## COMMITTEE ON NATURAL RESOURCES Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Legislative hearing on: ON H.R. 2984, The Maine Coastal Islands Wilderness Bill of 2011 March 29, 2012

## For Individuals:

- 1. Name: Stephanie L.Martin
- 2. Address: [Information redacted for privacy]
- 3. Email Address: [Information redacted for privacy]
- 4. Phone Number: [Information redacted for privacy]

## For Witnesses Representing Organizations:

- 1. Name: Stephanie L. Martin
- 2. Name of Organization(s) You are Representing at the Hearing: Friends of Maine's Seabird Islands
- 3. Business Address: PO Box 1231, Rockland ME 04841
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: [Information redacted for privacy]

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Master's degree in Science

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

NONE

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Small business owner; non-profit volunteer

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

NO

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

NO

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

## In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

## Programs Coordinator

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

NONE

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

NONE

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

NONE

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Please see attached.

			Short Form				ON	IB No. 1545-	1150			
Form	99		ation Exempt	nternal Revenu	e Code	Тах		2010	)			
			k lung benefit trust or priva vised funds, organizations th is defined in section 512(b)(1	te foundation) nat operate one 3) must file For	or more hosp m 990 (see in	structions).	Ope	en to Pu				
			end of the year may use thi	s form.				nspectio	on			
AF	or the :	2010 calendar year, or tax year beginning	01/01	, 2010, a	nd ending		2/31	, 20	10			
-	heck if ap	oplicable: C Name of organization			1	D Employ		cation numb	er			
	ddress cl				Room/suite	E Talanha	55-080					
	larne cha nitial retur		ot delivered to street addres	is)	noom/suite	E Telepho	ne number					
D 7	erminate	ed City or town, state or country, and ZIP + 4				E Group	Exemptio	00				
=	Amended Application	n pending Rockland, ME 04841				Numb	C					
		ting Method: 🗹 Cash 🔲 Accrual Other (sp	ecify) 🕨		Н	Check ►	✓ if the	organizatio	n is no			
		te: www.maineseabirds.org						Schedule B				
		npt status (check only one) - 🗹 501(c)(3) 🔲 501(c)						or 990-PF)				
	heck 🕨											
		90-EZ or Form 990 return is not required though For	m 990-N (e-postcard) m	ay be require	d (see instru	ctions). Bu	t if the org	ganization c	hoose			
		return, be sure to file a complete return. s 5b, 6c, and 7b, to line 9 to determine gross receipts. It	aross receipts are \$200.0	00 or more o	if total asso	ts (Part II						
		lumn (B) below) are \$500,000 or more, file Form 990 ins					s .	1	23,44			
C	art I	Revenue, Expenses, and Changes in					Ψ	Part I.)				
	10.0.0	Check if the organization used Schedule	O to respond to any	question in	this Part	1			. 🔽			
	1	Contributions, gifts, grants, and similar amou					1		59,08			
	2	Program service revenue including governme				[	2		1			
- U	3	Membership dues and assessments				× × _	3		- 10			
. 1	4		tment income									
	5a	Gross amount from sale of assets other than	· · · · · · · · · · · · · · · · · · ·		-	53,210						
	b	Less: cost or other basis and sales expenses				14,793						
	C	Gain or (loss) from sale of assets other than i	nventory (Subtract line	e 5b from lir	ne 5a)		5c		38,41			
	6	Gaming and fundraising events Gross income from gaming (attach Sche	edule G if greater t	han								
e	а	\$15,000)		·   6a		0						
Revenue	b	Gross income from fundraising events (not in			contributio	ns						
Sev		from fundraising events reported on line 1)										
	10.	sum of such gross income and contributions				6,165						
	с	Less: direct expenses from gaming and fund				4,009						
	d	Net income or (loss) from gaming and func										
	1.0	line 6c)				-	6d		2,15			
	7a	Gross sales of inventory, less returns and all				4,746						
	b	Less: cost of goods sold				1,886	7c		2.00			
	с 8	Other revenue (describe in Schedule O)					8		2,86			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7					9		102,75			
-	10	Grants and similar amounts paid (list in Sche					10		2,00			
	11	Benefits paid to or for members					11					
S	12	Salaries, other compensation, and employee					12					
USC	13	Professional fees and other payments to ind	ional fees and other payments to independent contractors									
Expenses	14		pancy, rent, utilities, and maintenance									
ш	15	그는 것이 아무렇게 가지 않는 것이 아무렇게 하는 것이 아무를 통하는 것이 가지 않는 것이 아무렇게 하는 것이 같아.	g, publications, postage, and shipping									
	16	Other expenses (describe in Schedule O) .					16	1	2,77			
-	17	Total expenses. Add lines 10 through 16 .	17 from Eas (1)	* * * *			17		36,65			
sts	18 19	Excess or (deficit) for the year (Subtract line Net assets or fund balances at beginning of					18		66,10			
Net Assets	19	end-of-year figure reported on prior year's re					19		310,72			
t A	20	Other changes in net assets or fund balance				F	20		310,72			
Ne	20	Net assets or fund balances at end of year.					21		376,82			
	1.61	not dooota of fund balances at end of year.	compilio integ to tillo	agine .								

 Z
 21
 Net assets or fund balances at end of year. Combine lines 18 through 20

 For Paperwork Reduction Act Notice, see the separate instructions.
 0

Form 990-EZ (2010)

orm 990-EZ (2010)					Page 2
Part II Balance Sheets. (see the instruction Check if the organization used Schedu	ns for Part II.) ule O to respond to any que	stion in this Part II	S and and		🕅
offect in the organization used oblication	ale o to topona to any quo		inning of year	-	B) End of year
22 Cash, savings, and investments		ę., 203	68,327		124,453
			252,000		252,000
			396		396
the second se		· · · · -	320,723		376,849
25       Total assets		· · · ·	10,000		23
<ul> <li>26 Total liabilities (describe in Schedule O)</li> <li>27 Net assets or fund balances (line 27 of colu</li> </ul>		n · · ·	310,723		376,826
Part III Statement of Program Service Acco					Expenses
Check if the organization used Sched What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization	ule O to respond to any que See Schedule O, Statement	estion in this Part II	I 🗆	501(c) organi	red for section (3) and 501(c)(4) zations and section
he services provided, the number of persons benefited, a	nd other relevant information for	each program title.		for oth	a)(1) trusts; optional ers.)
28 Held boat trip for education outreach, attended b Wildlife Service and National Audubon Society of					
	unt includes foreign grants, cl			28a	1,670
29 Supported Maine Natural History Observatory wi Maine Seabird colonies.	th funds to prepare and publish	n an atlas and data c	atalog of		
(Grants \$ 0) If this amo	unt includes foreign grants, cl	heck here	. • 🗆	29a	2,000
30					
	unt includes foreign grants, c			30a	
31 Other program services (describe in Schedule				1.1	
	unt includes foreign grants, c			31a	0
32 Total program service expenses (add lines 2				32	3,670
Part IV List of Officers, Directors, Trustees, and				instruc	tions for Part IV.)
Check if the organization used Scheo					🗌
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributi employee benef deferred comp	it plans &	(e) Expense account and other allowances
Jane Hopwood	Chair, 2	0		0	0
PO Box 272, Elkins, NH 03233			1		
Sarah Rheault	Vice-chair, 1	0		0	0
60 Howe Hill Rd, Camden, ME 04843				1	
Christine Howe	Secretary, 2	0		0	0
75 Soper Rd, Orland, ME 04472				l	1
Kristen Lindquist	Treasurer, 3	0		0	0
PO Box 1231, Camden, ME 04843				1	
Mark DiGirolamo	Board Member, 1	0		0	0
8 Mill St, Rockland, ME 04841		· · · · · · · · · · · · · · · · · · ·			
Thomas Goettel	Board Member, 5	0		0	C
22 Bartlett Ln, SOUTH THOMASTON, ME 04858					
Karen Goodwill	Board Member, 2	0		0	C
78 Oceanward Dr, Friendship, ME 04547					
William Goodwill	Board Member, 1	0	1	0	C
78 Oceanward Dr, Friendship, ME 04547			1	1	
Scott Hall	Board Member, 1	0		0	(
42 Northport Rd, Belfast, ME 04915			· · · · · ·	- 1	
Beth Goettel	Advisor, 1	0		0	(
22 Bartlett Ln, SOUTH THOMASTON, ME 04858			1.L		1
Brian Benedict	Advisor, 1	(		0	(
PO Box 495, Rockland, ME 04841					
					1
			1		

Form 99	IO-EZ (2010)		P	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	h	1
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.  37a 0		1	-
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b		-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶0; section 4912 ▶0; section 4955 ▶0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		1
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
41	List the states with which a copy of this return is filed.		_	_
42a	The organization's books are in care of ▶ Susan Penner       Telephone no. ▶         Located at ▶ 80 Mechanic St, Rockport, ME 04843       ZIP + 4 ▶		12-140 843	)7
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	_	Yes	No
	account)?	42b		1
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420		1
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	•		► C
		-	Var	s No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	U.,		
	completed instead of Form 990-EZ	44a	1	1
b		1		4
	completed instead of Form 990-EZ	441	_	1
c	Did the organization receive any payments for indoor tanning services during the year?	440	2	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	440	i	

Form 990-EZ (2010)

-orm 990-	-EZ (201	0)							_	age 4
45			antituretat	a avaation to the		ing of sent	= E10/L/10/0	Ar	Yes	No
		related organization a controlled						45	-	1
n	neanir	e organization receive any payme ng of section 512(b)(13)? If "Yes 990-EZ (see instructions)	s," Form 99	0 and Schedule R n	nay need			45a		
		e organization engage, directly or				s on behalf of	or in opposition	458		Sec.
te	o car	didates for public office? If "Yes,	," complete	Schedule C, Part I .				46		1
Part V	5	Section 501(c)(3) organization 01(c)(3) organizations and sec and 52, and complete the table	ction 4947 es for lines	(a)(1) nonexempt cl s 50 and 51.	naritable	e trusts mus	t answer questic	all sec ons 4	tion 7–49	-
_	(	Check if the organization used S	Schedule C	to respond to any o	question	in this Part V	/1	• •		
47 5	Did the	evention encode in table las	a antivitian0	If "Ves " complete O	a badula i	O Devi II		47	Yes	No
		e organization engage in lobbying						47	-	V
		organization a school as described e organization make any transfers						40 49a	-	V
		," was the related organization a		CONTRACTOR AND				49a		V
		lete this table for the organization a				(athor than a				l ko
		yees) who each received more th								
				(b) Title and average		Compensation	(d) Contributions to	-	) Exper	
	(a) Nam	ne and address of each employee paid mo than \$100,000	ore	hours per week	,,,		employee benefit plans & deferred compensation	ac	count	and
None		than \$100,000		devoted to position			deletted compensation	othe	r allow	ances
None										
			-		-			-		
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	Total r	number of other employees paid	over \$100 (	000						
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## Form 990-EZ (2010)

SCHEDULE A	D	ublic Oberity C	hatua	and D	della (			1	OMB No. 1	545-00	)47
(Form 990 or 990-EZ)		ublic Charity S ete if the organization is	a section	501(c)(3)	organizat				20	10	)
Department of the Treasury Internal Revenue Service		4947(a)(1) no							Open to		
Internal Revenue Service Name of the organization	PP	Attach to Form 990 or Fo	orm 990-E	Z. ► See s	separate			entification	Inspe	ction	1
FRIENDS OF MAINE SEA	BIRD ISLANDS					1	inployer ic	55-080			
Part I Reason fo	or Public Cha	arity Status (All orga	nization	s must c	omplete	this par	t.) See i	nstructio	ns.		
<ul> <li>2 A school descr</li> <li>3 A hospital or a</li> </ul>	ention of chur ibed in <b>section</b> cooperative he arch organizat	ches, or association of n 170(b)(1)(A)(ii). (Attac ospital service organiza ion operated in conjun	churches ch Sched ation dese	s describe ule E.) cribed in s	ed in sec section 1	tion 170(	b)(1)(A)(i A)(iii).	- 1	(iii). Enter	the	
	n operated for	the benefit of a colle	ge or uni	versity ov	vned or	operated	by a go	vernmenta	al unit de	escrib	ed in
6 A federal, state 7 An organization	, or local gove h that normally	rnment or government / receives a substantia (A)(vi). (Complete Par	al part of					it or from	the gen	eral p	oublic
8 🗌 A community to	ust described	in section 170(b)(1)(A	)(vi). (Cor	nplete Pa	rt II.)						
receipts from a support from	activities relate gross investm	/ receives: (1) more that ed to its exempt funct ent income and unre after June 30, 1975. So	tions-sul lated bus	bject to c siness tax	ertain ex kable inc	ceptions	s, and (2) ss sectio	no more	than 33	1/3%	of its
10 An organization	n organized an	d operated exclusively	to test fo	or public s	afety. Se	e sectio	n 509(a)(	4).			
a 🔲 Type e 🗌 By checking th	b is box, I certify indation manag	describes the type ofType IIcy that the organizationers and other than on	Type is not co	ntrolled d	ctionally irectly or	integrate indirectl	d y by one	d E or more d	] Type Jisqualifie	ed per	rsons
	tion received	a written determinatio	on from	the IRS t	hat it is	a Type	I, Type I	ll, or Typ	e III sup	portir	ng □
· · · · · · · · · · · · · · · · · · ·	17, 2006, has	the organization acce	pted any	gift or co	ontributio	n from a	ny of the	•		Ċ	
density in the second second		indirectly controls, eit body of the supported				persons	describe	d in (ii) an	d 11g(i)	Yes	No
		son described in (i) abo			2 1 1	1.1.1	in the second		11g(ii)		
		f a person described in tion about the support							11g(iii)		
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the c in col. (i) li	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	organizat (i) organi	is the tion in col. zed in the S.?		mount o pport	of
		(eee men conorie)	Yes	No	Yes	No	Yes	No			
(A)			1.0			1 1			_		
(B)		1									
(C)	1		2.11		11	÷					_
(D)					Į., Į		144	1.22.1			
(E)											_
Total											

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010

Part	Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support			_			
Calen	dar year (or fiscal year 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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					· · · · · · · · · · · · · · · · · · ·	
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).						
6	Public support. Subtract line 5 from line 4.				1		
Secti	on B. Total Support					2.52.77	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4					1 · · · · · · · · · · ·	2
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						11
11	Total support. Add lines 7 through 10					A TRANSPORT	
12	Gross receipts from related activities, etc.	(see instructi	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her				and the second sec	ear as a section	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2010 (line 6			11, column (f))		14	0
15	Public support percentage from 2009 Sch					15	
16a	331/3% support test-2010. If the organiz box and stop here. The organization qual	ation did not	check the box	on line 13, an	d line 14 is 33	CALL CONTRACTOR OF MARK	
b	331/3% support test-2009. If the organ check this box and stop here. The organi					e 15 is 331/3%	or more,
17a	10%-facts-and-circumstances test-20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circ	and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box a ation qualifies	nd stop here. as a publicly s	Explain in supported
b	10%-facts-and-circumstances test-20 15 is 10% or more, and if the organizati Explain in Part IV how the organization mo	09. If the org ion meets the eets the "fact	anization did n e "facts-and-c s-and-circums	not check a bo ircumstances" stances" test. 7	x on line 13, 10 test, check t The organizatio	6a, 16b, or 17a his box and <b>s</b> on qualifies as	a, and line top here. a publicly
18	supported organization <b>Private foundation.</b> If the organization did instructions	d not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, chec	k this box and	see

Schedule A (Form 990 or 990-EZ) 2010

## 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.)

	on A. Public Support dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,830	7,500	324,903	6,114	59,088	401,435
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	0	o	900	3,840	4,746	9,486
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	O	0	2,998	0	2,998
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	o	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	o	0	0	0	D
6	Total. Add lines 1 through 5	3,830	7,500	325,803	12,952	63,834	413,919
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
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	0	0	0	0	0	0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						413,919
	on B. Total Support	(10000	//-> 0007	(1)0000	( 1) 0000 I	1.10010	10 T-1-1
	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 10a	Amounts from line 6	3,830	7,500	325,803 758	12,952 581	63,834 238	413,919
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0.	0	o	0	0	0
с	Add lines 10a and 10b	0	0	758	581	238	1,577
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	o	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,830	7,500	326,561	13,533	64,072	415,496
14	First five years. If the Form 990 is for the organization, check this box and stop he	the second s			, or fifth tax ye		
Secti	on C. Computation of Public Suppor				1 1 1 1 1		
15	Public support percentage for 2010 (line 8			3, column (f))		15	99.62 %
16	Public support percentage from 2009 Sch				a bear bear	16	99.6 %
	on D. Computation of Investment In					Los I	
17	Investment income percentage for 2010 (					17	0.38 %
18 19a	Investment income percentage from 2009 33 <sup>1</sup> / <sub>3</sub> % support tests—2010. If the organ 17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box	ization did not	check the box	on line 14, an	nd line 15 is m		
b	33 <sup>1</sup> / <sub>3</sub> % support tests – 2009. If the organiz line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this l	ation did not cl	neck a box on l	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	Private foundation. If the organization di		and the second	a second second second second second	and the second se		

Schedule A	(Form	990 or	990-EZ)	2010
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Schedule A (Form 990 or 990-EZ) 2010 Page 2010						
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					

2
3
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p
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<u></u>

FRIENDS OF MAINE SEABIRD ISLANDS       55-0809874         Form 990-EZ, Part I, Line 10 - Grant in the amount of \$2000 to support the Maine Natural History Observatory with funds to prepare an publish an atlas and data catalog of Maine seabird colonies.       55-0809874         Form 990-EZ, Part I, Line 16 - Other expenses of \$2772 were for office/operating supplies and services.       55-0809874         Form 990-EZ, Part I, Line 16 - Other expenses of \$2772 were for office/operating supplies and services.       55-0809874         Form 990-EZ, Part II, Line 24 - Other assets of \$396 represents inventory (hats, buttons, maps).       55-0809874	SCHEDULE O Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	OMB No. 1545-0043 2010 Open to Public Inspection	
Form 990-EZ, Part I, Line 10 - Crant in the amount of \$2000 to support the Maine Natural History Observatory with funds to prepare an publish an attas and data catalog of Maine seabird colonies.	Name of the organization		and the second of the other second	
Port 990-EZ, Part II, Line 16 - Other expenses of \$2772 were for office/operating supplies and services.				
Form 990-EZ, Part II, Line 24 - Other assets of \$396 represents inventory (hats, buttons, maps).				
Form 990-EZ, Part II, Line 24 - Other assets of \$396 represents inventory (hats, buttons, maps).  Form 990-EZ, Part II, Line 26 - \$23 total liability for sales tax due.	Form 990-EZ, Part I, Line	16 - Other expenses of \$2772 were for office/operating supplies and services	5.	
Form 990-EZ, Part II, Line 26 - \$23 total liability for sales tax due.				
	Form 990-EZ, Part II, Line			

Schedule O, Statement 1 Form: 990-EZ Page: 1 Line Number:

**Reasonable Cause Explanations** 

### Explanation

90 day extension granted on May 15, 2011

Schedule O, Statement 2 Form: 990-EZ Page: 2 Line Number: Part III

Primary Exempt Purpose

### Primary Exempt Purpose

Support the Maine Coastal Islands National Wildlife Refuge and seabird management in Maine

SCHEDULE L

# Transactions With Interested Persons ► Complete if the organization answered

	90 or 990-EZ)		Complete if the organization answered m 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.									2009			
	t of the Treasury venue Service	Attach to F	or Forr orm 990	n 990-E ) or For	Z, Part V, III m 990-EZ. I	ne 38a or ▶ See sej	40b. parate instr	uctions.				pen To specti	o Publ ion	lic	
Name of	the organization	1							mploye	r ident		•			
Friend	s of Maine Se	abird Islands						5	5		080	09874	L I		
Part I		Benefit Transactions ( if the organization answe								Part V	line /	10b			
	Complete	in the organization anowo				10, 1110 20	54 61 200, 0		0	ur v,			(c) Cor	rected?	
1	<b>(a)</b> Name	e of disqualified person				<b>(b)</b> [	Description of	transaction					Yes	No	
ur	nder section 4	nt of tax imposed on th 958 nt of tax, if any, on line								-					
D. 11															
Part I		and/or From Interest e if the organization and			on Form OC	0 Port IV	/ line 26	or Form (		7 Do	av r	ina 21	20		
(-)	· · · ·	~													
(a)	(a) Name of interested person and purpose			to or from inization?	n <b>(c)</b> Original principal amount		(d) Balance due		(e) In default?		? (f) Approved by board or committee?			/ritten ment?	
			То	From					Yes	No	Yes	No	Yes	No	
		perating funds	~			10,000		10,075		~	~		<		
	-	usual expenditure													
as the	org. purchas	es a building												ļ	
Total						. ► \$									
Part I		or Assistance Benefitir				. • •					_				
		e if the organization and	-			0, Part I	/, line 27.								
	(a) Name of ir	nterested person	(b) Re	lationship	between inte	rested pers	on and the	(c	) Amou	nt and	type o	f assist	ance		
		-			organizati	on			-						
Part I	V Busines	s Transactions Involvi	ng Inte	rested	Persons.			1							
	Complete	e if the organization and	swered	"Yes" of	on Form 99	0, Part I	V, line 28a,	28b, or 2	28c.						
(a) Name of interested person		(b) Relationship between interested person and the organization						n of tra	f transaction			aring of zation's nues?			
													Yes	No	
														1	

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

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2009

OMB No. 1545-0047

				Short F					OI	MB No. 1545-1150	
	Form <b>990-EZ</b> Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code								90 <b>00</b>		
Forn	Form <b>JJU-LL</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)								2009		
				ponsoring organizations of door advised funds a	ind controlling organizati	ons as defined	in section		On	en to Public	
Depa	rtment of	the Treasury	5	ponsoring organizations of donor advised funds a (b)(13) must file Form 990. All other organizations assets less than \$1,250,000 at the er	nd of the year may use th	than \$500,000 lis form.	and total			nspection	
Intern	al Revenu	ue Service		The organization may have to use a copy of this	, ,	• •	ments.			-	
_			ar year,	tax year beginning	, 2009,	and ending				, 20	
		applicable:	Please use IRS	Name of organization			D Empl	-		ication number	
	Address o Name chi	÷	label or	riends of Maine Seabird Islands		De ever (evelte	E Talan	-		09874	
	nitial retu	-	print or type.	lumber and street (or P.O. box, if mail is not delive	ered to street address)	Room/suite	E Telep				
1	Ferminate	ed	See Specific	O Box 232 Sity or town, state or country, and ZIP + 4					-	6-6970	
	Amendec		Instruc-				F Grou	•	•	on	
_		on pending	tions.	ockport, ME 04856				nber I			
	<ul> <li>Sec</li> </ul>	tion 501(c)(3)	•	ions and 4947(a)(1) nonexempt charitable leted Schedule A (Form 990 or 990-EZ).	e trusts must attach		-			Cash 🗹 Accrual	
			a con	leteu Schedule A (Form 390 or 390-EZ).			r (specify			nization is <b>not</b>	
	Vahaii		maines	birds.org					•	ule B (Form 990,	
	Vebsit			one) – ☑ 501(c) ( 3 ) ◄ (insert no.)	4947(a)(1) or 52		EZ, or 99		cnea	ule B (Form 990,	
	Check			ion is not a section 509(a)(3) supporting orga			,	,	o * 0 +		
			-	n is not required, but if the organization cho	-					lan \$25,000. A	
				to determine gross receipts; if \$500,000 or mo			•	• \$		11,596	
_	art I			nses, and Changes in Net Assets							
	1			grants, and similar amounts received .				1		6,114.38	
	2			enue including government fees and c			• •	2		0	
	3	•		nd assessments			• •	3		0	
	4		•				• •	4		581.20	
	- 5a										
		b Less: cost or other basis and sales expenses									
	-	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						5c		0	
he	6			ies (complete applicable parts of Schedule G). If a				50			
en	a	-		including \$ of co							
Revenue	- u			· · · · · · · · · · · · · · · · · · ·			3030.00				
щ	b	-		es other than fundraising expenses			1150.00				
	c		•	from special events and activities (Sub		ine 6a)		6c		1,880.00	
	7a		•	itory, less returns and allowances			2997.50	00			
	b	Less: cost		-			0				
	c		0	) from sales of inventory (Subtract line				7c		2,997.50	
	8	Other reve	-				)	8		0	
	9			lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 .				9		11,573.08	
	10			mounts paid (attach schedule)				10		3,370.000	
	11			or members				11		0	
ŝ	12			pensation, and employee benefits				12		0	
nse	13			d other payments to independent cont				13		15,260.79	
Expenses	14	Occupanc	y, rent,	ilities, and maintenance				14		0	
ш	15		-	s, postage, and shipping				15		731.34	
	16	Other expe	enses (d	scribe  Misc. Expenses, Real Estate	Тах		)	16		3,339.29	
	17	Total expe	enses.	ld lines 10 through 16			. ►	17		22,701.42	
S	18			or the year (Subtract line 17 from line 9)				18		(11,128.34)	
Net Assets	19	Net assets	s or fun	balances at beginning of year (from li	ne 27, column (A))	(must agre	e with				
As		end-of-yea	ar figure	eported on prior year's return)				19		321,852.00	
let	20	Other char	nges in	t assets or fund balances (attach expla	anation)			20		0	
	21			palances at end of year. Combine lines				21		310,723.66	
Pa	art II	Balance	e Shee	If Total assets on line 25, column (B)	are \$1,250,000 or 1				ad of	Form 990-EZ.	
				(See the instructions for Part II.)		<b>(A)</b> Be	ginning of	-		(B) End of year	
22	Ca	ash, savings	, and in	estments				9,456		68,327	
23			•				25	2,000		252,000	
24		ther assets (	describ	Inventory		_)		396		396	
25		otal assets .				·	32	1,852		320,723	
26				short-term loan from board mem		_)			26	10,000	
27	' Ne	et assets or	fund b	ances (line 27 of column (B) must agre	ee with line 21)		32	1,852	27	310,723	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Form	990-EZ (2009)					Page <b>2</b>
Par	t III Statement of Program Service Accom	plishments (See the instru	uctions for Part II	l.)		Expenses
Wha	(Required for section					
	501(c	)(3) and 501(c)(4)				
	ribe what was achieved in carrying out the org ner, describe the services provided, the number o					izations and section
	program title.				4947( for ot	a)(1) trusts; optional
		1 (100 1 11				
28	Educational seabird outreach boat trip attended by a			Fish &		
	Wildlife and the Puffin Project on board to talk about	seabird research on Maine i	slands			
	(Grants \$) If this amount	includes foreign grants, che	eck here	. 🕨 🗌	28a	1,150.00
29	Support National Audubon Society seabird research	by granting money for their	purchase of specia	I micro-		
	sensors to detect nest disturbance.					
	(Grants \$ 2,800) If this amount	includes foreign grants, che	eck here	▶ □	29a	2,800.00
20	Support Maine Coastal Islands NWR technician, grad				250	2,000.00
30						
	a way to determine puffin gender by granting money	to cover costs of blood testi	ng at Avian bioteci	n labs.		
	(Grants \$ 570) If this amount	includes foreign grants, che	eck here	. 🕨 🗌	30a	570.00
31	Other program services (attach schedule)					
	(Grants \$) If this amount	includes foreign grants, che	eck here	. 🕨 🗌	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	4,520.00
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	instruc	tions for Part IV.)
		(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		account and other allowances
lane	Hopwood		00. 0 1,	deren eu compe	noution	
	Box 272, Elkins, NH 03233	Chair, 6 hrs./week	0			
	h Rheault		0			
		Vice-Chair, 2 hrs./week				
	owe Hill Rd., Camden, ME 04843		0			
	stine Howe	Secretary, 2 hrs./week				
75 S	oper Road, Orland, ME 04472		0			
Krist	en Lindquist	Treasurer, 2 hrs./week				
12 M	ount Battie St., Camden, ME 04843	Treasurer, 2 Ths./week	0			
Brad	Allen					
650	State St., Bangor, ME 04401	Board Member, 1 hr./week	0			
	DiGirolamo					
	I St., Rockland, ME 04841	Board Member, 1 hr/week				
	Goettel		0			
		Board Member, 4 hrs./week	0			
	artlett Ln., So. Thomaston, ME 04858		0			
	n Goodwill	Board Member, 1 hr./week				
78 0	ceanward Dr., Friendship, ME 04547		0			
Willi	am Goodwill	Board Member, I hr./week				
78 O	ceanward Dr., Friendship, ME 04547		0			
Scot	t Hall	Board Mombor 1 hr husel				
41 N	orthport Rd., Belfast, ME 04915	Board Member, 1 hr./week	0			
Bria	n Benedict					
PO E	Box 495, Rockland, ME 04841	USFWS Refuge Advisor	0			
	Goettel					
	artlett Ln., So. Thomaston, ME 04858	USFWS Refuge Advisor	0			
			•			
		-				
		1				
		1				

	0-EZ (2009)		F	age
Part	<b>Other Information</b> (Note the statement requirements in the instructions for Part V.)		Yes	NL
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		res	
	description of each activity	33		r
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	~	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		v
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>&gt;</b> 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		V
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	~	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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.	40b		r
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		v
41	List the states with which a copy of this return is filed. ►			
12a	The organization's books are in care of ► Diane Ober Telephone no. ►	207-23	6-817	2
	Located at  67 Beech Hill Rd., Rockport, ME ZIP + 4	048	856	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		V
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
-		42c		v
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			► L
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
	Form 990-EZ	44		V
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45		V
		n <b>990</b>		

Form 990	D-EZ (2009)								Page <b>4</b>
Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	<b>section 4947(a)(1) none</b> 47(a)(1) nonexempt char nd 51.	exempt cha itable trusts	rita m	abl ust	e trusts only. A answer questio	all se ons 4	ction 6–49	ib
46	Did the organization engage in direct or indirect	political campaign activit	ies on behalt	of	or	in opposition to		Yes	s No
	candidates for public office? If "Yes," complete \$	Schedule C, Part I					46		~
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	dule C, Part	II			47	~	<u> </u>
	Is the organization a school as described in section	•					48		~
	Did the organization make any transfers to an ex						49a		~
	If "Yes," was the related organization a section 5	•	•				49b	-	<u> </u>
	Complete this table for the organization's five hi						truste	es ar	nd key
	employees) who each received more than \$100,0	000 of compensation from	the organiza	tior	n. If	there is none, er	ter "I	None.	"
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compens	satic		(d) Contributions to employee benefit plans & deferred compensation	a	e) Expe ccount er allow	
None		-				· · · · · ·			
		-							
		-							
f	Total number of other employees paid over \$100	),000 ▶							
	Complete this table for the organization's five I \$100,000 of compensation from the organizatio	n. If there is none, enter "N				rs who each rec			
None				()	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(0) 00	mpone	
d	Total number of other independent contractors e	each receiving over \$100,0	00 ►						
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration								
Sign Here	<b>.</b>								
	Signature of officer           Kristen Lindquist, Treasurer           Type or print name and title				D	ate			
Paid	Preparer's signature	Date	Check if self- employed			Preparer's identifying nu	mber (S	ee instru	ctions)
Prepare Use On	yours if self-employed),			-	EIN	•			
May the	e IRS discuss this return with the preparer shown	above? See instructions			-110	ne no. ► ►	] Yes		No
				·	•	Fc			Z (2009)

SCH	IEDULE C		Political Campaign an	d Lobbving	OMB No. 1545-0047	
(Form 990 or 990-EZ)			· · · · · · · · · · · · · · · · · · ·			2009
	For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.					
Depart Interna	tment of the Treasury al Revenue Service		<ul> <li>Complete if the organization</li> <li>Attach to Form 990 or Form 990-</li> </ul>			Open to Public Inspection
			s," to Form 990, Part IV, line 3, or Fo		, line 46 (Political Campa	ign Activities), then
		0	Complete Parts I-A and B. Do not cc ion 501(c)(3)) organizations: Complete	•	ow. Do not complete Part	I-B
			nplete Part I-A only.			
	-		s," to Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI	, line 47 (Lobbying Activi	ties), then
٠	Section 501(c)(3)	organizations	that have filed Form 5768 (election ur	nder section 501(h)):	Complete Part II-A. Do no	ot complete Part II-B.
	( )( )	0	that have NOT filed Form 5768 (electio		(h)): Complete Part II-B. Do	o not complete Part II-A.
			s," to Form 990, Part IV, line 5 (Prox	y Tax), then		
	me of organization	(5), or (6) orga	anizations: Complete Part III.		Employe	r identification number
	ends of Maine	Seabird Isla	nds		55	0809874
			organization is exempt unde	er section 501(c		
1	Provide a des	cription of th	e organization's direct and indired	ct political campai	gn activities in Part IV.	
2	Political expen	ditures			· ▶ \$	0
3	Volunteer hour	rs				6
Pa	rt I-B Com	plete if the	e organization is exempt und	er section 501(	c)(3).	
1		-	xcise tax incurred by the organiza			0
2			xcise tax incurred by organization			
3			a section 4955 tax, did it file For			. 🗌 Yes 🗌 No
4a	Was a correct					· 🔄 Yes 🔄 No
b Par	If "Yes," desci rt I-C Com		v. e organization is exempt und	er section 501(	c) excent section 5	01(c)(3)
		-				
1	activities		expended by the filing organization			
2			ing organization's funds contribute		zations for section	
	527 exempt fu					
3			penditures. Add lines 1 and 2. Er		Form 1120-POL,	
					<b>&gt;</b> <sup>\$</sup>	
4 5	•	•	file Form 1120-POL for this year? and employer identification numbe			. Yes No
5			zation listed, enter the amount paid fi	· · ·		
		J.	vere promptly and directly delivered	J J J		
	fund or a polition	cal action co	mmittee (PAC). If additional space is	s needed, provide i	nformation in Part IV.	
	<b>(a)</b> Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's funds. If none, enter -0	contributions received and promptly and directly
						delivered to a separate political organization. If
						none, enter -0

		none, enter o .

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50084S Schedule C (Form 990 or 990-EZ) 2009

Sche	edule C (Form 990 or 990-EZ) 2009			Page <b>2</b>			
Pa	rt II-A Complete if the organizat under section 501(h)).	ion is exempt under section 501(c)(3) and	filed Form 5768	(election			
	Check ► □ if the filing organization belongs to an affiliated group. Check ► □ if the filing organization checked box A and "limited control" provisions apply.						
	Limits on Lobl (The term "expenditures" m	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals			
1a b c c f	<ul> <li>Total lobbying expenditures to influenc</li> <li>Total lobbying expenditures (add lines</li> <li>Other exempt purpose expenditures</li> <li>Total exempt purpose expenditures (add lines)</li> </ul>	e public opinion (grass roots lobbying) e a legislative body (direct lobbying) 1a and 1b)					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	The lobbying nontaxable amount is:           20% of the amount on line 1e.           \$100,000 plus 15% of the excess over \$500,000.           \$175,000 plus 10% of the excess over \$1,000,000.           \$225,000 plus 5% of the excess over \$1,500,000.           \$1,000,000.					
g h i j	Grassroots nontaxable amount (enter 2 Subtract line 1g from line 1a. If zero or Subtract line 1f from line 1c. If zero or If there is an amount other than zero on	5% of line 1f)	rm 4720 reporting	□ Yes □ No			

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	(e) Total		
2a Lobbying nontaxable amount							
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))							
<b>c</b> Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2009

## 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)).

		(2	1)	(b)
		Yes	No	Amount
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	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		~	
с	Media advertisements?		~	
d	Mailings to members, legislators, or the public?	~		1
е	Publications, or published or broadcast statements?		~	
f	Grants to other organizations for lobbying purposes?		~	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	~		0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~	
i	Other activities? If "Yes," describe in Part IV		~	
j	Total. Add lines 1c through 1i			1
2a			~	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Der	+ III A Complete if the experimetion is exempt under section $504(s)(4)$ section 50			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

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).		
а	Current year	2a	
	Carryover from last year	2b	
	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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
5		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; and Part II-B, line 1i. Also, complete this part for any additional information.

Two board members spend several hours meeting with both Representative Chellie Pingree and Senator Susan Collins

to discuss funding for a building we are working to purchase for eventual transfer to the USFWS as a visitors' center and

office. Congressional influence is needed to help move this project up the USFWS priority list for appropriations funds.

Letters were also mailed to our Congressional representatives about this issue. These lobbying efforts were all directly

related to	our	mission	and	the	programs	we deliver.
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## Part IV Supplemental Information (continued)


SCHEDULE A (Form 990 or 990-EZ)

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

OMB No. 1545-0047 ୬៣**୩**୦

		Comple	te if the organization is			•	tion or a s	ection			
Department of the Treasury			4947(a)(1) nonexempt charitable trust. ttach to Form 990 or Form 990-EZ. ► See separate instructions.							Open to Public	
	al Revenue Service	✓ ► A	ttach to Form 990 or Fo	orm 990-E	Z. ► See	separate	instructio	ons.		Inspection	
Name	e of the organization	on						Employe	r identifica	tion number	
Frie	ends of Maine S	Seabird Islands						55		0809874	
Pa	rt I Reaso	n for Public Cl	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
The	organization is	not a private four	ndation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box.	)		
1	A church,	convention of chu	rches, or association	of churc	hes desc	ribed in <b>s</b>	ection 1	70(b)(1)(/	4)(i).		
2	A school d	escribed in section	on 170(b)(1)(A)(ii). (Att	tach Sch	edule E.)						
3	A hospital	or a cooperative	hospital service organ	ization d	escribed	in sectio	n 170(b)	(1)(A)(iii).			
4	A medical	research organiza	ation operated in conj	unction v	with a ho	spital de	scribed in	n section	170(b)(1	I)(A)(iii). Enter t	he
		name, city, and st									
5			the benefit of a colle	ge or uni	versity ov	wned or o	operated	by a gov	ernmenta	l unit described	l in
	_	<b>'0(b)(1)(A)(iv).</b> (Co									
6		-	ernment or governme								
7	•		y receives a substantia		its suppo	ort from a	governm	nental uni	t or from	the general pub	olic
8			(1)(A)(vi). (Complete F d in section 170(b)(1)		`omploto	Dort II.)					
9		-	y receives: (1) more that		-		m contrib	utions m	amharsh	in fees and aro	
•	•		ed to its exempt funct								
			ent income and unre								
	acquired b	y the organization	n after June 30, 1975.	See sec	tion 509(	( <b>a)(2).</b> (Co	omplete F	Part III.)			
10	🗌 An organiz	ation organized a	nd operated exclusive	ely to tes	t for publ	lic safety.	See sec	tion 509	(a)(4).		
11		-	and operated exclusiv	-	-	-				or to carry out	the
			blicly supported orgar								on
	509(a)(3).	Check the box the	at describes the type	of suppo	rting orga	anization	and com	plete line	es 11e thi	rough 11h.	
	а 🗌 Тур	el b	] Type II c	: 🗌 Тур	e III-Fun	ctionally	integrate	d	d	] Type III–Othe	r
е			tify that the organizat								
			on managers and othe	r than on	e or more	e publicly	supporte	d organiz	ations de	escribed in secti	ion
		r section 509(a)(2)									
f	-		a written determinati	on from	the IRS	that it is	a Type I	, Type II	, or Type	e III supporting	
~	0	n, check this box									
g	following p		the organization acce	epted any	/ gift or c	ontributio	on from a	iny of the			
			r indirectly controls, e	hithor alo	no or too	othor wit	h porcor	e docorik	ood in (ii)	Yes N	lo
			ming body of the sup				in persor			11g(i) 🖌	—
	. ,		erson described in (i) a		•					11g(ii)	
			of a person described							11g(iii)	
h			ation about the suppo								
(i)	Name of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amount of	
	organization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		ion in col. zed in the	support	
			(see instructions))				port?		S.?		
				Yes	No	Yes	No	Yes	No		
			during period of unus								
				~			~				
Sara	ah Rheault, for o	De									

Total

Cat. No. 11285F

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.)

Sec	tion A. Public Support				,				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
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) <b>Public support.</b> Subtract line 5 from line 4.								
Sec	tion B. Total Support		·						
Ca	lendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2009	<b>(f)</b> Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, etc		,			12			
13	First five years. If the Form 990 is for organization, check this box and stop he		on's first, secor						
Sec	tion C. Computation of Public Su								
14	Public support percentage for 2009 (line	6, column (f) di	vided by line 1	1, column (f))		14	%		
15	Public support percentage from 2008 Sch	nedule A, Part	II, line 14 .			15	%		
	a 33½ % support test-2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	<b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> — <b>2008.</b> If the organize box and <b>stop here.</b> The organization qua						_		
17a	a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►								
b 18	<b>10%-facts-and-circumstances test – 2008</b> more, and if the organization meets the "facts-and-circumsta <b>Private foundation.</b> If the organization did	acts-and-circum ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and <b>stop here</b> . Ily supported or	Explain in Part ganization	IV how the ►		

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

Calendar year (or fiscal year beginning in)

#### 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.)

(a) 2005

(b) 2006

(c) 2007

(d) 2008

1 Gifts, grants, contributions, and membership fees received. (Do not include \$5,900 1 any "unusual grants.") . . . . . . . Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the 0 \$900 0 \$3,840 \$4,740 organization's tax-exempt purpose . 3 Gross receipts from activities that are not an 0 0 1 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 0 0 to discuss fu Two board m office. Congr Letters were organization without charge . . . \$12,952 \$355.985 related to ou 6 **Total.** Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 0 0 0 0 0 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the 0 0 0 0 0 amount on line 13 for the year . . . 0 0 0 0 0 c Add lines 7a and 7b . . . . . . Public support (Subtract line 7c from 8 line 6.) \$355,985 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 \$5,900 \$3,830 \$7,500 \$325,803 \$12,952 \$355,985 Amounts from line 6 . . . 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 0 0 758 581 0 \$1,339 sources . . . . . . . . . . . b Unrelated business taxable income (less section 511 taxes) from businesses 0 0 0 0 0 acquired after June 30, 1975 . . . 0 0 0 758 \$1,339 581 c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly 0 0 0 0 0 carried on . . . . . . . . . 12 Other income. Do not include gain or loss from the sale of capital assets 0 0 0 0 0 (Explain in Part IV.) . . . . . . 13 Total support. (Add lines 9, 10c, 11, \$5,900 \$3,830 \$7,500 \$326,561 \$13,533 \$357,324 and 12.) . . . . . . . . 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) 14 organization, check this box and  $\ensuremath{\textit{stop}}\xspace$  here . 🕨 . . . . . . . Section C. Computation of Public Support Percentage 99.6 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 99.8 % Section D. Computation of Investment Income Percentage .4 % 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) . 18 .2 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . . . . . . 19a 33<sup>1</sup>/<sub>3</sub> % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33<sup>1</sup>/<sub>3</sub> %, and line 17 is not more than 33<sup>1</sup>/<sub>3</sub>%, check this box and **stop here.** The organization qualifies as a publicly supported organization **>** 

331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/3 %, and b line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 

0

0

0

0

0

0

0

~

(f) Total

(e) 2009

Schedule A (Form 990 or 990-EZ) 2009 Page 4								
Part IV	Supplemental Information Part II, line 17a or 17b; and	<b>n.</b> Complete this d Part III, line 12	s part to provide the 2. Provide any other	e explanations required r additional information				

990N -eFiLE - 2008

### Exempt Organizations Select Check

Exempt Organizations Select Check Home

990-N (e-Postcard) filer Information

**Tax Period:** 2008 (01/01/2008 - 12/31/2008)

Employer Identification Number (EIN): 55-0809874

Legal Name:

FRIENDS OF MAINE SEABIRD ISLANDS

Mailing Address: PO Box 232 Rockport, ME 04856 United States

**Doing Business As:** 

Gross receipts not greater than: \$25,000

Organization has terminated: No

Principal Officer's Name and Address: Jane Hopwood 44 High Street Camden, ME 04843 United States

Website URL:

www.maineseabirds.or g

### Related 990-N (ePostcard) Filings:

If the organization has filed additional Forms 990-N (*e-Postcards*), link(s) to additional *e-Postcard* filings are displayed below. Click on the link(s) to see the information included in those filing(s).