# Form 990

### Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

For the 2012 calendar year, or tax year beginning 04/01 , 2012, and ending 20 13 D Employer identification number C Name of organization NATURAL RESOURCES COUNCIL OF MAINE INC Check if applicable: 01-0270690 Doing Business As Address change Number and street (or P.O. box if mail is not delivered to street address) Boom/sulte E Telephone number Name change 207-622-3101 initial return City, town or post office, state, and ZIP code Terminated G Gross receipts \$ AUGUSTA, ME 04330 Amended return H(a) is this a group return for affiliates? Yes V No Application pending F Name and address of principal officer: LISA POHLMANN H(b) Are all affiliates included? Yes No 3 WADE STREET, AUGUSTA, ME 04330 if "No:" attach a list, (see instructions) ) 4 (insert no.) 4947(a)(1) or 527 ₹ 501(c)(3) 501(c) ( Tax-exempt status: H(c) Group exemption number ▶ Website: > WWW.nrcm.org 1959 M State of legal domicile: Form of organization: Corporation Trust Association Cother▶ L Year of formation: Summary Part Briefly describe the organization's mission or most significant activities: THE NATURAL RESOURCES COUNCIL OF MAINE IS A NONPROFIT MEMBERSHIP ORGANIZATION PROTECTING, RESTORING, AND CONSERVING MAINE'S Activities & Governance ENVIRONMENT, NOW AND FOR FUTURE GENERATIONS. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . 24 Number of independent voting members of the governing body (Part VI, line 1b) 4 24 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 23 Total number of volunteers (estimate if necessary) . . . . . . . . . 6 36 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b ٥ Contributions and grants (Part Vill, line 1h) . 1,962,738 1,964,538 8 Program service revenue (Part VIII, line 2g) 0 85,072 354,569 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 13,934 22,137 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,341,244 2,061,744 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . . 0 13 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,393,936 1,426,327 15 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a Total fundraising expenses (Part iX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 602,024 600,065 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . 1,995,960 2,026,392 18 Revenue less expenses. Subtract line 18 from line 12. 65,784 314,852 19 Beginning of Current Year 6,516,302 Total assets (Part X, line 16) 6,343,820 20 Total liabilities (Part X, line 26) . 137,585 149,488 21 Net assets or fund balances. Subtract line 21 from line 20 6,206,235 6,366,814 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here LISA POHLMANN, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check 🛄 If MCCHAI Paid 8/6/2013 self-employed POO219457 rulain Preparer Berry, Dunn, McNeil & Parker LLC Firm's EIN > 01-0523282-**Use Only** 775-2387 POBOX 1100. Portland ME 04104: 1100 EIN 01-05/20282 (201) Firm's address 🕨 May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

orm 99	0 (201	2) Pag
Part		Statement of Program Service Accomplishments
		Check if Schedule O contains a response to any question in this Part III
1	Brie	fly describe the organization's mission:
		FURAL RESOURCES COUNCIL OF MAINE (NRCM) IS ORGANIZED AS A NON-PROFIT CORPORATION TO PROTECT,
		STORE, AND CONSERVE MAINE'S ENVIRONMENT, NOW AND FOR FUTURE GENERATIONS.
2		the organization undertake any significant program services during the year which were not listed on the
	•	r Form 990 or 990-EZ?
9	lt "A	es," describe these new services on Schedule O. the organization cease conducting, or make significant changes in how it conducts, any program
3		the organization cease conducting, or make significant changes in how it conducts, any program ices?
		es," describe these changes on Schedule O.
4		es, describe these changes on acheque of
•	exp	enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.
4a	(Cor	de: ) (Expenses \$ 1,598,857 including grants of \$ 0 ) (Revenue \$ 0 )
	THE	NATURAL RESOURCES COUNCIL OF MAINE (NRCM) WORKS TO IMPROVE THE QUALITY OF MAINE'S RIVERS; TO
		DUCE TOXIC CHEMICALS THREATENING THE HEALTH OF MAINE FAMILIES AND WILDLIFE; TO DECREASE AIR AND
	GLO	BAL WARMING POLLUTION, AND TO CONSERVE MAINE LANDS. NRCM HARNESSES THE POWER OF THE LAW,
		ENCE, AND THE VOICES OF MORE THAN 16,000 SUPPORTERS STATEWIDE AND BEYOND.
4b	/Coc	le: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
TU	(000	(Expenses v
4c	(Cod	e: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
46	(Cua	e
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		r program services (Describe in Schedule O.) enses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
(	Expe	enses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

1,598,857

4e Total program service expenses ▶

	90 (2012)			Page
Part	Checklist of Required Schedules			т
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
		1	<b>/</b>	
3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," complete Schedule C, Part I	3	<b>√</b>	<b>√</b>
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	<b>✓</b>	
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>✓</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>✓</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>✓</b>
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

20b

	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	······································	Yes	No
22	in the United States on Part IX, column (A), fine 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>✓</b>
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
<b>d</b> <b>25</b> a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>/</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		·
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		./
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		<b>∀</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>∨</b>
<b>35</b> a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>∀</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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,			,
38	Part VI	37	<b>✓</b>	<b>/</b>
		Ce	aan	/004 E

'art	Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response to any question in this Part V			
	Check it Schedule O contains a response to any question in this Fart V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	D101.025000000000000000000000000000000000
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 2a 23			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4		1
L	If "Yes," enter the name of the foreign country:	4a		Y
b	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?	5a		✓
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		•
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<b>√</b>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>-</b>		,
		7c		<b>/</b>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	6.83.3	/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		<u>/</u>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	· · · · · · · · · · · · · · · · · · ·	<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			Victoria.
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	500000000000000000000000000000000000000	
0	Section 501(c)(7) organizations. Enter:			0.96
	Initiation fees and capital contributions included on Part VIII, line 12			
_b ∣1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ristri George	Dept. Superiors
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand		85.00	
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>V</b>

FOIIII 98	0 (2012)			rayev
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response to any question in this Part VI			. 🗸
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<b>/</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6	✓	
. 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	1	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1
	stockholders, or persons other than the governing body? , ,	7b	CONTROL OF	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	<b>/</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	iue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
Ć	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	/	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<b>/</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CT, MA, ME, NH, PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest p	oolicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	€.	
	organization: ► KATHRYN THOMPSON, (207)622-3101			

Part VII	Compensation of Officers,	Directors, Trustees	s, Key Employees, High	hest Compensated I	Employees, and
	Independent Contractors		•		

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee,"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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 no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				(0	C)					
(A)	(B)	/	_1 _1		ition			(D)	(E)	(F)
Name and Title	Average					e than o is both		Reportable	Reportable	Estimated
	hours per week (list any	office	erano		irect	or/trus		compensation from	compensation from related	amount of other
	hours for	육쿮	ins	Officer	ξe.	육돐	Fo	the	organizations	compensation
	related	ivid	E E	cer	Key employee	ploy	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	to:	ona		P P	e 5		(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
		ee	Stee			nsat				
			Ľ		<u> </u>	ಕ್ಷ				
TONIV OWENC										
TONY OWENS		1		1						
PRESIDENT	-	-		<b>V</b>				0	0	0
KATE RUSH	1	1		1						•
VICE PRESIDENT		*		<u> </u>	├			0	0	0
LOIS WINTER SECRETARY	1	1		1					0	•
CHRISTOPHER BOND	1	٧		٧				. 0	U	0
TREASURER	<del> </del>	1		1				0	0	0
ELISA BOXER	1			¥	-			U U	U	0
DIRECTOR		1						0	0	0
VICTORIA DEVLIN	1				<u> </u>				V	U
DIRECTOR		1						. 0	0	0
MARION FREEMAN	1								Ų	0
DIRECTOR		1						0	0	0
MAROULLA GLEATON	1	·					ļ	- 0	Ü	<u> </u>
DIRECTOR		1						0	o	0
JEANNE GULNICK	1	************								
DIRECTOR	+	1						0	o	0
HENRY HEYBURN JR	1									<u>_</u>
DIRECTOR		1						0	ol	0
WARREN KESSLER	1									
DIRECTOR		1						О	o	0
GEORGE LAPOINTE	1									
DIRECTOR		1					-	0	. 0	0
SUSAN MACKENZIE	1						Ĭ			****
DIRECTOR		1						0	0	0
DIDI MANNS	1									
DIRECTOR		✓						0	o	0

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

				-						
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than c is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	유턴	17.0	Ç	~ @	의 는	Б	from the	related organizations	other compensation
	related	divi	titu	Officer	y er	phes	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	. ~	(W-2/1099-MISC)		organization and related
	line)	trus	al tr		)yee	du				organizations
•		tee	uste			3SD6				
			, to			ited.				****
	_									
RONDI NELSON	11	,								
DIRECTOR		✓			ļ			0	0	0
KEN OLSON	1	,								
DIRECTOR		✓	<del> </del>					0	0	. 0
JEFF PIDOT	1									
DIRECTOR		<b>√</b>				ļ		0	0	0
KATHY REMMEL										
DIRECTOR		✓						0	0	0
NORTON LAMB	1									
DIRECTOR		✓						0	0	0
STEWART STRAWBRIDGE	1									
DIRECTOR		✓					<u> </u>	0	0	0
TOM TIETENBERG										
DIRECTOR		✓					<u> </u>	0	0	0
RUSSELL PIERCE	1									
DIRECTOR		✓						0	0	0
KAREN HEROLD	1									
DIRECTOR		✓						0	0	0
PATRICIA HAGER	1									
DIRECTOR		✓						0	0	0
LISA POHLMANN	40									
EXECUTIVE DIRECTOR				✓				91,376	0	18,317
KATHRYN THOMPSON	40							-		
DIRECTOR OF FINANCE				✓				58,820	0	15,659
										Form <b>990</b> (2012)

Par	Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (cont	inued)
						C) ition					
	(A)	(B)	(do n	ot ch			than o	one	(D)	(E)	(F)
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation from	Estimated amount of
		week (list any	<u> </u>			T			from	related	other
		hours for related	div.	hiter	Officer	ey e	mple	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
		organizations	ecto	ution	er e	duk	est c byee	豆	(W-2/1099-MISC)	(W 2/1000 WIIOC)	organization
		below dotted line)	Individual trustee or director	nai tı		Key employee	digit				and related organizations
			stee	Institutional trustee		(I)	Highest compensated employee				Significations.
				ě			ated				
										·····	
											,
								ļ <u>.</u>			
					ļ	<u> </u>		<u> </u>			
***************************************					<b> </b> -						
					<u> </u>	<del> </del>		<b>-</b>			
~~~~~									400000000000000000000000000000000000000		
								$\vdash$		***************************************	:
******		<u> </u>									
										·	······································
	:										
****											
		<u> </u>						<u> </u>			
1b	Sub-total .		٠.	•	•			<b>&gt;</b>	150,196	. <u>C</u>	33,976
C	Total from continuation sheets to Part	-						<b>P</b>	450400		
<u>. d</u>	Total (add lines 1b and 1c)							<u></u> →	150,196	0.000	
2	Total number of individuals (including but reportable compensation from the organi		i to tr	iose	IIST	.ea	apove	<i>∋)</i> W	no received mi	ore than \$100,0	UU OT
	reportable compensation from the organi	ization P 0									Yes No
3	Did the organization list any former of	ficer, direc	tor. c	or tr	uste	ee.	kev e	eme	olovee, or high	est compensat	
	employee on line 1a? If "Yes," complete								-		3 /
4	For any individual listed on line 1a, is the	sum of re	portal	ble i	con	npei	nsatio	n a	nd other comp	ensation from t	
	organization and related organizations										
	individual										4 🗸
5	Did any person listed on line 1a receive of										
	for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	nedu	ıle J 1	for s	uch person		5 🗸
Section	on B. Independent Contractors			.,,-,,-,,-,,-,							
1	Complete this table for your five highest										
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ie c	alenc	iar y	ear ending wit	h or within the o	organization's tax
	year.	······································						T	**************************************		
	(A) Name and business add	iress							(B) Description of s	ervices	(C) Compensation
	. Talle and basiless and							-	22201190011013		
		——————————————————————————————————————			•••••	·		-			
					••••••			-			
	Total number of independent contractor	ors (includir	ng bu	ıt n	ot !	limit	ed to	th c	ose listed abo	ove) who	
	received more than \$100,000 of compens								0	· ·	

Parl	· VIII	Statement of Revenue											
		Check if Schedule O	contains a	respo	onse to any ques				🔲				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514				
nts nts	1a	Federated campaigns	;	1a	9,107								
arar our	b	Membership dues .		1b	1,271,826								
S, (	С	Fundraising events .		1c	0	0.000.000	0.0000000000	000000	56508586				
Contributions, Gifts, Grants and Other Similar Amounts	d	<u> </u>		1d	0				(2002) 3 (30) (20) (20)				
ns, šimi	e	Government grants (con		1e	0								
ıtio: er S	f	All other contributions, gi											
흎		and similar amounts not inc	L L	1f	683,605			0.000000					
ont nd (	9	Noncash contributions includ			120,354								
	h	Total. Add lines 1a-1	<u> </u>		Business Code	1,964,538							
Program Service Revenue	0-				busiless Code								
leve	2a												
9	b						·						
ŠŽ	d												
ı Şi	e							:					
grai	f												
Pro	g	Total. Add lines 2a-2			•	0			<u> </u>				
	3	Investment income											
		and other similar amo	unts)		•	91,920	0	0	91,920				
	4	Income from investment	t of tax-exer	npt be	ond proceeds <b>&gt;</b>	0	0	0	<del>                                     </del>				
	5					0	0	. 0	0				
			(i) Real		(ii) Personal				50000000000				
	6a	Gross rents						(8) (5) (0) (6) (6) (6)					
	þ	Less: rental expenses	······································										
	С	Rental income or (loss)		0	0			6668888					
	d	Net rental income or (loss)			, , , <u>,</u> <b>&gt;</b>		· ·						
	7a	Gross amount from sales of	(i) Securiti	es 	(ii) Other								
		assets other than inventory	5,58	5,122	0			0.00000000					
	b	Less: cost or other basis							100000000000000000000000000000000000000				
		and sales expenses .		2,473	f								
	اب 0	Gain or (loss)		2,649		000 040	_		000.000				
	d	Net gain or (loss) .				262,649	0	0	262,649				
활	Яa	Gross income from fu	ndraising										
	, OL	events (not including \$	narasing	n			0.000.00.000.000.00	60 00 00 00 00 00 00 00 00 00 00 00 00 0					
Şe (		of contributions reporte	ed on line 1	z).									
<u>ا</u>		See Part IV, line 18 .			18,776								
Other Reve	b	Less: direct expenses							13-00 0 0 0 0 0 0 5 0				
U		Net income or (loss) fr				8,237		0	8,237				
		Gross income from ga	ming activit	ies.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
		See Part IV, line 19 .		· a									
		Less: direct expenses			L			SE OF STATE OF					
		Net income or (loss) fi		_	vities 🕨								
	10a	Gross sales of in						\$100 Oct. (C. C.)					
		returns and allowance	•										
		Less: cost of goods s											
	С	Net income or (loss) fi		or inve									
	44:	Miscellaneous R			Business Code	- <b>-</b>							
	11a	reimbursement for exp			900099	13,900	0	0	13,900				
	b												
	c d	All other revenue .				0	0	0	0				
	u e	Total. Add lines 11a-		•	▶	13,900	VANDAMENTA DE CONTRA DE CO	0	0				
	12	Total revenue. See in				2,341,244		0	376,706				
						-,			3,0,,00				

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations must com	plete all columns. All other or	ganizations must complete column (A).

OCCEN	Check if Schedule O contains a respons			****	
Do no	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundralsing expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	o	0		
4 5	Benefits paid to or for members	188,678	93,320	89,736	5,622
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	979,339	002.070	0	0 707.040
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,973	892,076 25,669	-20,579 -967	107,842
9	Other employee benefits	155,326	145,787	-5,238	14,777
10	Payroll taxes	75,011	68,243	-1,574	8,342
11	Fees for services (non-employees):				
a	Management	41,457	29,281	3,342	8,834
b	Legal	0	, 0	0	0
C	Accounting	31,117	24,272	3,734	3,111
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	39,893		39,893	
g	Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	32,150	29,666	1,262	1,222
12	Advertising and promotion	15,882	15,882		
13	Office expenses	39,553	13,693	10,725	15,135
14	Information technology	73,946	35,527	12,899	25,520
15	Royalties	0	0	0	0
16	Occupancy	55,114	43,540	6,614	4,960
17	Travel	27,675	26,647	570	458
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	13,728	11,105	1,886	737
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	59,524	47,024	7,143	5,357
23	Insurance , , , , , , ,	14,418	11,390	1,730	1,298
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Telephone	11,162	8,864	1,026	1,272
b	Postage	58,851	34,109	603	24,139
c d	Printing Liete	52,741	33,818	324	18,599
	Lists All other expenses	17,418	7,009	0 2 7 4 7	10,409
e 25	Total functional expenses. Add lines 1 through 24e	15,436	1,935	3,747	9,754
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ✓ if	2,026,392	1,598,857	156,876	270,659
	following SOP 98-2 (ASC 958-720)	60,597	25,082	0	35,515

	art X	Balance Sheet				·····		
		Check if Schedule O contains a response to	any	question in this Part	X			
				., .	(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			3,351	1	63,261	
	2	Savings and temporary cash investments			735,563	2	866,750	
	3	Pledges and grants receivable, net			155,123	3	168,220	
	4	Accounts receivable, net			955	4	3,599	
	5	Loans and other receivables from current and f	forme	r officers, directors,	4 6 3 5 5 5 6 5 5			
		trustees, key employees, and highest co Complete Part II of Schedule L				5		
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), an sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	tributing employers and employees' beneficiary		6			
Assets	7	Notes and loans receivable, net				7		
Ä	8	Inventories for sale or use			4,994	8	3,530	
	9	Prepaid expenses and deferred charges			37,169	9	38,051	
	10a	Land, buildings, and equipment: cost or				(80 H)		
		other basis. Complete Part VI of Schedule D	10a	1,200,172	620,945			
	b							
	11			4,488,964	11	4,586,055		
	12	Investments—other securities. See Part IV, line 1	296,756		203,819			
	13	Investments-program-related. See Part IV, line	0	13	·			
	14	Intangible assets	0	14				
	15	Other assets. See Part IV, line 11			0	15		
	16	Total assets. Add lines 1 through 15 (must equa			6,343,820		6,516,302	
	17	Accounts payable and accrued expenses	137,585		149,488			
	18	Grants payable			0			
	19	Deferred revenue ,			0			
	20	Tax-exempt bond liabilities			0			
	21	Escrow or custodial account liability. Complete F			0	21		
Liabilities	22	Loans and other payables to current and for				100.49	0/0/0/0/0/0/0/0/0/0/0	
Ħ		trustees, key employees, highest compen						
iab		disqualified persons. Complete Part II of Schedu			0			
	23	Secured mortgages and notes payable to unrela			0	23		
	24	Unsecured notes and loans payable to unrelated		•	0	24		
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D						
	00					25		
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958)	· ·	ck here ▶ ✓ and	137,585	26	149,488	
ces		complete lines 27 through 29, and lines 33 and	d 34.					
lar	27	Unrestricted net assets			5,551,863		5,677,269	
Ba	28	Temporarily restricted net assets			469,372		504,545	
pu.	29	Permanently restricted net assets			185,000	29	185,000	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34.	ов), cr	ieck nere 🚩 📋 and				
ţ	30	Capital stock or trust principal, or current funds				30		
SSE	31	Paid-in or capital surplus, or land, building, or ed				31		
t A	32	Retained earnings, endowment, accumulated inc				32	·	
Ne	33	Total net assets or fund balances			6,206,235		6,366,814	
	34	Total liabilities and net assets/fund balances .	, .		6,343,820	34	6,516,302	
							Form <b>990</b> (2012)	

				lage	-
Pari					
,	Check if Schedule O contains a response to any question in this Part XI			🔽	1
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,341,24	4
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,026,39	2
3	Revenue less expenses. Subtract line 2 from line 1	3		314,85	2
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,206,23	5
5	Net unrealized gains (losses) on investments	5		-50,20	7
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0_
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-104,06	6
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		6,366,81	4
	Financial Statements and Reporting			<b></b>	7
	Check if Schedule O contains a response to any question in this Part XII	· · ·		<u> </u>	_
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other." ex	olain i	_	Yes No	
	Schedule O.	·p·air.	"		
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?			✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:	piled o	or		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		. 2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on	a		
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		8.30		Š
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				745
	of the audit, review, or compilation of its financial statements and selection of an independent according			<b>√</b>	
	If the organization changed either its oversight process or selection process during the tax year, e. Schedule O.	kplain i	in		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth i	n • <b>3a</b>	<b>1</b>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a				
	Toquired addit of addite, explain why in confedure of and describe any steps taken to undergo such a	iuuito		n <b>990</b> (201)	_
			For	n <b>ວຽບ</b> (201)	<u>_</u> )

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

	UKAL KESUUKUE	The second secon								270690
	50) 24 C S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C T S C		rity Status (All orga						nstruction	ons.
he o	_	•	ation because it is: (Fo		_		-			
1		· ·	hes, or association of			ed in <b>sec</b>	tion 170(	b)(1)(A)(i	).	
2			ı <b>170(b)(1)(A)(ii).</b> (Attad							
3			spital service organiza							
4	_	<u>u</u>	on operated in conjun-	ction with	a hospi	tal descri	bed in se	ction 170	0(b)(1)(A)	)(iii). Enter the
	•	ne, city, and stat			****					
5		on operated for b)(1)(A)(iv). (Com	the benefit of a colle- plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit described in
6 7	An organizati	on that normally	mment or government receives a substantia <b>)(A)(vi).</b> (Complete Par	al part of					nit or fror	m the general public
8	☐ A community	trust described i	in section 170(b)(1)(A	)( <b>vi</b> ). (Con	nplete Pa	art II.)				
9	An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10	An organizati	on organized and	d operated exclusively	to test fo	r public	safety. S	ee <b>sectio</b>	n 509(a)(	4).	
11	☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.									
	a 🗌 Type i	<b>b</b> □ Type	ell <b>c</b> 🗌 Type fl	I-Functio	nally inte	grated	d □ -	Type IIIN	Non-func	tionally integrated
e	By checking	this box, I certify undation manage	that the organization ers and other than on	is not co	ntrolled o	directly o	r indirectly	y by one	or more	disqualified persons
f	If the organiz	ation received	a written determinatio		the IRS	that it is	а Туре	I, Type I	ll, or Typ	oe III supporting
g	~ · ·	17, 2006, has t	he organization acce		gift or c	ontributio	on from a	ny of the	, , ,	
	(i) A person	who directly or	indirectly controls, eithody of the supported							
	• •			_						11g(i)
			on described in (i) abo							11g(ii)
			a person described in ion about the support							11g(iii)
h		7				т		F		I. m
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	in col. (i) lis	organization sted in your document?	the orga	ou notify nization in of your port?	organizat (i) organi	s the tion in col. zed in the S.?	(vii) Amount of monetary support
			(see instructions))	Yes	No	Yes	No	Yes	No	
A)									,	
В)		-								
C)										
D)										
Ε)							***************************************			
ota										

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2,057,107 1,987,485 2,149,942 1,962,738 1,964,538 10,121,810 levied 2 revenues for organization's benefit and either paid to or expended on its behalf . . . 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 0 ٥ 0 Total. Add lines 1 through 3. . . . 2,057,107 1,987,485 2,149,942 1,962,738 1,964,538 10,121,810 The portion of total contributions by 5 each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 403,112 Public support. Subtract line 5 from line 4. 9,718,698 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 . . . . . . 7 2,057,107 1,987,485 2,149,942 1,962,738 1,964,538 10,121,810 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 130,683 95.817 85,487 82,389 91,920 486,296 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . . . . . . . 18,679 19,647 27,058 22,462 32,676 120,522 **Total support.** Add lines 7 through 10 11 10,728,628 12 3,400 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 90.59 % Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 15 88.92 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ✓ 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

### 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	i II.
If the organization fails to qualify under the tests listed below, please complete Part II.)	

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received, (Do not include any "unusual grants.")						
2	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						····
4	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				LL PARTIE		*
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	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	55233	600000		000000		
	line 6.)						
	on B. Total Support					1 - 1 - 1	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources	-	1				
· h	Unrelated business taxable income (less						
S	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						•
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets					The state of the s	
	(Explain in Part IV.)						······································
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	-					
1/	First five years. If the Form 990 is for the	o organization	'e firet eecon	L third fourth	or fifth tay v	ear as a se <b>c</b> tio	n 501(n)(3):
14	organization, check this box and <b>stop he</b>	-				cai as a sectio	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line	<del></del>		3, column (f))		15	%
16	Public support percentage from 2011 Sci					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (	line 10c, colur	nn (f) divided b	y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2013						%
19a	331/3% support tests-2012. If the organ						
	17 is not more than 331/3%, check this box		-			_	_
b	331/3% support tests—2011. If the organiz						
00	line 18 is not more than 331/3%, check this <b>Private foundation.</b> If the organization di						
20	- Erivate Touridation, 8 the OfdanizaBon Of	CONTRACTOR OF THE CONTRACTOR O	DUX OH BHE 14	. iba. Ul 15D. l	シロセント ロロションス	and see mould	ANULIO 🤛 I I

Part IV		ne 17a or							equired by ditional info		
General Exp			. INCOME \$	18,679 2009	MISC. INCO	ME \$19,647	1		***		
										ar da de de de de de les les les de	
								~~~~~~~~~			
General Exp	olanation -	2010 MISC.	. INCOME \$	13,593 SPE	CIAL EVENT	S \$13,465 T	OTAL \$27,0	58			~
											and a state of the same of the state of the state of the same of the
General Exp	olanation -	2011 MISC.	INCOME \$	17,862 SPE	CIAL EVENT	S \$4,600 TC	TAL \$22,46	2			
								***************************************			
Camanal Fu		2012 14100	*BICOBET #	12 000 CDE			TAL 622 67	~~			***
General Exp	olanauon -	2012 WISC.	. FIACOIAIE 2	13,900 SPE	CIAL EVEN	3 18,776 10	/IAL \$32,6/	b			
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				,							*************

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

### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization 01-0270690 NATURAL RESOURCES COUNCIL OF MAINE INC Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 3 Volunteer hours . . . Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . . ▶ Enter the amount of any excise tax incurred by organization managers under section 4955 . . . 2 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . . Nο Yes No b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filing organization's funds, Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds, if none, enter -0promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4) (5)

(6)

	2016 C (1 01111 530 01 530-EZ) 2012			Page ∠
ĿE	t II-A Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and file	d Form 5768 (elec	ction under
Α	Check 🕨 🗌 if the filing organization bel	ongs to an affiliated group (and list in Part IV	each affiliated grou	up member's
	name, address, EIN, expen	ses, and share of excess lobbying expenditur	es).	
В	Check 🕨 🗌 if the filing organization che	ecked box A and "limited control" provisions a	ipply.	
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1:	Total lobbying expenditures to influence	4,300		
-	Total lobbying expenditures to influence	a legislative body (direct lobbying)	55,271	
•	Total lobbying expenditures (add lines 1a	and 1b)	59,571	
	Other exempt purpose expenditures .		1,966,821	
	<ul> <li>Total exempt purpose expenditures (add</li> </ul>	lines 1c and 1d)	2,026,392	
1	Lobbying nontaxable amount. Enter t columns.	251,320		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
,	Grassroots nontaxable amount (enter 25	% of line 1f)	62,830	
. 1	<ul> <li>Subtract line 1g from line 1a. If zero or le</li> </ul>		0	
i	Subtract line 1f from line 1c. If zero or les		0	
j	If there is an amount other than zero reporting section 4911 tax for this year?	on either line 1h or line 1i, did the organization		Yes No
	(Some organizations that ma	ar Averaging Period Under Section 501(h) de a section 501(h) election do not have to com See the instructions for lines 2a through 2f on pa		

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	(e) Total				
2a	Lobbying nontaxable amount	245,954	260,019	250,224	251,320	1,007,517				
ь	Lobbying ceiling amount (150% of line 2a, column (e))					1,511,276				
С	Total lobbying expenditures	42,066	73,592	105,766	59,571	280,995				
d	Grassroots nontaxable amount	61,489	65,005	62,556	62,830	251,880				
е	Grassroots ceiling amount (150% of line 2d, column (e))					377,820				
f	Grassroots lobbying expenditures	2,379	3,798	8,560	4,300	19,037				

Schedule C (Form 990 or 990-EZ) 2012

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		ugu u
For a	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(	a)		(b)	
	ription of the lobbying activity.	Yes	No	А	mount	
1	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:					
а	Volunteers?					
b b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?	<u> </u>				
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?	O AND PARKET				
j	Total. Add lines 1c through 1i	25.08				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				300000000	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\				868.6
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5),	or se	ction		
	501(c)(6).				T32 T	
_					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	ļl	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .	**************************************	~~~~~~~	3	<u></u>	
	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," 0 answered "Yes."				line 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?					
=	· · · · ·		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
Par		D4 1	. A /- A	Z:1: _ 41		
list); P	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; lart II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	Pan I	I-A (ат	fillated	group	)

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number NATURAL RESOURCES COUNCIL OF MAINE INC 01-0270690 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . . . . . Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . 2a Total acreage restricted by conservation easements . . . . . 2h Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year a 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X . . . . . . . . . . . . . .

Pari							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner records, chec	k any of the	following that are a	significant use of its	
а	Public exhibition		d 🗌 Loan	or exchange	programs		
b	☐ Scholarly research		e 🗌 Othe	r			
С	☐ Preservation for future generations			-			
4	Provide a description of the organizat XIII.	ion's collections a	nd explain how t	hey further th	e organization's exe	mpt purpose in Part	
5	During the year, did the organization assets to be sold to raise funds rather						
Pari	<b>Escrow and Custodial Arrangements.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.						
1a	Is the organization an agent, trustee, included on Form 990, Part X?						
b	If "Yes," explain the arrangement in Pa					☐ Yes ☐ No	
		·				Amount	
C	Beginning balance				1c		
ď	Additions during the year				1d	***************************************	
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amour						
green was speciment	If "Yes," explain the arrangement in Pa Endowment Funds. Comple						
Par	Endowment Funds. Compre	(a) Current year	(b) Prior year	(c) Two years t		ck (e) Four years back	
10	Beginning of year balance		4,550,686				
1a	Contributions	4,355,651		<del>                                     </del>	0,595 3,290,3		
b	Net investment earnings, gains, and	41,291	10,876	32	2,269 201,6	32 0	
·	losses	247,956	-25,785	4EC	985,1	1 252 764	
đ	Grants or scholarships	247,530	-23,763		0	18 -1,352,761 0 0	
e	Other expenditures for facilities and	•	<u>V</u>		•	<u> </u>	
_	programs	176,533	180,126	201	1,180 236,50	306,000	
f	Administrative expenses	0	0		0	0 0	
g	End of year balance	4,468,365	4,355,651	<del></del>	0,686 4,240,59		
2	Provide the estimated percentage of t					0,200,000	
a	Board designated or quasi-endowmer			3, · · · · · · · · · · · · · · ·			
b		1.1 %	· <b>-</b>				
C	Temporarily restricted endowment ▶						
	The percentages in lines 2a, 2b, and 2		0%.				
За	Are there endowment funds not in the	possession of the	e organization th	at are held ar	nd administered for t	he	
	organization by:				·	Yes No	
	(i) unrelated organizations					3a(i) ✓	
	(ii) related organizations	,				3a(ii) ✓	
b	If "Yes" to 3a(ii), are the related organi					3b	
4	Describe in Part XIII the intended uses						
Part	VI Land, Buildings, and Equip	ment. See Form	990, Part X, lin	ie 10.			
	Description of property	(a) Cost or oth (investme		or other basis other)	(c) Accumulated depreciation	(d) Book value	
1a	Land		0	107,510		107,510	
b	Buildings		0	892,160	486,832	405,328	
·c	Leasehold improvements		0	0	0	0	
đ	Equipment		0	200,502	130,323	70,179	
<u>e</u>	Other		0	0	0	0	
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part X, columi	n (B), line 10(c	).) <b>.</b> ▶	583,017	

Part VII	Investments - Other Securities	. See Form 990, Part	X, line 12.	
(a	Description of security or category     (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	9
(1) Financial				
	neld equity interests			
(3) Other				
(A) (B)	~#*^~~~*******			
(C)	· · · · · · · · · · · · · · · · · · ·			
(D)	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		-	
(E)				<del>/</del>
(F)				
(G)				
(H)				
(l)				
	(b) must equal Form 990, Part X, col. (B) line 12.) ▶	L Coo Form 000 Dow	V fire 10	
Part VIII	Investments—Program Related (a) Description of investment type			
	(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)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	ırt X, line 15.		
	(a	a) Description	(b)	Book value
_(1)				
(2)	4444			
(3)				*****
(4)				
(6)				
(7)	######################################			· · · · · · · · · · · · · · · · · · ·
(8)				
(9)				
(10)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	mn (b) must equal Form 990, Part X, co		<u> </u>	
Part X	Other Liabilities. See Form 990, (a) Description of liability	Part X, line 25.  (b) Book value		
	income taxes	(b) Book value		
(2)				
(3)				distriction of the second
(4)				
(5)				
(6)				
(7)				
(8)				6000000
(9) (10)				
(11)				
	b) must equal Form 990, Part X, col. (B) line 25.)			
		ext of the footnote to the	organization's financial statements that reports t	ne organization's
			of the footnote has been provided in Part XIII.	

Pag	e	4

Part	XI Reconciliation of Revenue per Audited Financial Statement	ents	With Revenue per l	Retu	m		
1	Total revenue, gains, and other support per audited financial statements		,	1	2,314,938		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	-50,207				
b	Donated services and use of facilities	2b	157,321				
С	Recoveries of prior year grants	2c	0				
d.	Other (Describe in Part XIII.)	2d	10,539				
е	Add lines 2a through 2d			2e	117,653		
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,197,285		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,893	10.10			
b	Other (Describe in Part XIII.)	4b	104,066				
C	Add lines <b>4a</b> and <b>4b</b>			4c	143,959		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,341,244		
Part	**************************************			r Rei	turn		
1	Total expenses and losses per audited financial statements			1	2,154,359		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _	1				
а	Donated services and use of facilities	2a	157,321				
b	Prior year adjustments	2b	0	5.655.050			
C	Other losses	2c	0				
d	Other (Describe in Part XIII.)	2d	10,539				
е	Add lines 2a through 2d , , , ,			2e	167,860		
3	Subtract line 2e from line 1	i '		3	1,986,499		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,893				
b	Other (Describe in Part XIII.)	4b	0	7,000,000,000			
c	Add lines 4a and 4b			4c	39,893		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 16.)		5	2,026,392		
Part	ON THE RESERVE OF THE PROPERTY	0 D-			2 4 (0)		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b						
inform		). AISC	complete this part to	PIOVE	de any additional		
				L-1	- <b>L</b> .:		
	ule D, Part V, Line 4 - The purpose of our permanent endowment and our boar acy goals, to address emerging issues, and to make captial improvements at I						
auvoc			***************************************				
Schedule D, Part XI, Line 2d - Direct fundraising expenses for event space and services							
.9							
Sched	ule D, Part XI, Line 4b - change in value of future interests	*********			*********************		
					*******************************		
Sched	ule D, Part XII, Line 2d - Direct fundraising expenses for event space and serv	ices					
			*************************				
			~ 4 ~ 6 % 11 % ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NAT	JRAL RESOURCES COUNCIL OF M						0270690
Pa	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" to F	Form 990, Part IV, I	ine 17.
1	Indicate whether the organization	·····		·····	owing activities C	heck all that apply	
a	Mail solicitations	on raided raines t	e [		on of non-govern		
b	☐ Internet and email solicitation	ons	f		on of governmen	-	
C	Phone solicitations		g [		fundraising events		
d	☐ In-person solicitations		, , ,	_ ,	- 3		
2a		tten or oral agre	ement with	any individ	dual (including off	icers, directors, trust	tees
	or key employees listed in Form	n 990, Part VII) o	r entity in c	onnection v	with professional t	fundraising services?	☐ Yes ☐ No
b	,			idraisers) pi	ursuant to agreen	nents under which th	e fundraiser is to be
	compensated at least \$5,000 by	y the organizatio	in.				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Million American
5							
6	***************************************						
	/						
7							
8							
9							
10							
			<u> </u>			угруг	
Total		* * * * *		<u> Þ</u>			
3	List all states in which the orga	anization is regis	stered or lic	ensed to s	olicit <b>c</b> ontribution	s or has been notifie	ed it is exempt from
	registration or licensing.	•					
	•						
							# W W W to so to 40 to so a section of so so a section of so so so so
				****			***
				*************			**************************************
		***************************************					************************
							***
							. The last tile, the last last last last last last last last

Pā	art II	Fundraising Events. Cor than \$15,000 of fundraisingross receipts greater that	ng event contributions			
			(a) Event #1 Dip and Dash	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
au			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	15,006			15,006
Œ	2	Less: Contributions Gross income (line 1 minus	0			. 0
		line 2)	15,006			15,006
	4	Cash prizes	0			0
	5	Noncash prizes	0			0
enses	6	Rent/facility costs	0			0
Direct Expenses	7	Food and beverages	0		0	. 0
Dire	8	Entertainment	0		0	0
	9	Other direct expenses .	1,441			1,441
	10 11	Direct expense summary. Ac Net income summary. Comb	oine line 3, column (d), a	nd line 10		( 1,441 ) 13,565
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" to Form 99	0, Part IV, line 19, or i	reported more
		triair \$ 13,000 011 01111 0	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
irect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in o	olumn (d)		( )
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7		· ·
9	a Is	nter the state(s) in which the or the organization licensed to o "No," explain:		in each of these states		🗌 Yes 🗌 No
10		ere any of the organization's g	gaming licenses revoked	d, suspended or termina	ated during the tax year	? . 🗌 Yes 🗌 No

cneau	ee G (Form 990 of 990-EZ) 2012						
11 12	Does the organization operate gaming activities with nonmembers?						
13	formed to administer charitable gaming?						
a	The organization's facility						
b	An outside facility						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and						
٠	records:						
	Name ▶						
	Address ►						
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . , , ,						
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the						
	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:						
·							
	Name ▶						
	Address►						
16	Gaming manager information:						
	Name ►						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	□ Director/officer □ Employee □ Independent contractor						
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$						
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).						

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

### **Noncash Contributions**

2012

Employer identification number

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

NATU	RAL RESOURCES COUNCIL OF MAII	NE INC				01-02706	90
Part	Types of Property						
<u></u>		(a) Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on		(d) of determining atribution 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	<b>1</b>	21		120,329	FAIR MARK	ET
10	Securities-Closely held stock .						
11	Securities-Partnership, LLC,						
	or trust interests						
12	Securities-Miscellaneous						
13	Qualified conservation		·.				
	contribution—Historic						
	structures			·			
14	Qualified conservation						
	contribution—Other						
15	Real estate-Residential						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles , , , , , , ,	<u> </u>					
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						
	which the organization completed	Form 8280	3, Part IV, Donee Acknowled	dgement		29	0
							Yes No
30a	During the year, did the organizat						
	it must hold for at least three year						
	used for exempt purposes for the		ing period? , .				30a ✓
b	If "Yes," describe the arrangemen						
31	Does the organization have a						
	contributions?						31 🗸
32a	Does the organization hire or use		•				
	contributions?						32a ✓
b	If "Yes," describe in Part II.		•				
33	If the organization did not report a	n amount ir	column (c) for a type of pro	perty for which o	column (a) i	is checked,	
	describe in Part II.						

ocuednie ivi (i	Page 2
Part II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
à	
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#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2012

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

OMB No. 1545-0047

Name of the organization	Employer identification number				
NATURAL RESOURCES COUNCIL OF MAINE INC	01-0270690				
Form 990, Part VI, Section A, Line 6 - THERE IS ONE CLASS OF MEMBERS, EACH OF WHOM SHALL BE ENTITLED TO CAST ONE					
VOTE. MEMBERS MAY BE INDIVIDUALS OR ORGANIZATIONS.					
Form 990, Part VI, Section A, Line 7a - DIRECTORS SHALL BE ELECTED BY THE MEMBERS FROM A	SLATE SUBMITTED BY THE				
NOMINATING COMMITTEE TO THE MEMBERS.					
Form 990, Part VI, Section B, Line 11b - A COPY OF THE 990 IS REVIEWED BY A PUBLIC ACCOUNTING	IC FIRM IT IS THEN SENT TO				
THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO SUBMITTING THE FORM TO THE IRS.					
Form 990, Part VI, Section B, Line 12c - A CONFLICT OF INTEREST DISCLOSURE IS SIGNED ANNUAL	LY BY ALL BOARD MEMBERS.				
ANY POTENTIAL CONFLICTS ARE DISCUSSED AT THE BOARD MEETING.					
Form 990, Part VI, Section B, Line 15 - A COMPARISION OF SALARIES IS COMPILED. THE EXECTUTI					
REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. ALL	OTHER STAFF SALARIES				
ARE DISCUSSED AND APPROVED BY THE BOARD DURING THE BUDGET PROCESS.	· · · · · · · · · · · · · · · · · · ·				
Form 990, Part VI, Section C, Line 19 - THE FINANCIAL STATEMENTS, 990, AND THE GIFT ACCEPTAL	NCE DOLICY IS AVAILABLE ON				
OUR WEB SITE AND UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS GIVEN TO A NEW BO					
ORIENTATION, AN ACKNOWLEGMENT LETTER IS SIGNED ANNUALLY AND FILED IN THE DEVELOP					
Form 990, Part XI, Line 9 - DECREASE IN NET ASSETS DUE TO AN INCREASE IN THE VALUE OF GIF	Γ ANNUITIES OF \$1,371, LOSS				
IN VALUE OF GIFTS OF FUTURE INTEREST -(\$105,437).					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	·				
·					
	,				