expenses. Sertion 501 expenses, and revenue, it any, for each program service reported to report the emount of grants and allocations to others, the expenses, and revenue, it any, for each program service reported. 4a (Code: (Co		ow it conducts any program services?	s X No
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501 and 501(c)(d) organizations and section 497(s)(f) trusts are required to report the amount of grants and allocations to others, the expenses, and revenue, if any, for each program service reported. 4a (Code:		on it consucts, any program controls	- [1]
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grents and allocations to others, the expenses, and revenue, if any, for each program service reported. 4a (Code: 1000 (Expenses \$ 1,564,901, including grants of \$) (Revenue \$ PROGRAMS TO UNITE AND CORDINATE THE EFFORTS FOR THE ADVANCEMENT OF NATURAL RESOUR CONSERVATION AND RELATE THE ECONOMY OF MAINE TO ITS NATURAL RESOURCES, ISSUES ADDRESSED INCLUDE ATR AND WATER POLLUTION, RIVERS, LAND USE, PUBLIC LANDS, ENERGY FORESTRY. 4b (Code: 1000 (Expenses \$ including grants of \$) (Revenue \$) 4c (Code: 1000 (Expenses \$ including grants of \$) (Revenue \$) 4d (Code: 1000 (Expenses \$ including grants of \$) (Revenue \$)	ournose achievements for each of the organization	's three largest program services by expenses. Section	on 501(c)(3)
4a (Code:) (Expenses \$ 1,564,901, including grants of \$) (Revenue \$ PROGRAMS TO UNITE AND COORDINATE THE EFFORTS FOR THE ADVANCEMENT OF NATURAL RESOURCE CONSERVATION AND RELATE THE ECONOMY OF MAINE TO ITS NATURAL RESOURCES. ISSUES ADDRESSED INCLUDE AIR AND WATER POLLUTION, RIVERS, LAND USE, PUBLIC LANDS, ENERGY FORESTRY. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$] 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$]	ations and section 4947(a)(1) trusts are required	report the amount of grants and allocations to other	s, the total
PROGRAMS TO UNITE AND COORDINATE THE EFFORTS FOR THE ADVANCEMENT OF NATURAL RESOUR CONSERVATION AND RELATE THE ECONOMY OF MAINE TO ITS NATURAL RESOURCES ISSUES ADDRESSED INCLUDE ATR AND WATER POLLUTION, RIVERS, LAND USE, PUBLIC LANDS, ENERGY FORESTRY 4b (Code:	e, it arry, for each program service reported.		
PROGRAMS TO UNITE AND COORDINATE THE EFFORTS FOR THE ADVANCEMENT OF NATURAL RESOUR CONSERVATION AND RELATE THE ECONOMY OF MAINE TO ITS NATURAL RESOURCES. ISSUES ADDRESSED INCLUDE ATR AND WATER POLLUTION, RIVERS, LAND USE, PUBLIC LANDS, ENERGY FORESTRY Ab (Code:	European & 1 564 BOT including grap	s of \$) (Poyonus \$	\
COMSERVATION AND RELATE THE ECOMOMY OF MAINE TO ITS NATURAL RESOURCES. ISSUES ADDRESSED INCLUDE AIR AND WATER POLLUTION, RIVERS, LAND USE, PUBLIC LANDS, ENERGY FORESTRY. 4b (Code: (Expenses \$ including grants of \$) (Revenue \$) 4c (Code: (Expenses \$ including grants of \$) (Revenue \$)			'SUIBCES
ADDRESSED INCLUDE AIR AND WATER POLLUTION, RIVERS, LAND USE, PUBLIC LANDS, ENERGY FORESTRY. 4b (Code:) (Expenses \$including grants of \$) (Revenue \$\$ 4c (Code:) (Expenses \$including grants of \$) (Revenue \$\$ 4d Other program services. (Cescribe in Schedule O.)			1000ICE5 _
FORESTRY. 4b (Code:) (Expenses \$including grants of \$) (Revenue \$			RGY AND
4b (Code:) (Expenses \$including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O.)	LODE AIR AND WATER TODASTION, I	VIND, LAND OUL, LODDIC LANDS, INC	HOT THE
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$. Mar and	
4c (Code:	UNI, TARRE TOTAL WAVE STORM STORM PAPER AND AREA AREA AREA STORM STORM FROM THE THREE STORM AREA AREA STORM AREA UNLAR.		
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$			
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$		/ Mart and the first that the first	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$			
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$, the same and then the the the the the same that the the the the the the the the the th	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$			
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$			
4d Other program services. (Describe in Schedule O.)	Expenses \$ including gran	s of \$) (Revenue \$)
4d Other program services. (Describe in Schedule O.)			
4d Other program services, (Describe in Schedule O.)			
4d Other program services. (Describe in Schedule O.)			
4d Other program services. (Describe in Schedule O.)		ے میں اس میں اس میں اس	
4d Other program services, (Describe in Schedule O.)		יים יינור מוני מוני מוני מוני מוני מוני מוני מוני	
4d Other program services, (Describe in Schedule O.)			
4d Other program services. (Describe in Schedule O.)	MAN MAN MAN AND AND THE MERT THE SAY, THE SAME WAS MAD MAD MAD MADE MADE MADE THE THE SAME SAY.	as anna tala tala dena tala ti tala tala dan tala tala dan lapa ti ana ana dan tala dan man tala	
4d Other program services. (Describe in Schedule O.)			
4d Other program services. (Describe in Schedule O.)			
4d Other program services. (Describe in Schedule O.)			
4d Other program services. (Describe in Schedule O.)			
4d Other program services. (Describe in Schedule O.)			
	(Expenses \$including gran	s of \$) (Revenue \$)
		·	
			··· ·· ·· ·· ·· ·· ·· ··
		AT \$100 THE THE STATE AND MAY FIRE AND THE THE WAY BUT AND BALL LIKE UME MADE AND MENT AND THE THE THE THE THE	
		N THE THE PER PER PER PER PER PER PER PER PER PE	
	os (Deparibe in Schodule O.)		
(Expenses \$ including grants of \$) (Revenue \$)) (Revenue \$)
4 764 004) (LYEARLING A	
		nerso F/	orm 990 (2010)

Form 990 (2010) NATURAL RESOURCES COUNCIL OF MAINE

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	X	
	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12a	X	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule Ea Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
		144		^
	b Did the organization fave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	complete Schedule G, Part III	19		X
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	-	X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) NATURAL RESOURCES COUNCIL OF MAINE

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and			-
h	complete Schedule K. If 'No, 'go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	.240		
	any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		ļ
25 a	s Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Χ
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			77
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	,	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
i	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	BOOK OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF TH

BAA

Form **990** (2010)

Form 990 (2010) NATURAL RESOURCES COUNCIL OF MAINE 01-0270690 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V... Yes No 12 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.......... 1a **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners?..... 1 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 27 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.... X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q. 35 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)?...... Х 4a **b** If 'Yes,' enter the name of the foreign country: **>** See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ 5a Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?.... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 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? Χ 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?..... 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?..... Х 7 a 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 828Ź?.... 7 c 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?... 7 e Χ 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ... X g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g as required?..... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?...... 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?..... 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12...... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)..... 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year...... 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13 a Note, See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in 13b c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

14 a

14 b

Χ

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI. Section A. Governing Body and Management Yes No 24 1 a Enter the number of voting members of the governing body at the end of the tax year 24 **b** Enter the number of voting members included in line 1a, above, who are independent 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ officer, director, trustee or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?..... Χ 3 4 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Χ 6 Does the organization have members or stockholders?.... 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a X governing body?..... Χ b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body?..... Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Χ organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Νo 10a Χ 10 a Does the organization have local chapters, branches, or affiliates?..... b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Χ 11 a 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a X 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13..... **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c X 13 13 Does the organization have a written whistleblower policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... SEE. SCHEDULE . O . . . 15a Χ 15b b Other officers of key employees of the organization..... If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?... 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed - ME_MA_NH_PA_CT_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request X Own website Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial SEÉ SCHEDULE O statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Form 990 (2010)

20

► KATHRYN THOMPSON 3 WADE ST AUGUSTA ME 04330-6317 (207) 622-3101

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)			(((D)	(E)	(F)
Name and title	Average	Pos	ition (check	all t	hat app		Reportable compensation from	Reportable compensation from	Estimated
	hours per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MiSC)	amount of other compensation from the organization and related organizations
(1) WILLIAM HOUSTON										
PRESIDENT	1 1	X		X				0.	0.	0.
(2) ELISA BOXER									V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DIRECTOR	1	X						0.	0.	0
(3) RONDI NELSON										
DIRECTOR	1 1	X						0.	0.	0
(4) VICTORIA DEVLIN										
DIRECTOR	1	X						0.	0.	0
(5) MAROULLA GLEATON										
DIRECTOR	1	X						0.	0.	0
(6) CHRIS BOND										
TREASURER	1	X		X				0.	0.	0
(7) EDMUND CERVONE	Ý									
DIRECTOR	1	X						0.	. 0.	0
(8) MARION FREEMAN										
DIRECTOR	1	X						0.	0.	0
(9) CYNTHIA HYDE						VR8011A A0A				
DIRECTOR ·	1	X						0.	0.	00
(10) WARREN KESSLER		A CONTRACTOR								
DIRECTOR	1	X						0.	0.	0
(11) ADAM LEE	-	-	1							
DIRECTOR	1 1	X						0.	0.	0
(12) JEANNE GULNICK										
DIRECTOR	1	X						0.	0.	0
(13) HENRY HEYBURN, JR.									[
DIRECTOR	1	X		<u> </u>		<u> </u>		0.	0.	0
(14) KEN OLSON										
DIRECTOR	1	X						0.	0.	0
(15) TONY OWENS										
VICE PRESIDENT	1	X		X	ļ	1	L	0.	0.	0
(16) KATHY REMMEL	_					1				
DIRECTOR	1	X						0.	0.	0
(17) DENNIS KING	_					,				
DIRECTOR	1	X	1	1	-	1	1	0.1	0.1	0

Part VII Section A. Officers, Directors, Trust	ees, r	ey	EIII	pio	yee	₹5,	ant		ipensated Emp	oyees (cont)
(A)	(B)			(c	:)			(D)	(E)	(F)
Name and title	Average hours			check				Reportable	Reportable	Estimated
	per week (describe hours for related organi- zations in Sch O)	lnd or i	enl	Officer	Key	6119 EH	Former	compensation from the organization	compensation from related organizations	amount of other compensation
	hours for	jire.	100	Cer	9	D des	me	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related organi-	Ctor La	one		employee	8 8	_ [and related organizations
	zations	Tust 18	i fr		yee	ade				,
	Sch O)	e e	Institutional trustee			Highest compensate				
			10			ted				
TYOUR C. ETTOTATODA										
(18) THOMAS TIETENBERG		٠.,			-			_		
DIRECTOR	1	X						0.	0.	0.
(19) NORTON LAMB										
DIRECTOR	1	X						0.	0.	0.
(20) STEWART STRAWBRIDGE									·	
DIRECTOR	1 1	X						0.	0.	0.
(21) LOIS WINTER					1 1					
SECRETARY	1	X		Х				0.	0.	0.
(22) SUSAN MACKENZIE										***************************************
DIRECTOR	1	X						0.	0.	0.
(22) TEEC DIDOT										
DIRECTOR	1	X					:	0.	0.	0.
(24) VATE DIICE	+ +	1-		<u> </u>				0.	0.	0.
	1 1	v	ļ					_	0.	0
DIRECTOR	1	X						0.	U.	0.
(25) EVERETT B CARSON								00.000	•	2 252
EXECUTIVE DIREC	40	ļ	ļ	X	ļ			83,290.	0.	3,353.
(26) LISA POHLMANN										
EXECUTIVE DIREC	40	ļ	ļ	X				76,832.	0.	12,676.
(27) KATHRYN THOMPSON						.				
FINANCE DIRECTR	40			X				57,511.	0.	12,021.
(28)										
(29)										
1 b Sub-total							 	217,633.	0.	28,050.
c Total from continuation sheets to Part VII, Section							>	0.	0.	0.
d Total (add lines 1b and 1c)							P	217,633.	0.	28,050.
2 Total number of individuals (including but not limite							rec	· · · · · · · · · · · · · · · · · · ·	1	······································
from the organization • 0	a to 1110	JC 11	J.C.C	up.	J¥C)	***) 00	Served stiere trials	φ100,000 iii iopoite	ibio compenadaon
from the organization - 0										Voc. No.
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i	or trus	tee,	key	em	oloye	ee, c	or hi	ighest compensati	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re	portable	e co	mpe	nsai	tion	and	oth	er compensation	from	
the organization and related organizations greater t										4 X
									individual	1 427.30
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	comple:	le Si	chea	un a Iule	J foi	unie r suc	ch p	erson	murviuuai	5 X
Section B. Independent Contractors	·								<u> </u>	
1 Complete this table for your five highest compensation	ted inde	pen	dent	cor	itrac	tors	tha	t received more ti	nan \$100,000 of	
compensation from the organization.	·	, <u>.</u>						1		
(A)								(B Description)	(C)
Name and business addres	5							Description	or services	Compensation
										
			_							
									200	
2 Total number of independent contractors (including	but not	lim	ted	to th	nose	liste	ed a	bove) who receive	ed more than	
\$100,000 in compensation from the organization										10 (10 m) 10 m) 10 m) 10 m) 10 (10 m) 10 m) 10 m) 10 m)

Ta Federated campaigns. 1a 8,631. b Membership dues. c Fundraising events. d Related organizations. e Government grants (contributions). f All other contributions, gifts, grants, and similar amounts not included above. g Noncash contributions included in Ins 1a-1f: y Noncash contributions included in Ins 1a-1f: p Noncash contributions in Ins 1a-1f: p Noncash contrib	512. 513, or 514
b Membership dues. 1b c Fundraising events. 1c d Related organizations. 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above. 1f 2,141,311.	1.
C Fundraising events. 1c d Related organizations. 1d e Government grants (contributions). 1e f All other contributions, gifts, grants, and similar amounts not included above. 1f 2,141,311.	· .
d Related organizations. 1d e Government grants (contributions). 1e f All other contributions, gifts, grants, and similar amounts not included above. 1f 2,141,311.	
e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above. 1f 2,141,311.	
f All other contributions, gifts, grants, and similar amounts not included above. 1f 2,141,311.	•
■芸 similar amounts not included above 1f 2,141,311.	**
MOI TO THE	
g Noncash contributions included in lns 1a-1f: \$ 155,853.	, A
	ţ.
Business Code	
Business Code Business Code Business Code Business Code Business Code Business Code	
A d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
₹ e	
f All other program service revenue	
g Total. Add lines 2a-2f. ▶	
3 Investment income (including dividends, interest and	
other similar amounts) 85, 487.	85,487.
4 Income from investment of tax-exempt bond proceeds	
5 Royalties (i) Real (ii) Personal	Section 1
6a Gross Rents.	
b Less: rental expenses.	da esebe ^l e le
c Rental income or (loss)	
d Net rental income or (loss)	vako i en l'institut graviti si i i .
(i) Securities (ii) Other	
7a Gross amount from sales of assets other than inventory 1, 401, 505.	
b Less: cost or other basis	4.1 ⁵
and sales expenses 1,198,289.	•
c Gain or (loss) 203, 216.	
d Net gain or (loss)	203,216.
8a Gross income from fundraising events (not including. \$	
of contributions reported on line 1c).	
See Part IV, line 18 a 13,465.	
of contributions reported on line 1c). See Part IV, line 18	
c Net income or (loss) from fundraising events 5, 940.	5,940.
9 a Gross income from gaming activities. See Part IV, line 19	·
b Less: direct expenses b	
c Net income or (loss) from gaming activities ▶	
10 a Gross sales of inventory, less returns	
and allowancesa	
b Less: cost of goods sold b	
c Net income or (loss) from sales of inventory.	**************************************
Miscellaneous Revenue Business Code 11 a REIMBURSEMENT FOR EXPENSE 900099 13,593.	10 500
	13,593.
.	
· c	

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 7b. 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				v
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	245,683.	123,306.	104,762.	17,615.
-6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described		•		_
	in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	965,686.	805,145.	9,681.	150,860.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	32,784.	25,399.	2,759.	4,626.
9	Other employee benefits	132,736.	105,693.	3,137.	23,906.
10	Payroll taxes	86,471.	67,007.	7,266.	12,198.
	Fees for services (non-employees):	00, 1, 2,	017007.	,,200.	±27±30+
	Management				
ء د	L agai		, , , , , , , , , , , , , , , , , , ,		
	Legal				
•	: Accounting.				
	Lobbying.		van er samme van de skriver van de s		
	Professional fundraising services. See Part IV, line 17	ממ דדי		22.55	
	Investment management fees.	33,551.	44.000	33,551.	- A.F.A
] Other	51,353.	44,303.		7,050.
	Advertising and promotion	48,192.	46,664.		1,528.
13	Office expenses		7,686.	7,069.	6,784.
14	Information technology				
15	Royalties				1
16	Occupancy				
17	Travel	25,523.	23,583.	375.	1,565.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings	33,367.	29,631.	2,717.	1,019.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.).				:
,	ALLOCATED OVERHEAD	276,050.	170,036.	53,257.	52,757.
	PRINTING AND PUBLICATIONS	84,819.	45,236.	358.	39,225.
	POSTAGE AND SHIPPING	68,872.	34,907.	3,349.	30,616.
	EQUIPMENT MAINTENANCE	48,925.	24,746.	5,341.	18,838.
	TTCTC	14,615.	4,029.		10,586.
	All other expenses	24,539.	7,530.	7,381.	9,628.
25	Total functional expenses. Add fines 1 through 24f	2,194,705.	1,564,901.	241,003.	388,801.
******************************	Joint costs. Check here ► X if following SOP 98-2 (ASC 958-720), Complete this line only if the organization reported in column		1,004,001.	241,000.	300,001.
	(B) joint costs from a combined educational campaign and fundraising solicitation	76,673.	20,753.		55,920.
BAA		/0,0/3.	20,733.		55, 920. Form 990 (2010)

Pa	πx	Balance Sneet			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·	
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			186,462.	1	102,889.
	2	Savings and temporary cash investments			548,036.	2	613,890.
	3	Pledges and grants receivable, net				3	180,306.
	4	Accounts receivable, net			12,105.	4	6,438.
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part II	, trust of Sc	tees, key employees, chedule L		5	
٨	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contril sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions).	d und outing v emp	er section 4958(f)(1)), employers and loyees' beneficiary		6	
ASSETS	7	Notes and loans receivable, net				7	
Ē	8	Inventories for sale or use			6,972.	8	5,544.
Ś	9	Prepaid expenses and deferred charges			23,877.	9	28,732.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	1,281,466.			
	b	Less: accumulated depreciation			697,915.	10 c	645,043.
	11	Investments – publicly traded securities			4,053,341.	11	4,433,491.
	12	Investments - other securities. See Part IV, line 11	187,254.	12	281,808.		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	90,188.
	16	Total assets. Add lines 1 through 15 (must equal line 3				16	6,388,329.
	17	Accounts payable and accrued expenses			· · · · · · · · · · · · · · · · · · ·	17	220,459.
	18	Grants payable			18		
	19	Deferred revenue			19		
L	20	Tax-exempt bond liabilities				20	
Ā	21	Escrow or custodial account liability. Complete Part IV			***************************************	21	
L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensated employees.	tees,	key employees, Complete Part II			
E S		of Schedule L				22	
5	23	Secured mortgages and notes payable to unrelated thi			***************************************	23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities, Complete Part X of Schedule D				25	G00 4F0
	26	Total liabilities. Add lines 17 through 25.			199,180.	26	220,459.
N E T		Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34.	[X] ar	id complete lines		e grand	
Ş	27	Unrestricted net assets			5,373,081.	27	5,574,446.
ASSETS	28	Temporarily restricted net assets				28	408,424.
	29	Permanently restricted net assets.		<u></u>	185,000.	29	185,000.
R		Organizations that do not follow SFAS 117, check he	re 🟲	and complete			[[: 14] [] [14] [15]
F		lines 30 through 34.			Para de la castalidad d		
FUND	30	Capital stock or trust principal, or current funds			* · - · · · · · · · · · · · · · · · ·	30	
B	31	Paid-in or capital surplus, or land, building, or equipm	nd		31		
BALANCES	32	Retained earnings, endowment, accumulated income,	or oth	ner funds	The state of the s	32	
Č.	33	Total net assets or fund balances			5,686,830.	33	6,167,870.
Š	34	Total liabilities and net assets/fund balances			5,886,010.	34	6,388,329.

BAA

Form **990** (2010)

Form 990 (2010) NATURAL RESOURCES COUNCIL OF MAINE	01-0270690		Pa	ge 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				X
	1 1			
1 Total revenue (must equal Part VIII, column (A), line 12)		2,4		
2 Total expenses (must equal Part IX, column (A), line 25)			94,7	
3 Revenue less expenses. Subtract line 2 from line 1			63,4	***************************************
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			<u>36,8</u>	
5 Other changes in net assets or fund balances (explain in Schedule O)SEESCHEDULE . O	5	2.	17,5	67.
. 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,1	67,8	70.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
	•		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		13.		4
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ
b Were the organization's financial statements audited by an independent accountant?		. 2b	Χ	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	. 2c	Х	
If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O.	ín			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	ere issued on a		:	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	. 3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	the required audit	. 3b		
BAA		Form	990 ((2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OME No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

	me of the organization Employer identification number											
	AL RESOURCES C								270690			
Part I	Reason for Publ	ic Charity Status	(All organizations	must o	comple	te this	part.)	See ir	nstructio	ons.		
The orga	nization is not a priva	te foundation because	e it is: (For lines 1 throu	ugh 11,	check or	nly one i	box.)			·		
7	A church, convention	of churches or assoc	iation of churches desc	cribed in	section	n 170(b)	(1)(A)(I)					
2	A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)								
3	A hospital or a coope	erative hospital service	e organization describe	d in sec	tion 17	0(Б)(1)(А	A)(iii).					
4			in conjunction with a h					O(b)(1)(A	Miii). Ent	ter the hos	nital's	
	- пате. citv. and state	ı:	-									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6 _												
7 X	in section 170(b)(1)(/	4)(vi). (Complete Par				vernmer	ital unit	or from	the gene	eral public	descri	bed
8			0(b)(1)(A)(vi). (Comple									
9	from activities related investment income a June 30, 1975. See s	I to its exempt function in the second in th		n except section !	ions, an 511 tax)	id (2) no from bu	more tl isinesse	han 33-1 is acquir	1/3% of it	e cunnont	from a	rnee
10	-		xclusively to test for pu		-							
41												
a Type b Type c Type Functionally integrated d Type - Other												
e												
-	If the organization re	ceived a written deter	mination from the IRS	that is a	Type I,	Type II	or Type	III supp	orting or	ganization	r	
g			on accepted any gift of				of the fo	llována	porcone?			. —
9	Office / Loguet 17, 200	o, nas tie organizati	on accepted any gat of	CONTIND	unon ne	on carry c	21 (HE 10	nowing	hersons:		Yes	No
	(i) A person who c	directly or indirectly co	ontrols, either alone or	together	with pe	rsons de	escribed	l in (ii) a	and (iii)		162	INU
		_ ,	ported organization?							11 g (i)		
			ped in (i) above?									
			described in (i) or (ii) al							11 g (iii)		
h			supported organization	T		Τ						
	(i) Name of supported organization	(ii) EiN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	is the tation in	the organ	ou notify ization in n (i) of ipport?	(vi) ii organiz colun organize U.S	ation in nn (i) ed in the	(vii) Amour	it of supp	oort
		\		Yes	No	Yes	No	Yes	No			
(A)		A CALLAGORITHM AND A CALLAGORITH										
~~~			<u></u>								***********	
<u>(B)</u>												
(0)					-					· · · · · · · · · · · · · · · · · · ·		
(C)				<u> </u>								
<u>(D)</u>												
(E)												
<u>(E)</u>				-	ļ							
Total												
									····			

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	tion A. Public Support						
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	2,905,198.	2,328,858.	2,057,107.	1,987,485.	2,149,942.	11,428,590.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		*11				0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge					N. D. Constant	0.
4	Total. Add lines 1 through 3	2,905,198.	2,328,858.	2,057,107.	1,987,485.	2,149,942.	11,428,590.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						192,414.
6	Public support. Subtract line 5 from line 4.						11,236,176.
Sec	tion B. Total Support	15	<u> </u>				
Cale	ndar year (or fiscal year nning in) 🟲	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4	2,905,198.	2,328,858.	2,057,107.	1,987,485.	2,149,942.	11,428,590.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	207,205.	350,821.	130,683.	95,817.	85,487.	870,013.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). SEE PART. IV	1,707.	19,744.	18,679.	19,647.	27,058.	86,835.
11	Total support. Add lines 7 through 10						12,385,438.
12	Gross receipts from related activities	vities, etc (see ins	tructions)			12	2,653.
	First five years. If the Form 990 organization, check this box and	stop here					
Sec	tion C. Computation of Pu	blic Support F	ercentage				
14	Public support percentage for 2						90.7%
15	Public support percentage from						90.4%
16 a	33-1/3% support test — 2010. If and stop here. The organization	the organization of qualifies as a pu	did not check the blicly supported o	box on line 13, ar organization	nd the line 14 is 3	3-1/3% or more, o	check this box
ì	33-1/3% support test 2009. If and stop here. The organization	the organization of qualifies as a pu	did not check a bo blicly supported o	ox on line 13 or 16 or 16 or 16	Sa, and line 15 is	33-1/3% or more,	check this box
17 a	a 10%-facts-and-circumstances to more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	<b>re.</b> Explain in Par	t IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-i id-circumstances'	and-circumstance test. The organiz	s' test, check this zation qualifies as	box and stop he a publicly suppor	<b>re,</b> Explain in Par ted organization .	t IV how the
18	Private foundation, If the organ	ization did not che	eck a box on line	15, 16a, 16b, 1/a	, or 17b, check th	iis oox and see in	STRUCTIONS

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				,		
	dar year (or fiscal yr beginning in) 🟲 🔠	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.)				Manage Control of the	Annual of the second	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	: Add lines 7a and 7b			}			
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support			,		·	
Calen	dar year (or fiscal yr beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(	3)
Sec	organization, check this box and tion C. Computation of Pub	stop nere	ercentage				
15	Public support percentage for 20			10 12 column (f)		3.5	· ·
16	Public support percentage from 2						0/0
	tion D. Computation of Inv						0/0
17	Investment income percentage for				mn (f)\		%
18	Investment income percentage fr						000
	33-1/3% support tests — 2010. If is not more than 33-1/3%, check						
ь	33-1/3% support tests - 2009. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or l	ine 19a, and line	16 is more than 3	3-1/3%, and
		,		5	heck this box and	.) PAPPOLIPE OF GO	THE WORLD FILL THE

Schedu	ıle A	(For	n 99	0 or 9	90-E	Z) 20	10	NA	TUR	AL I	RESC	DURC.	ES (	COUN	CIL	OF	MA3	INE		0	1-02	7069	90		Page 4
Part I	V	Sup Part	ple:	men line	<b>tal Ir</b> 17a :tion:	i <b>for</b> i or 1	m <b>at</b> 7b;	ion. and	Cor d Pai	nple rt III	te th , line	iis pa e 12.	art to Also	pro cor	vide nple	the te th	expl is pa	anati art fo	ons r r any	equire addit	ed by ional	Par info	t II, I rmat	ine 1 ion.	0;
														·	<del></del>				~ ~~				MARINA MANAGE MAN		
					· <del></del>	<del></del>		<del></del>	<del></del>					·		· •							<u></u>		
									<del></del>					·						* *-			····· ···· w		
						<del></del>	·			. <del></del>		·													···
																. — —			~						
								<u> </u>					<del></del>			. <u></u>			<del></del> -	- <del></del>					
		MALE WAR		-																					
							<b></b>									- <del></del>									
														M. 400M B.M.	w										
			<u> </u>					-							paganag balagan saka										
									<del></del>				<del></del>		<del></del>										
we we															<b></b>										MAN 1988 MIN PROPERTY PRO
Linn Takin serve					INC. AVE.											- mn		*** ***** *****	ANNE MANA MANA A	NAME ARREST ARRESTS AS					

2010

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

### NATURAL RESOURCES COUNCIL OF MAINE

01-0270690

	15	1 10.5	16	OTHER.	
PARI	18.	1.1100	111 ~	UIHER	INCOME

NATURE AND SOURCE	1	2010	2009	2008	2007	2006
MISC INCOME SPECIAL EVENTS		13,593. 13,465.	19,647.	18,679.	19,744.	1,707.
DINCING DARKED	TOTAL \$		\$ 19,647.	\$ 18,679.	\$ 19,744.	\$ 1,707.

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization		Employer identification number
NATURAL RESOURCES COUNCIL OF M	MAINE	01-0270690
Organization type (check cne):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a 527 political organization	private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation	vate foundation
Check if your organization is covered by the <b>Ge Note</b> . Only a section 501(c)(7), (8), or (10) orga	neral Rule or a Special Rule. Inization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule  For an organization filing Form 990, 990-EZ contributor. (Complete Parts I and II.)	, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and received	orm 990 or 990-EZ, that met the 33-1/3% support test of the I from any one contributor, during the year, a contribution o VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I a	of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organiz: aggregate contributions of more than \$1,000 the prevention of cruelty to children or anim	ation filing Form 990 or 990-EZ, that received from any one 0 for use <i>exclusively</i> for religious, charitable, scientific, liter als. Complete Parts I, II, and III.	contributor, during the year, rary, or educational purposes, or
contributions for use exclusively for religiou	ation filing Form 990 or 990-EZ, that received from any one s, charitable, etc, purposes, but these contributions did not ontributions that were received during the year for an excluncians the <b>General Rule</b> applies to this organization becaus	aggregate to more than \$1,000. usively religious, charitable, etc.
religious, charitable, etc, contributions of \$5	5,000 or more during the year	<b>▶</b> \$
990-PF) but it must answer 'No' on Part IV. line	the General Rule and/or the Special Rules does not file Sc e 2 of their Form 990, or check the box on line H of its Form g requirements of Schedule B (Form 990, 990-EZ, or 990-Pl	1 990 EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act Notice, se	ee the Instructions for Form 990, Schedu	<b>le B</b> (Form 990, 990-EZ, or 990-PF) (2010)

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
Name of org	AL RESOURCES COUNCIL OF MAINE	' '	r identification number 270690
Part I	Contributors (see instructions.)	01 0,	270000
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$50,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$ 102,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$47,977.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$85,790.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1 of 1 of Part II

NATURAL RESOURCES COUNCIL OF MAINE

Employer identification number 01-0270690

Part II	Noncash Property (see instructions.)		
(a) No, from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) lo. from Part l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	\$	  chedule <b>B</b> (Form 990, 990-E	 7

Part III

Name of organization
NATURAL RESOURCES COUNCIL OF MAINE

Employer identification number

RESOURCES COUNCIL OF MAINE	01-0270690
Exclusively religious, charitable, etc, individual contributions to section	501(c)(7), (8), or (10)
organizations aggregating more than \$1,000 for the year. Complete cols (a) the	brough (e) and the following line entry

o. from	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held
Part I N/A			
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) , from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held
	· .	(e)	
	Transferee's name, address	Transfer of gift	Relationship of transferor to transferee
(a)	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held
'art I			
	Transferee's name, addres	(e) Transfer of gift	Relationship of transferor to transferee
	transieree 3 manie, addres	5, 010 211 1 7	Relationship of transferor to transferee
(a) i. from Part I	(b) Purpose of gift	(c) Use of gift	(d)  Description of how gift is held
		(e) Transfer of gift s, and ZIP + 4	

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

Department of the Treasury Internal Revenue Service

(6)

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

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Complete if the organization is described below.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2010

	ection 527 organizations: Con				
		'to Form 990, Part IV, line 4, or Form 990-			
	( / ( / =	s that have filed Form 5768 (election under		·	•
Ρ	art II-A.	s that have NOT filed Form 5768 (election ι			
		to Form 990, Part IV, line 5 (Proxy Tax) o		, line 35a (Proxy Tax),	then
		ganizations: Complete Part III.	- 145		
	of organization			Employer identifica	
	URAL RESOURCES COUN			01-0270690	
		ganization is exempt under section	<del></del>	······································	ation.
	· ·	organization's direct and indirect political ca	· -		
3	Volunteer hours				
		ganization is exempt under section			
1.	Enter the amount of any exci	se tax incurred by the organization under s	section 4955	, 🟲 \$ _.	0.
		se tax incurred by organization managers			
	9	section 4955 tax, did it file Form 4720 for			
					Yes No
Ь	If 'Yes,' describe in Part IV.				·····
		ganization is exempt under section			
1	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt function	n activities 🟲 💲	
2	Enter the amount of the filing function activities.	g organization's funds contributed to other	organizations for sect	ion 527 exempt 	
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,		
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	organization made navments	and employer identification number (EIN) of the control of the con	nount naid from the fi	ling organization's fund	s. Also enter the
	(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					

Part II-A Complete if section 501(	the organizatior (h)).	n is exempt under sect	tion 501(c)(3) and	filed Form 5768 (ele	ection under
A Check ► if the fills	ng organization belo	ngs to an affiliated group.		<u> </u>	
B Check ► if the filli	ng organization chec	cked box A and 'limited cont	rol' provisions apply.		
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incurre	d.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expendit	ures to influence pul	blic opinion (grass roots lob	bying)	3,798.	
<b>b</b> Total lobbying expendit	ures to influence a l	egislative body (direct lobby	ing)	69,794.	
c Total lobbying expendit	ures (add lines 1a a	nd 1b)		73,592.	0.
d Other exempt purpose	expenditures			2,126,791.	
e Total exempt purpose e	expenditures (add lin	es 1c and 1d)		2,200,383.	0.
f Lobbying nontaxable an both columns.	nount. Enter the am	ount from the following table	e in	260,019.	
If the amount on line le, col	umn (a) or (b) is:	The lobbying nontaxable an	nount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	\$160,000 plus 15% of the excess of	iver \$500,000.	·	
Over \$1,000,000 but not over \$	\$1,500,000	\$175,000 plus 10% of the excess of	iver \$1,000,000.	<u>.</u>	
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess ov		:	
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable :	amount (enter 25%	of line 1f)		65,005.	0.
		s, enter -0		0.	0.
i Subtract line 1f from lin	ne 1c. If zero or less	, enter -0		0.	0.
j If there is an amount of section 4911 tax for this	ther than zero on eit	her line 1h or line 1i, did the	e organization file Forn	n 4720 reporting	
		4-Year Averaging Period Ur t made a section 501(h) ele s below. See the instructio	oder Section 501(h)		
	Lobb	ying Expenditures During	I-Year Averaging Perio	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a Lobbying non-taxable amount	289,62	4. 269,512.	245,954.	260,019.	1,065,109.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,597,664.
c Total lobbying expenditures	79,88	8. 30,060.	42,066.	73,592.	225,606.
d Grassroots nontaxable amount	72,40	6. 67,378.	61,489.	65,005.	266,278.
e Grassroots ceiling amount (150% of line 2d, column (e))					399,417.
f Grassroots lobbying expenditures	2,87	7. 2,127.	2,379.	3,798.	11,181. 990 or 990-EZ) 2010

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	3)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			47 1
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
pirect contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	ļ		***************************************
i Other activities? If 'Yes,' describe in Part IV			
j Total. Add lines 1c through 1i	37457.°	1906	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		VAR 400 FT	
b If 'Yes,' enter the amount of any tax incurred under section 4912	ļ	-	Tringer on an experience and analysis
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	1:		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	S-	ř.	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	cV5)	Or.	
section 501(c)(6).	C)(J)	, Ui	
300(10)( 30 ( ( )( 0 ))			V N-
7 M. (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501			
section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Pais answered 'Yes.'	rt III-	A, lir	ne 3
1 Dues, assessments and similar amounts from members.		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2a	
<b>b</b> Carryover from last year		2b	
<b>c</b> Total		2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
7		Š.	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit expenditure next year?	ical	4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an Also, complete this part for any additional information.		i II-B,	line 1i.
Also, complete this part for any additional monitoring.			· _ ~
			, <u></u>
· · · · · · · · · · · · · · · · · · ·			
			TO SPECIF SUPERIOR SECURE SALES ARREST SALES SECURE SECURE SALES S

Zoueanie r (1	orm 990 or 990-EZ) 2010 NATUKAL- KES	OURCED COUNCIT O	r MAINE	01-02/0690	Page 4
Part IV	Supplemental Information (Co	ontinued)	7		
	ALL ALL AND	THE REAL PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDRESS OF THE PART			
	·				
				-, <b></b>	
	IN ARREST MALES MALES MALES STATE STATE STATE STATE MALES MA				
					~ ~ — — — — —
	•				
	- <b></b>				
~ ~		VIII. VIII. BORY BORN SHOEL HIEF THOS THEY STATE STATE STATE STATE			
	- Line Alle Sole Sole Sales Sales Sales Made Made Soles Sole	VIII. WHILE MADE MADE THAT THAT THE WAY THE WAY		,	
				- <del> </del>	
	THE RESERVE AND MADE SHOW MADE SALES MADE SHOW MADE MADE SHOW AND			- <b></b>	
	علد نے بیا نے اپنے بیا ہے۔ ہے ہے کے بیان کے اسے بیان ہیں ہیں ہی				
					· ·
			·		
	- WL MA WAY FOR MAY FOR MAY MAY MAY FOR FOR THE WAY				
	_ w_ wo me				
			<del></del>		
· · · · · · · · · · · · · · · · · · ·					

### SCHEDULE D (Form 990)

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions. 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

דעת	URAL RESOURCES COUNCIL OF MAIN	JE		01-0270690
Par	t I Organizations Maintaining Donor	Advised Funds or Other	Similar Funds or Acc	ounts. Complete if
	the organization answered 'Yes' to			
		(a) Donor advised fu	nds (b)	Funds and other accounts
1	- T			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor funds are the organization's property, subject to	or advisors in writing that the asother organization's exclusive le	ssets held in donor advised gal control?	Yes No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits.	ne benefit of the donor or donor	advisor, or for any other	Yes No
Pai	t II   Conservation Easements. Comple			
	Purpose(s) of conservation easements held by			
,	Preservation of land for public use (e.g., re	_	Preservation of an histori	cally important land area
	Protection of natural habitat	ereation of education,	Preservation of a certified	
	Preservation of open space	L_	The source of a continue	This is a straight of the stra
2	Complete lines 2a through 2d if the organization	n held a qualified conservation	contribution in the form of	a conservation easement on the
			Frida	Held at the End of the Tax Year
í	Total number of conservation easements		2a	
	Total acreage restricted by conservation easen			
	Number of conservation easements on a certifi			
	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and	I not on a historic	
3	Number of conservation easements modified, t tax year ►	ransferred, released, extinguis	ned, or terminated by the o	rganization during the
4	Number of states where property subject to con-	nservation easement is located	<b>*</b>	
5	Does the organization have a written policy req and enforcement of the conservation easemen	garding the periodic monitoring, ts it holds?	inspection, handling of vio	lations, Yes No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing co	nservation easements durin	ng the year
7	Amount of expenses incurred in monitoring, in ▶ \$	specting, and enforcing conser	vation easements during th	e year
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the req	uirements of section	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its re to the organization's financial st	venue and expense statement atements that describes the	nt, and balance sheet, and e organization's accounting for
Pa	rt III Organizations Maintaining Collection Complete if the organization answers	ctions of Art, Historical T wered 'Yes' to Form 990,	<b>reasures, or Other Si</b> Part IV, line 8.	milar Assets.
1	alf the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	s held for public exhibition, educ	cation, or research in furthe	ent and balance sheet works of erance of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	SFAS 116 (ASC 958), to report d for public exhibition, education	t in its revenue statement and its research in furtherant	and balance sheet works of art, ce of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>\</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other 116 (ASC 958) relating to these	similar assets for financial items:	gain, provide the following
	a Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$
	<b>b</b> Assets included in Form 990, Part X			

Part III   Organizations Maintain	ing Collection	IS OF ATT, MISTO	rical II	reasures, or C	ither Similar Ass	ets (contil	nuea)
3 Using the organization's acquisition items (check all that apply):	n, accession, and	other records, che	eck any d	of the following th	at are a significant u	se of its colle	ection
a Public exhibition		d Loan	or excha	nge programs			
b Scholarly research		e Other		ngo programa			
c Preservation for future generat	inns		* *************************************				
4 Provide a description of the organiz		is and explain hov	v they fur	ther the organiza	ition's exempt purpos	e in	
Part XIV.  5 During the year, did the organization	n colicit or receiv	e donations of art	hietorio	eal transcurac or c	thar cimilar		
assets to be sold to raise funds rat	her than to be ma	aintained as part o	of the org	janization's collec	ction?		No
Part IV Escrow and Custodial A	<b>Arrangements</b> nt on Form 99	s. Complete if o 0, Part X, line	organiz 21.	ation answere	d 'Yes' to Form 9	990, Part I	√, line
1 a Is the organization an agent, truste included on Form 990, Part X?	e, custodian, or o	other intermediary	for contr	ributions or other	assets not	Yes	□No
b If 'Yes,' explain the arrangement in							
,		,	5			Amount .	
c Beginning balance					1c		***************************************
<b>d</b> Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an am					<u> </u>	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in		-,					
Part V Endowment Funds. Con		rganization ans	swered	'Yes' to Form	990 Part IV line	- 10	<del></del>
	(a) Current year	(b) Prior yea		(c) Two years back	(d) Three years back	(e) Four v	ears hack
1 a Beginning of year balance	185,000	<del>[</del>		185,000.		(6/104/	OOI O DUCK
<b>b</b> Contributions.				200,000.			
c Net investment earnings, gains,	an and an annual section of the sect						
and losses	·						
e Other expenditures for facilities						ļ:	
and programs			ļ				·
f Administrative expenses	105 000	105		d D = 0.00		<u> </u>	
<b>g</b> End of year balance	185,000		00.1	185,000.			
2 Provide the estimated percentage	-	alance held as:					
a Board designated or quasi-endown		8					
	<u>100.00</u> %						
c Term endowment ►	[%]	•					
3a Are there endowment funds not in	the possession o	f the organization	that are	held and adminis	tered for the		
organization by:	,					Yes	
(i) unrelated organizations						. 3a(i)	X
(ii) related organizations						3a(ii)	. Х
<b>b</b> If 'Yes' to 3a(ii), are the related org	-					. 3b	X
4 Describe in Part XIV the intended in					· · · · · · · · · · · · · · · · · · ·		
Part VI Land, Buildings, and E			<u>art X, li</u>	<u>ne 10.</u>	· · · · · · · · · · · · · · · · · · ·		
Description of investment	(a) C	ost or other basis (investment)		ost or other is (other)	(c) Accumulated depreciation	<b>(d)</b> Book	value
<b>1 a</b> Land				107,510.	ajah ji	10	7,510.
<b>b</b> Buildings				867,384.	417,495.	44	9,889.
c Leasehold improvements							
<b>d</b> Equipment				306,572.	218,928.	8	7,644.
<b>e</b> Other							
Total. Add lines 1a through 1e (Column	(d) must equal F	orm 990, Part X, c	column (E	3), line 10(c).)	<b>&gt;</b>	64	5,043.
BAA					Sched	lule <b>D</b> (Form	

Page 3

Part VII Investments-Other Securities. See F	orm 990, Part X, lír	ne 12. N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
<u>(B)</u>		
<u>(C)</u>		
(D)		
<u>(E)</u>		
<u>(F)</u>		
(G)		
(H) (I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		
Part VIII Investments—Program Related. (See	Form 990, Part X.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). Part IX Other Assets. (See Form 990, Part X,		[1886] 3 [177] 12 [1880] 12 [187] 3 [187] 2 [187] 2 [187] 4 [187] 4 [187] 4 [187] 4 [187] 4 [187] 4 [187] 4 [187]
	escription	(b) Book value
(1)	73C(1ptio1)	(b) Doon Value
(2)		
(3)		
(4)		
(5)		1
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column(l		<u></u>
Part X Other Liabilities. (See Form 990, Par	t X, line 25)	
(a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)	-	
(4)		
(5)		andre years care
(6)		
(7)		<del> </del>
(8)		
(9)		
(10)		
(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	<b>&gt;</b>	
TOTAL TOURDIN TO THOSE EQUAL FORM 330, FAIL A, COLUMN (D) THE 23)	· • ]	1997年,1998年,1997年,第1987年,1988年,1987年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1997年,1

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2010 NATURAL RESOURCES COUNCIL OF MAINE 01	-0270690	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1 Total revenue (Form 990, Part VIII,column (A), line 12)	2	,458,178.
2 Total expenses (Form 990, Part IX, column (A), line 25)	<del>j</del>	,194,705.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		263,473.
4 Net unrealized gains (losses) on investments		204,907.
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)SEE. PART XIV		12,660.
9 Total adjustments (net). Add lines 4 through 8		217,567.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	1.7.1	481,040.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1 Total revenue, gains, and other support per audited financial statements	<del>,</del>	,723,444.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments. 204, 907.		
<b>b</b> Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) SEE PART XIV		
e Add lines 2a through 2d	2e	286,157.
3 Subtract line 2e from line 1	ļ	,437,287.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b. 4a 33, 551.		
b Other (Describe in Part XIV.)SEE. PART .XIV		
c Add lines 4a and 4b	4c	20,891.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		,458,178.
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per	1	/ 100/2/01
1 Total expenses and losses per audited financial statements		,242,404.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u>, , </u>
a Donated services and use of facilities	271.2	
b Prior year adjustments.		
c Other losses		
d Other (Describe in Part XIV.). SEE PART XIV. 2d 7,525.		
e Add lines 2a through 2d	2e	81,250.
3 Subtract line 2e from line 1		,161,154.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a Investments expenses not included on Form 990, Part Vtil, line 7b. 4a 33, 551.		
<b>b</b> Other (Describe in Part XIV.)		
c Add lines 4a and 4b	4c	33,551.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 2	,194,705.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete any additional information.	lines 1b and 2 this part to p	2b; rovide
	MARIE SUPPLY SERVICE MARIES ALLERS AL	·
	-	
		· •

Schedule <b>D</b>	(Form 990) 2010 NATURAL RESOURCES COUNCIL OF MAINE	01-02/0090	Page 5
Darl YIV	Supplemental Information (continued)		
( all VEA	Supplemental morniation (continued)		· · · · · · · · · · · · · · · · · · ·
	A 10		
			*
	** ** ** ** ** ** ** ** ** ** ** ** **		
	$\cdot$		
	, <u></u>		
	·		

2010 SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATI	ONPAGE 6
NATURAL RESOURCES COUNCIL OF MAINE	01-0270690
SCHEDULE D, PART XI, LINE 8 OTHER CHANGES IN NET ASSETS OR FUND BALANCES  CHANGE IN VALUE OF FUTURE INTERESTS.  \$ TOTAL \$	12,660. 12,660.
SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990  EVENT COSTS	7,525. 7,525.
SCHEDULE D, PART XII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S  CHANGE IN VALUE FUTURE INTERESTS  TOTAL \$  \$	-12,660. -12,660.
SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S  EVENT COSTS  TOTAL	7,525. 7,525.

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury internal Revenue Service Name of the organization

NATURAL RESOURCES COUNCIL OF MAINE

Employer identification number

I'AN	URAL RESOURCES COUNCIL OF MAINE			01-	0270690
Par	t I: Types of Property				
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d)  Method of determining noncash contribution amounts
1	Art-Works of art				,
.2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods		:		
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property.				
9	Securities—Publicly traded	X	14	155,853.	
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution – Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate-Residential				
16	Real estate-Commercial		<del></del>		
17	Real estate-Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies		,		
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens			,	
24	Archeological artifacts				
25	Other ► ()				-
26	Other ► ()				
27	Other ► ()	-			
28	Other ► (				
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	on during the e Acknowled	e tax year for contributi Igement	ions for which the	29 Yes No
30:	a During the year, did the organization receive by control for at least three years from the date of the inpurposes for the entire holding period?	nitial contrib	ution, and which is not	required to be used for	it must r exempt
i	If 'Yes,' describe the arrangement in Part II.				
31					ons? 31 X
	Does the organization hire or use third parties or noncash contributions?	related orgal	uzations to solicit, prod	dess, or sell	
	off 'Yes,' describe in Part II.	Luman (a) fair	a hima of presents for	which columns (a) is also	akad
33	If the organization did not report an amount in co	iumin (c) for	a type of broberty for v	vuich column (a) is che	ckeu,

Schedule	M (Form 990) 2010	NATURAL	RESOURCES	COUNCIL	OF MAINE	01-0270690	Page 2
Part II	Supplemental I	nformation,	Complete the	nis part to	provide the information r	required by Part I, lines 30b,	32b,
	4114 00.7 1100 00	mpiete une	part to: arry	dddillona	THO THAT COLOR		
			n man man man man man man				<del></del>
						- Mar Alah Alah man man man mar one the thin the man man man man	
			n		~		
	. <b></b>						
						er Bliv blad War dels dels dels des som til hen soge som som som som som som som	
			4				
				·			
			_ ***				
				and places there are a party of		the Mark that while takes that the page from the page page page that the page that	
			OF THE PARTY SHAPE	nt array many many many sense .		- pro man and four and saw and the saw	
	- mu m mar an						
		A MARK WALL BEAU PART PART WILL BE	APP MALL SALE MALE SALES SALES SALES	NO. MANY MICHAEL STORM STORM STORM	··· ··· ··· ··· ··· ··· ··· ··· ··· ··		
	- www ware	·					
			THE SAME WHEN MENN STAND THE PARTY	THE RESERVE AND ADDRESS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT			
		·	_				
			THE DECEMBER SHOWS SHOWN PROPERTY PROPERTY.			· · · · · · · · · · · · · · · · · · ·	
	<del></del>						
			THE MANN HAVE AND STREET PARTY IN	OUR PARTY TOUR TREET SAFET FAMILY		on their best best sink dark dark darm agent pages pages pages where well all the best best best best best best	
	· - <b></b>						

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

## Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
NATURAL RESOURCES COUNCIL OF MAINE	01-0270690
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE GOO TO DESITEMEN BY THE TREACHED EVECUTIVE RIDECTO	OD AND DIDECTOR OF STNANCS
THE 990 IS REVIEWED BY THE TREASURER, EXECUTIVE DIRECTOR	OR AND DIRECTOR OF FINANCE
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL	PROCESS FOR CEO, EXEC. DIR., OR TOP MGT
THE EXECUTIVE DIRECTORS WAGES ARE REVIEWED BY THE BOARD	O OF DIRECTORS
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PU	IRLICLY AVAILABLE
FORM 350, PART VI, LINE 15 - OTHER ORGANIZATION DOCUMENTS FO	DEIGLI AVAILABLE
FINANCIAL STATEMENT IS AVAILABLE ON OUR WEBSITE	

2010

## **SCHEDULE O - SUPPLEMENTAL INFORMATION**

PAGE 2

NATURAL RESOURCES COUNCIL OF MAINE

01-0270690

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

CHANGE IN VALUE OF FUTURE INTERESTS	\$ 12,660.
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS	204,907.
TOTAL	\$ 217,567.