| Form 8879-EO | IRS e-file Signature Authorization for an Exempt Organization | | OMB No. 1545-0047 |
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| | | , 20 | 2020 |
| Department of the Treasury | Do not send to the IRS. Keep for your records. | | |
| Internal Revenue Service Name of exempt organization | Go to www.irs.gov/Form8879EO for the latest information. | Taynaver | identification number |
| name of exempt of gamzation | | | |
| Friends of Ka | tahdin Woods & Waters | 81-5 | 102906 |
| Name and title of officer or po | erson subject to tax | | |
| Don Hudson | | | |
| Treasurer Part Type of | Return and Return Information (Whole Dollars Only) | | |
| | rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fi | rom the retu | rm. If you |
| | 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed wit | | |
| | 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you ent the applicable line below. Do not complete more than one line in Part I. | erea ·U· on t | ne |
| 1a Form 990 check here | | 16 | 3407166. |
| 2a Form 990-EZ check l | | 2b | |
| 3a Form 1120-POL che | sk here 🕨 🔽 b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check I | | | |
| 5a Form 8868 check her | | | |
| 6a Form 990-T check he 7a Form 4720 check her | | | |
| | tion and Signature Authorization of Officer or Person Subject to Ta | X | |
| Under penalties of perjury | , I declare that 🚺 I am an officer of the above organization or 🛛 🗌 I am a person s | ubject to tax | with respect to |
| (name of organization) | , (EIN), , (| | that I have examined a co |
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| processing the return or r Agent to initiate an electro software for payment of the a payment, I must contac (settlement) date. I also at confidential information n identification number (PIN PIN: check one box only I authorize PC as my signature a state agency(PIN on the retu As an officer or electronically fil regulating char Signature of officer or person subj Part III Certific: ERO's EFIN/PIN. Enter y number (EFIN) followed b I certify that the above nu that I am submitting this is IRS <i>e-file</i> Providers for Bt ERO's signature ▶ | Shund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its onic funds withdrawal (direct debit) entry to the financial institution account indicated in the federal taxes owed on this return, and the financial institution to debit the entry to this the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior the financial institutions involved in the processing of the electronic payment of ecessary to answer inquiries and resolve issues related to the payment. I have selected at a smy signature for the electronic return and, if applicable, the consent to electronic further to the electronic return and, if applicable, the consent to electronic further to the electronic further to the tax year 2020 electronically filed return. If I have indicated within this return that electrons to the IRS Fed/State program, I also authorize the aforen m's disclosure consent screen. person subject to tax with respect to the organization, I will enter my PIN as my signature de return. If I have indicated within this return that a copy of the return is being filed with these as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure or to tax with respect to the organization, I will enter my PIN as my signature or two indicated PIN. Date Mathematication our six-digit electronic filing identification y your five-digit self-selected PIN. Date Mathematication Date Strain and Authentication Date Strain and Authematication Date Strain Authematica | designated the tax prep s account. T or to the pay taxes to rec a personal ands withdra to enter m a copy of the nentioned Effort a state age consent scree 0 0 0 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 | Financial paration o revoke ment seive wal. ny <u>PIN 12345</u> Enter five numbers, b do not enter all zeros ne return is being filed with RO to enter my x year 2020 ency(ies) een. tte ▶ 7/1/2021 |

| Form 990 |
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|-----------------|

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.



| AI | -or τn | e 2020 calendar year, or tax year beginning and | ending | | | | |
|----------------------------------|----------------------|--|------------|------------------------------|-------------------------------|--|--|
| Ba | Check if applicab | C Name of organization D Employer identification number | | | | | |
| | Addre chang | ^{ss} Friends of Katahdin Woods & Waters | | | | | |
| Name change Doing business as | | | | 81-5102906 | | | |
| | | | | E Telephone number | | | |
| | Final return | PO Box 18177 | | 207-808-0 | 020 | | |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 3407166. | | |
| | Amen return | POPULAND, ME 04112 | | H(a) Is this a group re | turn | | |
| | Applie tion | F Name and address of principal officer: DOII IIIuusOII | | for subordinates' | ? Yes 🗶 No | | |
| | pendi | ^{ng} same as C above | | H(b) Are all subordinates in | cluded? Yes No | | |
| | | empt status: 🗴 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c | or 527 | lf "No," attach a | list. See instructions | | |
| | | te:▶ FriendsofKWW.org | | H(c) Group exemption | | | |
| | | organization: 🔀 Corporation Trust Association Other 🕨 | L Year | of formation: 2017 N | I State of legal domicile: ME | | |
| Pa | art I | Summary | | | | | |
| đ | 1 | Briefly describe the organization's mission or most significant activities: See S | Schedu | 1e 0 | | | |
| Governance | | | | | | | |
| srna | 2 | Check this box I if the organization discontinued its operations or dispos | ed of more | than 25% of its net ass | | | |
| ove | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 15 | | |
| ഗ് ച | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 15 | | |
| es | 5 | Total number of individuals employed in calendar year 2020 (Part V, line 2a) | | | 7 | | |
| Activities & | 6 | Total number of volunteers (estimate if necessary) | | 100 | | | |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <u></u> | | 0. | | |
| | | | | Prior Year | Current Year | | |
| e | 8 | Contributions and grants (Part VIII, line 1h) | | 612850. | 3404788. | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | |
| Rev | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1296. | 1331. | | |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | <u>40400.</u> 654546. | 1047. | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 054540. | 3407166. | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 270366. | 341600. | | |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 270366. | <u> </u> | | |
| Expenses | 16a . | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) | 71 | 0. | 0. | | |
| Ц. Д | | 5 1 1 1 1 1 1 1 1 1 1 | | 202556. | 2638148. | | |
| | 1 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 472922. | 2979748. | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 181624. | 427418. | | |
| or | 19 | Revenue less expenses. Subtract line 18 from line 12 | | ginning of Current Year | | | |
| ts o | 20 | Tatel assets (Dart V. line 16) | | 543722. | End of Year 1236670. | | |
| Assets Balanc | 20 | Total assets (Part X, line 16) | | 27518. | 293048. | | |
| let ∕ | 21 22 | Total liabilities (Part X, line 26) | | 516204. | 943622. | | |
| | art II | Net assets or fund balances. Subtract line 21 from line 20 | | JI0204• | J4J044• | | |
| | | | | | | | |

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 | Signature of officer | | | Date | | | |
|-------------|--|-----------------------------------|--------|-----------------------|-----------------|---------------------|--|
| Here | Don Hudson, Treasurer | | | | | | |
| | Type or print name and title | | | | | | |
| | Print/Type preparer's name Peter Montano | Preparer's signat | Date | Check | PTIN | | |
| Paid | Peter Montano | Preparer's signati Peta Matar | 7-1-21 | if self-employed | P012009 | 43 | |
| Preparer | Firm's name 🕨 PGM LLC | | | Firm's EIN 8 2 | -481244 | 8 | |
| Use Only | Firm's address 319 Main Street | | | | | | |
| | Biddeford, ME 04005 Phone no. (207) | | | | | 714 | |
| May the I | May the IRS discuss this return with the preparer shown above? See instructions X Yes No | | | | | | |
| 032001 12-2 | 3-20 LHA For Paperwork Reduction Act Notic | e, see the separate instructions. | | | Form 990 |) ₍₂₀₂₀₎ | |

| | rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III |
|----|--|
| 1 | Check if Schedule O contains a response or note to any line in this Part III |
| • | See Schedule O |
| | |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| - | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$298895. including grants of \$) (Revenue \$) |
| | Supported and encouraged visitation to Katahdin Woods and Waters |
| | National Monument through: 1) publishing the Loop Road Interpretive and |
| | Map Adventures Recreation Map, as well as other interpretative |
| | materials; 2) distributing visitation information through online and at |
| | physical locations; 3) organized and promoted events including Stars |
| | Over Katahdin, Head North Ski Days, and the 3rd Anniversary |
| | Celebration; and 4) provided online, telephone, and in-person trip |
| | planning for visitors. |
| | <u></u> |
| | |
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| | |
| | |
| 4b | (Code:) (Expenses \$100673. including grants of \$) (Revenue \$) |
| 4b | Partnered with the NPS, NPF, and area K-12 schools and nonprofits to |
| 4b | Partnered with the NPS, NPF, and area K-12 schools and nonprofits to advance place-based education in the Katahdin region including: 1) |
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| 4b | Partnered with the NPS, NPF, and area K-12 schools and nonprofits to advance place-based education in the Katahdin region including: 1) developing curriculum; 2) curating and delivering learning experiences that root youth in the cultural and natural resources of their |
| 4b | Partnered with the NPS, NPF, and area K-12 schools and nonprofits to advance place-based education in the Katahdin region including: 1) developing curriculum; 2) curating and delivering learning experiences that root youth in the cultural and natural resources of their community; 3) providing professional development to teachers to better |
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| 4c | Partnered with the NPS, NPF, and area K-12 schools and nonprofits to advance place-based education in the Katahdin region including: 1) developing curriculum; 2) curating and delivering learning experiences that root youth in the cultural and natural resources of their community; 3) providing professional development to teachers to better connect learning objectives to place-based education principles; and 4) partnering to provide a youth conservation corps in KWW National Monument. (Code:)(Expenses2327601. including grants of \$) (Revenue \$ Maintained and developed Monument infrastructure through: 1) supporting facilities for visitor contacts stations in Millinocket and Patten; 2) redesigning parking and facilities at the Loop Road Overlook; 3) maintaining administrative offices in Patten for NPS use; 4) snowplowing Monument roadways; 5) improvements to overnight camping at Lunksoos Camps; and 6) efforts for additional infrastructure to improve |
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| Form | ggn | (2020) |
|------|-----|--------|

| | | | Yes | No |
|-----------|--|------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u>X</u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | 77 | |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | _ | | v |
| ~ | similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> | 5 | | _X_ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | x |
| - | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | x |
| 8 | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | - 23 |
| 0 | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | - | | |
| 5 | 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 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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 | Х | |
| 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 | | X |
| с | 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 | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | 37 |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X X |
| 13 14- | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | 13 | | X |
| 14a ⊾ | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| a | 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 | 14b | | х |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 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 | 17 | х | |
| 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 | | Х |
| 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 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | Х |
| 032003 | 9 12-23-20 | Form | 990 | (2020) |

032003 12-23-20

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| Form | 990 | (2020) |
|------|-----|--------|
| | 330 | |

| | | | Yes | No |
|--------|--|---------|-----|-----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 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 | | X |
| 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 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| 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 | | | |
| | | 25b | | х |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 200 | | |
| 20 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II | 26 | | х |
| 07 | | 20 | | - 23 |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 07 | | х |
| 00 | entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | 77 |
| | "Yes," complete Schedule L, Part IV | 28a | | X X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | | | 37 |
| | "Yes," complete Schedule L, Part IV | 28c | 37 | _X_ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | <u> </u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | _X_ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 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 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| 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 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| - | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | \square |
| | · · · · · · · · · · · · · · · · · · · | <u></u> | Yes | No |
| 19 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 16 | | | |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| U | | 1c | х | |
| 03200 | (gambling) winnings to prize winners? | | | (2020) |
| 502004 | | 1 0111 | | (-020) |

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2020.03050 FRIENDS OF KATAHDIN WOODS 10170_1

| Form Par | 990 (2020) Friends of Katahdin Woods & Waters 81-5102 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 81-5102 | 906 | Pa | _{age} 5 |
|-------------|---|-----|-----|------------------|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | 165 | NU |
| | filed for the calendar year ending with or within the year covered by this return 2a 7 | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | х |
| D. | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions) | 2.0 | | |
| 39 | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | х |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х |
| | If "Yes," enter the name of the foreign country \blacktriangleright | 14 | | |
| 2 | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | х |
| | 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 | | х |
| 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). | | | |
| | 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 | | Х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | 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 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| | 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 13b | | | |
| | Enter the amount of reserves on hand | | | v |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | _r | | х |
| | excess parachute payment(s) during the year? | 15 | | Δ |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |

| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 |
|----|---|--------|
| | If "Yes," complete Form 4720, Schedule O. | |

 16
 X

 Form
 990 (2020)

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| Form | 990 | (2020) |
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Friends of Katahdin Woods & Waters

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| Part VI | Governance, Management, and Disclosure For each | ch "Yes" response to lines 2 through 7b below, and for a "No" response |
|---------|---|--|
| | to line 8a, 8b, or 10b below, describe the circumstances, process | |

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | X | | | |
|----------|--|----------|-------------------------|------------|--------|--------|--|--|--|
| Sec | tion 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 | 15 | | | | | | |
| | 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 on Schedule 0. | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 15 | | | | | | |
| 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 | | X | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direc | t supervision | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | 3 | | X | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 wa | s filed? | 4 | | X | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | 5 | | X | | | |
| 6 | Did the organization have members or stockholders? | | | 6 | | X | | | |
| 7a | 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 | | X | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | lders, or | | | | | | |
| | persons other than the governing body? | | | 7b | | X | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | - | - | | | | | | |
| а | The governing body? | | | 8a | X | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | | | | | |
| 0 | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | | | | |
| | | | | | Yes | No | | | |
| | Did the organization have local chapters, branches, or affiliates? | | | <u>10a</u> | | X | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | 101 | | | | | |
| 44- | | | a filing the form 0 | 10b 11a | Х | | | | |
| | 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | |
| | b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | |
| | 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | 12b | Х | | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | , - | | 12c | х | | | | |
| 13 | in Schedule O how this was done Did the organization have a written whistleblower policy? | | | 13 | X | | | | |
| 13 14 | | | | 14 | X | | | | |
| 15 | Did the organization have a written document retention and destruction policy? | | | 14 | | | | | |
| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | гоуп | dependent | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | х | | | | |
| | Other officers or key employees of the organization | | | 15b | X | | | | |
| 5 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | 100 | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent w | rith a | | | | | | |
| | taxable entity during the year? | | | 16a | | x | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | - | - | | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | | |
| Sec | tion C. Disclosure | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed None | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990 | -T (Section 501(c)(3) | s only) | availa | ble | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | |
| | X Own website Another's website X Upon request Other (explain | on So | chedule O) | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | nflict o | of interest policy, and | l financ | cial | | | | |
| | statements available to the public during the tax year. | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | oks an | d records 🕨 | | | | | | |
| | Andrew Bossie - 207-808-0020 | | | | | | | | |
| | PO Box 18177, Portland, ME 04112 | | | - | 000 | | | | |
| 032006 | 12-23-20 | | | Form | 990 | (2020) | | | |
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2020.03050 FRIENDS OF KATAHDIN WOODS 10170_1

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|------------|---------------------------|------------------------|------------------------|-------------|
| Part VII | Compensation of Officers, | , Directors, Trustees, | Key Employees, Highest | Compensated |
| | Employees, and Independe | ent Contractors | | |

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) | (B) | | | _ (0 | C) | | | (D) | (E) | (F) |
|------------------------|--|--------------------------------|-----------------------|---------|----------------|---------------------------------|--------|--|--|--|
| Name and title | Average hours per week | box | not c , unle: | ss per | more rson i | than o s both pr/trus | n an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Andrew Bossie | 40.00 | | | | | | | | | |
| Executive Director | | | | X | | | | 85282. | 0. | 2956. |
| (2) Molly Ross | 2.00 | | | | | | | | | |
| President | | Х | | X | | | | 0. | 0. | 0. |
| (3) Steve Richardson | 2.00 | | | | | | | | | |
| Vice President | | Х | | X | | | | 0. | 0. | 0. |
| (4) Don Hudson Ph.D. | 2.00 | | | | | | | | | |
| Treasurer | | Х | | X | | | | 0. | 0. | 0. |
| (5) Matt Polstein | 2.00 | | | | | | | | | |
| Secretary | | Х | | X | | | | 0. | 0. | 0. |
| (6) James Ditzel | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (7) Eliza Donoghue | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (8) Kim Elliman | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (9) Logan Edwards | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (10) Terry Hill | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (11) Gail Fanjoy | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (12) Cathy Johnson | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (13) Jeremy Sheaffer | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (14) Lucas St. Clair | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (15) Lisa Horsch Clark | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (16) Sheryl Tishman | 2.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | Form 990 (2020) |

8

032007 12-23-20

Form 990 (2020)

| | <u>990 (2020)</u> Friends c | | | | | | | | | 81-53 | 102 | 906 | P | age 8 |
|--------|--|--|--|------------------------|---------|---------------|---------------------------------|----------|---|---|--------|--|-------------------------------------|----------------|
| Par | t VII Section A. Officers, Directors, Trust (A) Name and title | ees, Key Emp (B) Average hours per week | ployees, and Highest C (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | l than c s both | ne an | Compensated Employee (D) Reportable compensation from | (E) Reportable compensation | | (F) Estimated amount of other | | |
| | | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key em ployee | Highest compensated employee | Former | (W-2/1099-MISC) | from related organization (W-2/1099-MIS | s | com fr org and | pensa om th anizat d relat | e ion ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Ib Subtotal ▶ 85282. | | | | | | | 0. | | 29 | 56. | | | |
| d | Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no | | | | | | | | 0. 85282. | | 0. | | | 0. 56. |
| 2 | compensation from the organization | | ose | liste | u ap | ove |) WH | o re | eceived more than \$100, | | ; | | Yes | 0 No |
| 3 | Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i> | - | | - | • | - | | Ŭ | | loyee on | | 3 | | X |
| 4 5 | For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a | ,000? If "Yes, | " со | mple | ete S | Sche | dule | J f | for such individual | - | | 4 | | X |
| Sec | rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors | plete Schedule | e J fo | or sı | ich r | oers | on . | | | | | 5 | | Х |
| 1 | Complete this table for your five highest cor the organization. Report compensation for t | | - | | | | | | | | pensat | ion fro | m | |
| | (A) Name and business Compass Group, Inc., | | H11 | nt | er | | | | (B) Description of s Fundraising | ervices | С | (C omper | | n |
| | ll Road, Suite 808, Oak | | | | | | | | consulting s | ervices | | 1: | 200 | 00. |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in \$100,000 of compensation from the organiz | • | ot lin | niteo | d to t | thos 1 | e list | ted | above) who received mo | ore than | | | 000 / | |
| | | | | | | | | | | | | Form | ອອບ (| 2020) |

032008 12-23-20

9 2020.03050 FRIENDS OF KATAHDIN WOODS 10170__1

| | <u>1 990 (</u> 2 | | tahdin Wo | ods & Wate | ers | 81-5102 | 906 Page 9 |
|---|-----------------------|--|------------------------------|--|--|---|---|
| Pa | rt VIII | | | | | | |
| | | Check if Schedule O contains a response of | or note to any line | <u>e in this Part VIII</u> (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | b c d e f | Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f1g \$Total. Add lines 1a-1f1 | 124342. 3280446. | 3404788. | | | |
| Program Service Revenue | | | Business Code | | | | |
| ā | f g 3 | All other program service revenue | st, and | 1001 | | | 1004 |
| venue | 4 5 | other similar amounts) Income from investment of tax-exempt bond pure Royalties | roceeds 🕨 | 1331. | | | 1331. |
| | b c | Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c Net rental income or (loss) | | | | | |
| | b | Gross amount from sales of assets other than inventory (i) Securities Less: cost or other basis and sales expenses 7b Gain or (loss) 7c | (ii) Other | | | | |
| Other Rev | d | Net gain or (loss) Gross income from fundraising events (not including \$ of | ····· > | | | | |
| | | contributions reported on line 1c). See Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising events | | | | | |
| | 9 a b | Gross income from gaming activities. SeePart IV, line 19Less: direct expenses9b | | | | | |
| | 10 a b | Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b | | | | | |
| neous | | Net income or (loss) from sales of inventory Sales | ► Business Code 900099 | 1047. | 1047. | | |
| Miscellaneous Revenue | c d e | All other revenue | | 1047. | | | |
| 02000 | 12 | Total revenue. See instructions | | 3407166. | 1047. | 0. | 1331. Form 990 (2020) |
| U3200 | 9 12-23- | 20 | | | | | FUTH 330 (2020) |

Form 990 (2020)Friends of Katahdin Woods & WatersPart IXStatement of Functional Expenses

| Do no | Check if Schedule O contains a respons t include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
|------------|--|-----------------------|------------------------|-----------------------|---------------------------|
| 7b, 8b | o, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| | Grants and other assistance to domestic organizations | | | | |
| а | nd domestic governments. See Part IV, line 21 | | | | |
| | Grants and other assistance to domestic | | | | |
| | ndividuals. See Part IV, line 22 | | | | |
| | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | ndividuals. See Part IV, lines 15 and 16 | | | | |
| | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, | 86775. | 47726. | 21694. | 17355 |
| | rustees, and key employees | 00775. | 47720. | 21094. | T/333 |
| | Compensation not included above to disqualified versons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| | Dther salaries and wages | 201778. | 168385. | 27973. | 5420 |
| | Pension plan accruals and contributions (include | | | | |
| | ection 401(k) and 403(b) employer contributions | | | | |
| | Dther employee benefits | 30270. | 17807. | 10546. | 1917 |
| | Payroll taxes | 22777. | 17303. | 3711. | 1763 |
| | ees for services (nonemployees): | | | | |
| a۱ | Management | | | | |
| | _egal | | | | |
| | Accounting | 11489. | | 11489. | |
| | obbying | | | | |
| e P | Professional fundraising services. See Part IV, line 17 | | | | |
| f li | nvestment management fees | | | | |
| g (| Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| C | column (A) amount, list line 11g expenses on Sch 0.) | 254181. | 108568. | 1613. | 144000 |
| | Advertising and promotion | | | | |
| | Office expenses | 2587. | 2092. | 495. | |
| | nformation technology | | | | |
| | Royalties | 10000 | | 10000 | |
| | | 12277. 7013. | 7013. | 12277. | |
| | | /013. | /013. | | |
| | Payments of travel or entertainment expenses | | | | |
| | or any federal, state, or local public officials | 5131. | 5131. | | |
| | Conferences, conventions, and meetings | 5151. | JTJT• | | |
| | Payments to affiliates | | | | |
| | Depreciation, depletion, and amortization | 5983. | 5983. | | |
| | nsurance | 6539. | | 6539. | |
| - | Other expenses. Itemize expenses not covered | | | | |
| а | bove (List miscellaneous expenses on line 24e. If | | | | |
| | ine 24e amount exceeds 10% of line 25, column (A) mount, list line 24e expenses on Schedule 0.) | | | | |
| | Design & construction | 2223836. | 2223836. | | |
| _ | Facility | 26174. | 26174. | | |
| c 0 | Outreach & communicatio | 21925. | 21340. | 585. | |
| _ | Printing | 21495. | 18727. | 733. | 2035 |
| e A | All other expenses | 39518. | 57084. | -23347. | 5781 |
| | otal functional expenses. Add lines 1 through 24e | 2979748. | 2727169. | 74308. | 178271 |
| 6 J | oint costs. Complete this line only if the organization | | | | |
| r | eported in column (B) joint costs from a combined | | | | |
| e | ducational campaign and fundraising solicitation. | | | | |
| 0 | Check here I if following SOP 98-2 (ASC 958-720) | | | | |

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2020.03050 FRIENDS OF KATAHDIN WOODS 10170_1

Form 990 (2020)
Part X Balance Sheet

Friends of Katahdin Woods & Waters 81-5102906 Page 11

| | | Check if Schedule O contains a response or not | te to any | ine in this Part X | | | |
|-----------------------------|-----|--|-------------|--------------------|---------------------------------|------|---------------------------|
| | | · · | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 178922. | 1 | 397017. |
| | 2 | Savings and temporary cash investments | | | 122341. | 2 | 258538. |
| | 3 | Pledges and grants receivable, net | | | | 3 | 286419. |
| | 4 | Accounts receivable, net | | | 34720. | 4 | 102908. |
| | 5 | Loans and other receivables from any current o | | | | | |
| | | trustee, key employee, creator or founder, subs | | | | | |
| | | controlled entity or family member of any of the | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | | |
| | | under section 4958(f)(1)), and persons described | | 6 | | | |
| s | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 207302. | | | |
| | b | | | 16189. | 197096. | 10c | 191113. |
| | 11 | Investments - publicly traded securities | | | 9968. | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 675. | 15 | 675. | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 543722. | 16 | 1236670. |
| | 17 | Accounts payable and accrued expenses | | | 27518. | 17 | 293048. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete | Part IV of | Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or form | ner officer | , director, | | | |
| litie | | trustee, key employee, creator or founder, subs | tantial co | ntributor, or 35% | | | |
| abi | | controlled entity or family member of any of the | se persor | s | | 22 | |
| Liabilities | 23 | Secured mortgages and notes payable to unrela | ated third | parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third pa | rties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables to | related third | | | |
| | | parties, and other liabilities not included on lines | s 17-24). (| Complete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 27518. | 26 | 293048. |
| | | Organizations that follow FASB ASC 958, che | eck here | | | | |
| čě | | and complete lines 27, 28, 32, and 33. | | | 44.00.00 | | 400400 |
| lan | 27 | | | | 412378. | 27 | 493430. |
| Ba | 28 | Net assets with donor restrictions | | | 103826. | 28 | 450192. |
| pun | | Organizations that do not follow FASB ASC 9 | 58, chec | khere 🕨 🛄 | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | | | | |
| tso | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sse | 30 | Paid-in or capital surplus, or land, building, or ea | | | | 30 | |
| tΑŝ | 31 | Retained earnings, endowment, accumulated in | | F | F1 C00 4 | 31 | 0.42602 |
| Ne | 32 | Total net assets or fund balances | | | 516204. | 32 | 943622. |
| | 33 | Total liabilities and net assets/fund balances | | | 543722. | 33 | 1236670. |

Form 990 (2020)

| Form | 990 (2020) Friends of Katahdin Woods & Waters | 81-510 | 2906 | Pag | _{ge} 12 | | | |
|------|---|-----------|------------|--------------|------------------|--|--|--|
| Pa | rt XI Reconciliation of Net Assets | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| | | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | |)716 | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 297 | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 2741 1620 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | | |
| | column (B)) | 10 | 94 | 1362 | 22. | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | <u> </u> | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | | | | |
| | Act and OMB Circular A-133? | | 3a | | <u> </u> | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |
| | | | - | aan / | | | | |

Form **990** (2020)

| SCHEDUL | ΕA |
|---------|----|
|---------|----|

| 1 | Earr | ~ (| 000 | ~ | 000 | | ۱ |
|---|------|-----|-----|-----|-----|------|---|
| U | гоп | | 990 | UI. | 330 |)-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 |
|------------------------------|
| 2020 |
| Open to Public Inspection |

| | tment of the Treasury Attach to Form 990 or Form 990-EZ. Open to Publ al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection | | | | | | | Open to Public Inspection | | | | |
|----------|--|---|-------------------------|------------------------|--|----------------|-----------------------------------|------------------------------|---------------|---------------------------|--|--|
| Nan | ne of t | the organizati | | GO 10 WWW.II 3.90 | | | ie latest li | normation. | Employer | identification numbe | | |
| Nun | | | | nde of Kat | ahdin Woods 8 | . Wate | are | | | 1-5102906 | | |
| Pa | rt I | Reason | | | (All organizations must c | | | ee instruction | | 1 5102500 | | |
| | | | | | For lines 1 through 12, c | | | | | | | |
| 1 | | | - | | | • | | ()(A)(i) | | | | |
| 2 | \square | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | | | | |
| 3 | \square | | | | anization described in se | | | ii) | | | | |
| 4 | H | | | | njunction with a hospital | | | | (iiii) Enter | the hospital's name | | |
| - | | city, and state | - | | | accombod | 00000 | | | the hospital e hame, | | |
| 5 | \square | • | | or the benefit of a co | llege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed in | | |
| - | | | | Complete Part II.) | 5 , | | , , | | | | | |
| 6 | \square | | | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | | |
| | X | | - | - | ntial part of its support fi | | | | ne general p | oublic described in | | |
| | | | | omplete Part II.) | | Ũ | | | 0 1 | | | |
| 8 | | | | | (1)(A)(vi). (Complete Par | t II.) | | | | | | |
| 9 | | An agricultura | al research org | anization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college | | |
| | | or university o | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | , and state of | the college | or | | |
| | | university: | | | | | | | | | | |
| 10 | | An organizati | on that norma | lly receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membersh | nip fees, and | d gross receipts from | | |
| | | activities relat | ted to its exem | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of it | s support fi | rom gross investment | | |
| | | income and u | inrelated busir | ness taxable income | (less section 511 tax) fro | om busines | sses acqui | red by the ore | ganization a | fter June 30, 1975. | | |
| | | See section | 5 09(a)(2). (Cor | mplete Part III.) | | | | | | | | |
| 11 | | An organizati | on organized a | and operated exclus | ively to test for public sa | fety. See | section 50 | 09(a)(4). | | | | |
| 12 | | | | | ively for the benefit of, to | | | | | | | |
| | | | | | ed in section 509(a)(1) o | | | | | Check the box in | | |
| | | 7 | | | f supporting organizatior | | | | | | | |
| а | | | | - | upervised, or controlled | • • • | - | | ••••• | | | |
| | | | - | | gularly appoint or elect a | majority c | of the direc | tors or truste | es of the su | ipporting | | |
| h | | | | complete Part IV, Se | | ion with it | | d arcanizatio | n(a) by bay | ina | | |
| b | | | | - | l or controlled in connect anization vested in the sa | | | - | | - | | |
| | | | • | t complete Part IV, | | ame perso | ns that co | ntiol of mana | ge the supp | Joned | | |
| с | | | | | g organization operated | in connect | tion with | and functiona | llv integrate | d with | | |
| Ŭ | L | | - | | b). You must complete I | | | | ny mograte | a with, | | |
| d | | 7 | | | porting organization oper | | | | rted organiz | zation(s) | | |
| | | | - | • | zation generally must sat | | | | Ŭ, | | | |
| | | | | | nplete Part IV, Sections | | | | | | | |
| е | | - · | | | written determination fro | | | | II, Type III | | | |
| | | functionally | integrated, or | Type III non-functio | nally integrated supporti | ng organiz | ation. | | | | | |
| f | Ente | er the number o | of supported o | organizations | | | | | | | | |
| g | | | 0 | about the supporte | <u> </u> | | | | | | | |
| | (| i) Name of suppo | | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your govern | anization listed ing document? | (v) Amount o | - | (vi) Amount of other | | |
| | | organization | | | above (see instructions)) | Yes | No | support (see ii | istructions) | support (see instructions | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| Tota | | | | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

2020.03050 FRIENDS OF KATAHDIN WOODS 10170__1

Schedule A (Form 990 or 990-EZ) 2020 Friends of Katahdin Woods & Waters 81-5102 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Se | ction A. Public Support | | | | | | |
|-------------|--|----------------------|-----------------------|-----------------------|--------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | 269253. | 504716. | 664665. | 3404788. | 4843422. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | | 269253. | 504716. | 664665. | 3404788. | 4843422. |
| 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. | | | | | | 4843422. |
| See | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | | 269253. | 504716. | 664665. | 3404788. | 4843422. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | | | | | 1331. | 1331. |
| 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 VI.) | | | | | 1047. | 1047. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 4845800. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | e organization's fir | rst, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | <u>here</u> | | | | | X |
| See | ction C. Computation of Publi | c Support Per | centage | | | | |
| | Public support percentage for 2020 (li | | | (7) | | 14 | % |
| | Public support percentage from 2019 | | | | | 15 | % |
| 16 a | 33 1/3% support test - 2020. If the c | | | | 4 is 33 1/3% or m | ore, check this bo | and |
| | stop here. The organization qualifies | | 0 | | | | |
| b | 33 1/3% support test - 2019. If the c | - | | | line 15 is 33 1/3% | or more, check thi | s box |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the facts | | | - | - | VI how the organiz | ation |
| | meets the facts-and-circumstances te | - | | | - | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets th | | | | | | . — |
| | organization meets the facts-and-circu | | • | | | | |
| 18 | Private foundation. If the organizatio | n did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | | | |
| | | | | | Sche | dule A (Form 990 | or 990-EZ) 2020 |

Schedule A (Form 990 or 990-EZ) 2020 Friends of Katahdin Woods & Waters 81-5102906 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

| Section A. Public Support | | | | 1 | | |
|--|----------------------------|----------------------|----------------------|----------------------|----------------------|-------------------|
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 per- formed, 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 bus- | | | | | | |
| iness under section 513 | <u> </u> | | | | | |
| 4 Tax revenues levied for the organ- ization'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 | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (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 | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 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 (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for th | e organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) organizatio | on, |
| check this box and stop here | <u></u> | | | | | |
| Section C. Computation of Public | c Support Per | centage | | | | |
| 15 Public support percentage for 2020 (li | ne 8, column (f), d | livided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 2019 | | | | | 16 | % |
| Section D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 Investment income percentage for 20 | 20 (line 10c, colur | mn (f), divided by l | ine 13, column (f)) | | 17 | % |
| 18 Investment income percentage from 2 | 2019 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2020. If the | organization did r | not check the box | on line 14, and lin | e 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| more than 33 1/3%, check this box an | id stop here. The | organization qual | ifies as a publicly | supported organiza | ition | |
| b 33 1/3% support tests - 2019. If the | organization did r | not check a box or | n line 14 or line 19 | a, and line 16 is mo | ore than 33 1/3%, a | and |
| line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | anization qualifies | as a publicly suppo | orted organization | |
| 20 Private foundation. If the organization | <u>n did not check a</u> | box on line 14, 19 | a, or 19b, check t | | | |
| 032023 01-25-21 | | | _ | Sch | edule A (Form 990 | 0 or 990-EZ) 2020 |
| | | 16 | -) | | | |

2020.03050 FRIENDS OF KATAHDIN WOODS 10170__1

Schedule A (Form 990 or 990-EZ) 2020 Friends of Katahdin Woods & Waters

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

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10b

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Yes No

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| Pa | rt IV Supporting Organizations (continued) | | | |
|---------|---|-----------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| <u></u> | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| Soc | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| | alon D. All Type III Supporting Organizations | | Y. | |
| | Did the second of the | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| 2 | organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | 1 | | |
| 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how | | | |
| | | 2 | | |
| 3 | the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in line 2, above, did the organization's supported organizations have a | | | |
| 5 | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | 3 | | |
| Sec | supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | | |
| a | The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| с | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | struction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 032025 01-25-21

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2a

2b

3a

3b

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| Sche Pai | dule A (Form 990 or 990 EZ) 2020 Friends of Katahdin Wood | | | 81-5102906 Page 6 |
|-------------|--|------------|-----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | | Dort VII) Soc instructions |
| • | All other Type III non-functionally integrated supporting organizations must | | , | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally | / integrat | ed Type III supporting orga | anization (see |

instructions).

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| Par | t v Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | nizations (continu | ued) | |
|----------|---|-------------------------------|---------------------------------------|------|---|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | i | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pr | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | · · · · · | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2020 | ns | (iii) Distributable Amount for 2020 |
| _1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | _ | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| <u>a</u> | From 2015 | | | | |
| b | From 2016 | | | | |
| | From 2017 | | | | |
| d | From 2018 | | | | |
| e | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | _ | |
| | Applied to underdistributions of prior years | | | _ | |
| | Applied to 2020 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, <i>explain in</i> | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2016 Excess from 2017 | | | | |
| | Excess from 2017 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | | | | | |

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|----------------|--|--|---|--|---|---|----------|
| Part VI | Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, | mation. Provide the I, 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV, | e explanations requ 6, 9a, 9b, 9c, 11a, Section E, lines 1c | uired by Part II, 11b, and 11c; , 2a, 2b, 3a, an | line 10; Part II, line 17 Part IV, Section B, lin d 3b; Part V, line 1; P | a or 17b; Part III, line 12; es 1 and 2; Part IV, Section art V, Section B, line 1e; Pa | n C, |
| | Section D, lines 5, 6, and (See instructions.) | 8; and Part V, Sectior | E, lines 2, 5, and 6 | Also complet | e this part for any add | ditional information. | |
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| 032028 01-25-2 | . 1 | | 21 | | 300 | Eddle A (FUTTI 990 OF 990- | 2020 |

| SCHEDULE C POlitical Campaign and Lobbying Activities | | | | | | | |
|---|---|---|-------------------------|--|--|--|--|
| (Form 990 or 990-EZ) | 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. Open to | | | | | | | |
| Department of the Treasury Internal Revenue Service Content Content Con | | | | | | | |
| If the organization answ | vered "Yes," on | Form 990, Part IV, line 3, or Foruplete Parts I-A and B. Do not com | m 990-EZ, Part V, lin | | Activities), then | | |
| .,., | | 01(c)(3)) organizations: Complete P | | Do not complete Part I-B | | | |
| Section 527 organization | | | and o below. | bo not complete r art r b. | | | |
| • | • | Form 990, Part IV, line 4, or For | m 990-EZ. Part VI. lir | ne 47 (Lobbving Activities) | , then | | |
| Section 501(c)(3) org | anizations that h | nave filed Form 5768 (election und | er section 501(h)): Co | mplete Part II-A. Do not cor | nplete Part II-B. | | |
| Section 501(c)(3) org | anizations that h | nave NOT filed Form 5768 (election | n under section 501(h) |)): Complete Part II-B. Do no | ot complete Part II-A. | | |
| If the organization answ | vered "Yes," on | Form 990, Part IV, line 5 (Proxy | Tax) (See separate ii | nstructions) or Form 990-I | EZ, Part V, line 35c (Proxy | | |
| Tax) (See separate inst | | | | | | | |
| | , or (6) organizat | ions: Complete Part III. | | | | | |
| Name of organization | - 1 1 | | | Empl | loyer identification number | | |
| Dort I A Compl | | of Katahdin Woods anization is exempt under | | r in a postion 597 or | 81-5102906 | | |
| Part I-A Comple | ete il the org | anization is exempt under | section 501(c) c | or is a section 527 or | Janization. | | |
| Dusuista a stanovinti | | | | | | | |
| Provide a descriptionPolitical campaign a | 0 | ation's direct and indirect political ures | 10 | | | | |
| 10 | , , | gn activities | | | | | |
| | political campai | | | | | | |
| Part I-B Comple | ete if the org | anization is exempt under | section 501(c)(3 | 3). | | | |
| 1 Enter the amount o | f any excise tax | incurred by the organization under | section 4955 | ▶ \$ | | | |
| 2 Enter the amount o | f any excise tax | incurred by organization managers | under section 4955 | ▶\$ | | | |
| 3 If the organization in | ncurred a section | n 4955 tax, did it file Form 4720 fo | r this year? | | Yes No | | |
| 4a Was a correction m | ade? | | | | Yes No | | |
| b If "Yes," describe in | | eninetien is evenet under | contine FO1(a) | averation E01/a | 1/01 | | |
| - | | anization is exempt under | | | | | |
| | | by the filing organization for secti | | | i | | |
| | ••• | ization's funds contributed to othe | • | | | | |
| | | . Add lines 1 and 2. Enter here and | | φ | | | |
| | | | , | ►\$ | | | |
| | | 1120-POL for this year? | | | | | |
| | | ployer identification number (EIN) | | | | | |
| | | tion listed, enter the amount paid f | • | • | | | |
| | | omptly and directly delivered to a s | • • • | · · · · · | e segregated fund or a | | |
| political action com | mittee (PAC). If | additional space is needed, provide | e information in Part I | V. | - | | |
| (a) 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 | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2020

Т

032041 12-02-20

| Schedule C (Form 990 or 990-EZ) 2020 F Part II-A Complete if the orga | | | | | | 5102906 ection unde | |
|--|--------------|------------------------|---|---------------------------|---|--------------------------|----|
| section 501(h)). | Lation | | | | | | |
| A Check > if the filing organization | on belong: | s to an affil | iated group (and list i | n Part IV each affiliated | group member's nam | ne, address, Ell | N, |
| expenses, and share | of excess | lobbying e | expenditures). | | | | |
| B Check 🕨 📃 if the filing organization | on checke | d box A ar | d "limited control" pr | ovisions apply. | | | |
| | - | /ing Exper ans amou | nditures nts paid or incurred. |) | (a) Filing organization's totals | (b) Affiliated totals | |
| 1a Total lobbying expenditures to influe | ence public | c opinion (c | rassroots lobbving) | | | | |
| b Total lobbying expenditures to influe | | | , | | | | |
| c Total lobbying expenditures (add line | | | | r | | | |
| d Other exempt purpose expenditures | | | | | | | |
| e Total exempt purpose expenditures | | | | | | | |
| f Lobbying nontaxable amount. Enter | | | | | | | |
| If the amount on line 1e, column (a) or (| (b) is: | The lob | bying nontaxable am | ount is: | | | |
| Not over \$500,000 | | 20% of t | he amount on line 1e | | | | |
| Over \$500,000 but not over \$1,000,0 | 000 | \$100,00 | 0 plus 15% of the exc | ess over \$500,000. | | | |
| Over \$1,000,000 but not over \$1,500 | 0,000 | \$175,00 | 0 plus 10% of the exc | ess over \$1,000,000. | | | |
| Over \$1,500,000 but not over \$17,00 | 00,000 | \$225,00 | 0 plus 5% of the exce | ss over \$1,500,000. | | | |
| Over \$17,000,000 | | \$1,000,0 | 000. | | | | |
| | | | | | | | |
| g Grassroots nontaxable amount (ente | er 25% of I | ine 1f) | | | | | |
| h Subtract line 1g from line 1a. If zero | or less, er | iter -0- | | | | | |
| i Subtract line 1f from line 1c. If zero c | - | | | | | | |
| j If there is an amount other than zero | | line 1h or l | ine 1i, did the organiz | ation file Form 4720 | | | |
| reporting section 4911 tax for this ye | | | | | | Yes | No |
| (Some organizations that | | | raging Period Under | • • | f tha five columns h | alow | |
| | | | ate instructions for li | • | | elow. | |
| | | - | ditures During 4-Ye | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2 | 017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Tot | al |
| 2a Lobbying nontaxable amount | | | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | | |
| c 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) 2020

032042 12-02-20

81-5102906 Page 3

Schedule C (Form 990 or 990-EZ) 2020 Friends of Katahdin Woods & Waters 81-51029 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)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (a | a) | (b |) |
|---|-----------------------------|-------------|-------------|------|
| of the lobbying activity. | Yes | No | Amo | ount |
| 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: | | | | |
| a Volunteers? | X | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | | |
| c Media advertisements? | | X | | |
| d Mailings to members, legislators, or the public? | | X | | |
| e Publications, or published or broadcast statements? | | X | | |
| f Grants to other organizations for lobbying purposes? | | X | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | | 562. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | | |
| i Other activities? | | X | | |
| j Total. Add lines 1c through 1i | | | | 562. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | | |
| 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 | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | - | -) | 4° | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), sectio | n 501(c)(s | b), or sec | tion | |
| 501(c)(6). | | | Vee | Na |
| | | | Yes | No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th Part III-B Complete if the organization is exempt under section 501(c)(4), sectio | | | tion | |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | | | | 3 ie |
| answered "Yes." | | (b) i aiti | II-A, IIII⊂ | 0,13 |
| Dues, assessments and similar amounts from members | | 1 | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | | | | |
| expenses for which the section 527(f) tax was paid). | | | | |
| a Current year | | 2a | | |
| b Carryover from last year | | | | |
| c Total | | | | |
| | | | | |
| If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | | ····· • | | |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po | | | | |
| expenditure next year? | Jittoui | 4 | | |
| 5 Taxable amount of lobbying and political expenditures (See instructions) | | | | |
| Part IV Supplemental Information | <u></u> | | | |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list) [.] Part II. | A lines 1 a | nd 2 (See | |
| instructions); and Part II-B, line 1. Also, complete this part for any additional information. | noty, i art ny | , 11100 1 4 | 10 2 (000 | |
| Part II-B, Line 1, Lobbying Activities: | | | | |
| ,,,,,,,, | | | | |
| Staff time was spent directly lobbying members of Cong | ress t | o inc | rease | |
| | | | | |
| federal annual operations funding for Katahdin Woods a | nd Wat | ers | | |
| | | | | |
| National Monument. | | | | |
| | | | | |

Schedule C (Form 990 or 990-EZ) 2020

| SCH | EDUL | ED |
|-----|------|----|
| | | |

| (Form | 990) |
|-------|------|
|-------|------|

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

| | Friends of Katahdi | | 81-5102906 |
|--------|---|---|-----------------------------------|
| Par | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds or | Accounts. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, li | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | | unds |
| | are the organization's property, subject to the organization's | 0 | |
| 6 | Did the organization inform all grantees, donors, and donor | | |
| - | for charitable purposes and not for the benefit of the donor | | - |
| | | | |
| Par | | | |
| 1 | Purpose(s) of conservation easements held by the organizat | | , |
| • | Preservation of land for public use (for example, recreation) | | istorically important land area |
| | Protection of natural habitat | | ertified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qual | ified conservation contribution in the form of a | conservation assement on the last |
| 2 | day of the tax year. | med conservation contribution in the form of a | Held at the End of the Tax Year |
| ~ | , , | | |
| a h | Total number of conservation easements | | |
| U O | c , , , , , , , , , , , , , , , , , , , | ructure included in (o) | |
| ט ה | Number of conservation easements on a certified historic st | | |
| d | Number of conservation easements included in (c) acquired | | |
| 2 | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the org | anization during the tax |
| | year ▶ | e ann an t-ta-ta-at-at 🔊 | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | | |
| • | violations, and enforcement of the conservation easements | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | , nandling of violations, and enforcing conserva | ation easements during the year |
| - | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, han | aling of violations, and enforcing conservation | easements during the year |
| • | | | |
| 8 | Does each conservation easement reported on line 2(d) abo | | |
| • | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservat | | |
| | balance sheet, and include, if applicable, the text of the foot | note to the organization's financial statements | that describes the |
| Par | organization's accounting for conservation easements. t III Organizations Maintaining Collections o | f Art Historical Treasures or Other | Similar Assets |
| 1 41 | Complete if the organization answered "Yes" on Forr | | omilar Assets. |
| | | | |
| та | If the organization elected, as permitted under FASB ASC 9 | | |
| | of art, historical treasures, or other similar assets held for pu | , , , | erance of public |
| | service, provide in Part XIII the text of the footnote to its fina | | |
| b | If the organization elected, as permitted under FASB ASC 9 | · · · | |
| | art, historical treasures, or other similar assets held for publi | c exhibition, education, or research in furtheral | nce of public service, |
| | provide the following amounts relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | • • |
| ~ | | | |
| 2 | If the organization received or held works of art, historical tre | | n, proviae |
| | the following amounts required to be reported under FASB / | | |
| a | Revenue included on Form 990, Part VIII, line 1 | | N N |
| | | - for Form 000 | |
| | For Paperwork Reduction Act Notice, see the Instruction | s tor Form 990. | Schedule D (Form 990) 2020 |
| 032051 | 12-01-20 | | |

33 2020.03050 FRIENDS OF KATAHDIN WOODS 10170__1

| | | of Katahd | | | | | | 81-51 | | | age 2 |
|-----|---|---------------------------------|---------------|--------------|------------------------------|------------|---|---------------|-----------------|---------|--------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histo | rical T | Freasures, o | r Othe | r Simila | r Assets | contir | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check a | any of th | he following tha | t make s | ignificant ι | use of its | | | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | | | exchange progra | | | | | | |
| b | Scholarly research | e | • 🗌 o | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ellections and explair | n how the | ey furthe | er the organization | on's exer | npt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit or | | | | | | | | _ | | _ |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang reported an amount on Form 990, Par | | ete if the | organiza | ation answered | "Yes" on | Form 990 |), Part IV, I | line 9, or | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermed | liary for co | ontributi | ions or other as | sets not | included | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the fol | llowing ta | ıble: | | | | | | | |
| | | | | | | | | | Amoun | t | |
| с | Beginning balance | | | | | | . 1c | | | | |
| d | Additions during the year | | | | | | . 1d | | | | |
| е | Distributions during the year | | | | | | . 1e | | | | |
| f | Ending balance | | | | | | . 1f | | | | |
| | Did the organization include an amount on Fo | | | | | | ity? | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | |
| Par | t V Endowment Funds. Complete in | | | | | | | | _ | | |
| | | (a) Current year | (b) Pr | rior year | (c) Two yea | rs back | (d) Three y | ears back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| C. | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| - | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | . (1 | | - (-)) - | | | | | | |
| 2 | Provide the estimated percentage of the curr | • | e (line 1g, | , columr | n (a)) held as: | | | | | | |
| a | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % % | | | | | | | | | |
| с | | , - | | | | | | | | | |
| 2- | The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posses | | tion that | ara hala | d and administa | rad far th | | ation | | | |
| 38 | | ssion of the organiza | alion that | are neic | and administer | red for th | ie organiza | alion | l | Yes | No |
| | by: (i) Unrelated organizations | | | | | | | | 3a(i) | 165 | |
| | | | | | | | | | 3a(ii) | | |
| h | (ii) Related organizations If "Yes" on line 3a(ii), are the related organization | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | 50 | I | L |
| Par | t VI Land, Buildings, and Equipm | | whichtig | 1103. | | | | | | | |
| | Complete if the organization answered | |). Part IV. | line 11a | a. See Form 990 |). Part X. | line 10. | | | | |
| | Description of property | (a) Cost or o basis (investr | other | (b) C | Cost or other sis (other) | (c) A | ccumulate preciation | ed | (d) Boo | k value | e |
| 19 | Land | | | | | | - · · · · · · · · · · · · · · · · · · · | | | | |
| | Land | | | | 203475. | | 134 | 34. | 1 | 9004 | 41. |
| | Buildings Leasehold improvements | | | | 1001/J• | | 104 | | £. | | <u></u> |
| | Equipment | | | | 3827. | | 27 | 55. | | 10' | 72. |
| | Other | | | | | | | | | | |
| | Add lines 1a through 1e. (Column (d) must en | | X colum | n (B) lin | e 10c) | I | | | 1 | 911 | 13. |
| | | quari unii 330. Fall | A, CUIUITII | וווו ,עיי | | | | | | | |

Schedule D (Form 990) 2020

032052 12-01-20

| Schedule D | | | Katahdin | Woods | & Waters | 8 | 31-5102906 | Page 3 |
|-------------------|--|------------------------------------|-------------------|-----------------|---------------------|---------------------|----------------------|--------|
| i art vii | Complete if the organization a | | ' on Form 990, Pa | art IV, line 11 | b. See Form 990, I | Part X, line 12. | | |
| (a) Descrip | tion of security or category (includin | | (b) Book v | | | | end-of-year market v | alue |
| (1) Financia | al derivatives | | | | | | | |
| (2) Closely | held equity interests | | | | | | | |
| (3) Other | | | | | | | | |
| (A) | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | - | | | | | |
| (F) | | | _ | | | | | |
| (G) | | | | | | | | |
| (H) | | | | | | | | |
| | b) must equal Form 990, Part X, co Investments - Progran | | | | | | | |
| | - | | | | 0 | Deat M. Keye 40 | | |
| | Complete if the organization a (a) Description of investmer | | (b) Book v | | | | end-of-year market v | alue |
| (1) | | | | aluc | | | chd or year marker v | aluc |
| <u>(1)</u> | | | | | | | | |
| (2) | | | | | | | | |
| <u>(3)</u> (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| | b) must equal Form 990, Part X, co | I. (B) line 13.) > | | | | | | |
| Part IX | Other Assets. | × <i>1</i> – <i>1</i> – <i>1</i> – | | | | | | |
| | Complete if the organization a | answered "Yes | ' on Form 990, Pa | art IV, line 11 | d. See Form 990, | Part X, line 15. | | |
| | | (a | Description | | | | (b) Book va | lue |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | _ | |
| Part X | <u>mn (b) must equal Form 990, P.</u> Other Liabilities. | | | | | | | |
| | Complete if the organization a | | ' on Form 990, Pa | art IV, line 11 | le or 11f. See Form | 1 990, Part X, line | | 1 |
| 1. | (a) Description | of liability | | | | | (b) Book va | lue |
| | leral income taxes | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | () , | | | | | | | |
| | <i>ımn (b) must equal Form 990, P.</i> [,] for uncertain tax positions. In F | | , | | | nancial statement | s that reports the | |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

032053 12-01-20

| Sche | edule D (Form 990) 2020 Friends of Katahdin Wood | ls & Waters | 81-51 | .02906 Page 4 |
|---|--|---|----------------|----------------------------------|
| _ | rt XI Reconciliation of Revenue per Audited Financial State | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | e 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 3407166. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | | | |
| с | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3407166. |
| 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 | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| с | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total revenue Add lines 2 and 4 (T): () () | | 5 | 3407166. |
| _ | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | <u>J40/100.</u> |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stat | tements With Expens | | 5407100. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line | tements With Expens | | |
| Ра 1 | rt XII Reconciliation of Expenses per Audited Financial Stat | tements With Expens | es per Return. | 2979748. |
| | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line | tements With Expens | es per Return. | |
| 1 | Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements | tements With Expens | es per Return. | |
| 1 2 | rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | tements With Expens | es per Return. | |
| 1 2 a | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | tements With Expens 12a. 2a | es per Return. | |
| 1 2 a b | Image: Second liable of the organization of the organization answered "Yes" on Form 990, Part IV, line Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a 2b 2b 2c | es per Return. | |
| 1 2 b c | rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | es per Return. | |
| 1 2 b c d | Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | es per Return. | 2979748. |
| 1 2 b c d e | Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | es per Return. | 2979748. |
| 1 2 b c d 3 | Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | Itements With Expens 212a. 2a 2b 2b 2c 2d | es per Return. | 2979748. |
| 1 2 6 6 8 3 4 | Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | es per Return. | 2979748. |
| 1 2 b c d e 3 4 a | Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | tements With Expens 212a. 2a 2b 2c 2d 2d | es per Return. | 2979748. 0. 2979748. 0. |
| 1 2 a b c d e 3 4 a b c 5 | Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a 2b 2c 2d 2d | es per Return. | 2979748. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

032054 12-01-20

| SCHEDULE G | G Supplemental Information Regarding Fundraising or Gaming Activities | | | | | OMB No. 1545-0047 | | | |
|--|--|---|---|--------------------------|--|-------------------|--|--|--|
| (Form 990 or 990-EZ) | | | | | | | | 2020 | |
| | organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. | | | | | | | Open to Public | |
| Department of the Treasury Internal Revenue Service | ► Go | to www.irs.gov/Form990 for instr | | | | on. | | Inspection | |
| Name of the organization | | | | | | | | entification number | |
| | | of Katahdin Woods | | | | | 81-5102 | | |
| | complete this par | Complete if the organization answe t. | ered "Y | es" or | n Form 990, Part IV, li | ne 1 | 7. Form 990-E2 | Z filers are not | |
| a Mail solicitat b Internet and c Phone solici d In-person so | tions email solicitations tations licitations | | tion of tion of fundra | non-g gover aising | overnment grants nment grants events | +000 | or. | | |
| key employees list | ed in Form 990, P) highest paid indiv | Part VII) or entity in connection with p viduals or entities (fundraisers) pursu | rofessi | onal fi | undraising services? | - | Ye: | | |
| (i) Name and addres or entity (fund | s of individual | (ii) Activity | (iii) fundr have c or cor contrib | ustody trol of | (iv) Gross receipts from activity | to (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization | |
| The Compass Group, | Inc | Professional fundraising | Yes | No | | | | | |
| 2961-A Hunter Mill | Road, | services | | x | 144000. | | 144000. | 0. | |
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| Total | | | | | 144000. | | 144000. | | |
| 3 List all states in whi or licensing. | ich the organizatio | on is registered or licensed to solicit o | contrib | utions | or has been notified | it is e | exempt from re | egistration | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. See Part IV for continuations Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | or fundraising event contributions and gre | | | for the man groot receipt | e groator than oo,ooo. |
|-----------------|-------|---|-------------------------|--|---------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
| Ð | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | | | | |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| Direct E | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | ` | |
| | | Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li | | | | |
| Pa | irt I | II Gaming. Complete if the organization a | answered "Yes" on Form | 990, Part IV, line 19, or i | reported more than | L |
| | | \$15,000 on Form 990-EZ, line 6a. | 1 | () Dull take (instant | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| xpens | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % | └── Yes % | Yes % | |
| | 0 | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | ▶ | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | | |
| - | | | | | | |
| 9 | | ter the state(s) in which the organization condu he organization licensed to conduct gaming ac | · · · _ | states? | | Yes No |
| | | No," explain: | | | | |
| | | | | | | |
| 10- | | re any of the organization's coming licenses re | wakad augaandad arta | rminated during the tax | (00r ²) | Yes No |
| | | re any of the organization's gaming licenses re Yes," explain: | | minated during the lax y | real (| Yes No |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | |
| 03208 | 32 11 | -25-20 | | | Schedule G (For | m 990 or 990-EZ) 2020 |

| Sch | edule G (Form 990 or 990-EZ) 2020 Friends of Katahdin Woods & Waters 81-5 | 102906 | Page 3 |
|-----------|--|-----------------|---------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| | to administer charitable gaming? | Yes | No No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| | The organization's facility | 13a | % |
| | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name | | |
| | Address | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | No No |
| b | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount | | |
| | of gaming revenue retained by the third party \blacktriangleright \$ | | |
| c | 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 | Mandatory distributions: | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | Yes | No No |
| 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 🕨 \$ | | |
| Ра | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | t III, lines 9, | 9b, 10b, |
| Sc | hedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers | : | |
| <u></u> | | - | |
| (i |) Name of Fundraiser: The Compass Group, Inc. | | |
| <u> </u> | | | |
| <u>(i</u> |) Address of Fundraiser: | | |
| <u>29</u> | 61-A Hunter Mill Road, Suite 808, Oakton, VA 22124 | | |
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032083 11-25-20

| | | | | Katahdin | Woods | & | Waters | |
|-----------|---------------------|---------------------------|------|----------|-------|---|--------|--|
| Part IV S | Supplemental Inforr | nation _{(contin} | ued) | | | | | |

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| | Schedule G (Form 990 or 990-EZ) |

| SCHEDULE | Μ |
|------------|---|
| (Form 990) | |

Noncash Contributions

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

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

Go to www.irs.gov/Form990 for instructions and the latest information.

| 2020 |
|------------------------------|
| Open to Public Inspection |

| Name o | f the | organization |
|--------|-------|--------------|
|--------|-------|--------------|

| Employer identification number | r |
|--------------------------------|---|
| 81-5102906 | |

Friends of Katahdin Woods & Waters Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 300 37211.FMV Х 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy _____ 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other 26 Other () 27 Other) (28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2020

032141 11-23-20

| | 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. |
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| 032142 11-23- | 20 Schedule M (Form 990) 2020 |
| | 42 |

Page 2

16020624 152130 10170

| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Supplemental Information to Form 990 or 990. 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. Go to www.irs.gov/Form990 for the latest information. | -EZ | OMB No. 1545-0047 | | |
|--|--|---|-------------------|--|--|
| Name of the organization | Friends of Katahdin Woods & Waters | Employer identification number 81-5102906 | | | |
| Form 990, Part I, Line 1, Description of Organization Mission: | | | | | |
| The mission of Friends of Katahdin Woods and Waters is to preserve and | | | | | |
| protect the outstanding natural beauty, ecological vitality and | | | | | |
| distrinctive cultural resources of Katahdin Woods and Waters National | | | | | |
| Monument and surrounding communities for the inspiration and enjoyment | | | | | |
| of all generations. | | | | | |
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Form 990, Part III, Line 1, Description of Organization Mission: The mission of Friends of Katahdin Woods and Waters is to preserve and protect the outstanding natural beauty, ecological vitality and distrinctive cultural resources of Katahdin Woods and Waters National Monument and surrounding communities for the inspiration and enjoyment of all generations.

Form 990, Part VI, Section B, line 11b:

Form 990 is provided to and reviewed by the finance committee and entire

board of directors prior to filing.

Form 990, Part VI, Section B, Line 12c:

Officers, directors, and key employees are required to disclose any

potential conflict of interest for themselves or others at the beginning of

meeting proceedings on a subject in which potential conflicts arise.

Officers, directors, and key employees must recuse themselves from voting

on the matter when a conflict of interest has been determined.

Form 990, Part VI, Section B, Line 15:

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| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|--|---|
| Name of the organization Friends of Katahdin Woods & Waters | Employer identification number 81-5102906 |
| All employee compensation adjustments take into account me | eritorious awards, |
| cost-of-living adjustments, and most recent data provided | by the Maine |
| Association of Non-Profits Wage and Benefits survey for co | mparable sized |
| organizations and positions. Compensation adjustments are | reviewed by the |
| Executive Committee before going into effect. | |
| | |
| Form 990, Part VI, Section C, Line 19: | |
| Governing documents, conflict of interest policy, and fina | ncial statements |
| are available to the public upon request. | |
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