### EXTENDED TO NOVEMBER 15, 2022

Form **990** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

Α	For the	e 2021 calendar year, or tax year beginning and	ending							
	Check if applicable	C Name of organization		D Employer identifi	cation number					
	Addres	DOWNEAST COASTAL CONSERVANCY		44 4440050						
L	Name change	Doing business as		**-***0078						
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 760	Room/suite	E Telephone numbe 207-255-						
	—lreturn/ termin- ated			G Gross receipts \$	567,354.					
Г	Ameno			<u> </u>						
F	⊥lreturn ∏Applic			H(a) Is this a group re						
_	⊥ltiön pendir	PO BOX 760, MACHIAS, ME 04654		for subordinates						
_	<del>-</del>		or 527	H(b) Are all subordinates in						
		empt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) e: ► WWW • DOWNEASTCOASTALCONSERVANCY • ORG	01 327	┥	list. See instructions					
		organization: X Corporation Trust Association Other	I Voor	of formation: 1 9 8 7	on number <b>▶</b> <b>M</b> State of legal domicile: <b>ME</b>					
	art I	Summary	L Year	or formation. 1907	VI State of legal domicile. P115					
			DAT /CT	TT MTTD X T DECO	ITID C E					
Governance	1	Briefly describe the organization's mission or most significant activities: ${\color{red} { ext{NATU}}}$	KAL/CC	DLIUKAL KESO	ORCE					
ı,	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as						
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	11					
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	11					
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	3					
<u>viti</u>	6	Total number of volunteers (estimate if necessary)		6	20					
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.					
				Prior Year	Current Year					
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		1,106,702.	463,172.					
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,645.	246.					
<u>m</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		732.	80.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,110,079.	463,498.					
	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)		0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		140,206.	154,344.					
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	95.							
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		644,078.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		784,284.	246,203.					
	19	Revenue less expenses. Subtract line 18 from line 12		325,795.	217,295.					
Net Assets or	3		Ве	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)		6,227,767.	6,876,900.					
t As	21	Total liabilities (Part X, line 26)		14,038.	1					
ENE	22	Net assets or fund balances. Subtract line 21 from line 20		6,213,729.	6,871,582.					
		Signature Block								
Und	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is					
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.						
Sig	jn 💮	Signature of officer		Date						
He	re	ANNE BAKER, PRESIDENT								
		Type or print name and title	_							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Pai	d	DANIELLE A GAGNON DANIELLE A GAGN	<u>on</u>  1	0/25/22 if self-employ	P01353392					
Pre	parer	Firm's name HAVERLOCK, ESTEY & CURRAN LLC		Firm's EIN	**-***1013					
Use	Only	Firm's address 8 COMMERCE COURT								
		HAMPDEN, ME 04444-1538		Phone no. 20	7-945-5695					
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions		·	X Yes No					

4d	Other program services (Describe on Schedule O.)

e Total program service expenses ► 173,188.

## Form 990 (2021) DOWNEAST COA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	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		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	X	
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_ <u>^</u>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	0		x
0	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		22
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	KING III an analyte Oaksad to D. Da Link	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
•	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		Х
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	Х	
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		X
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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4 41:		X
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	14b		
ıo		15		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	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,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del></del> -
	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		X
			222	

	t IV Checklist of Required Schedules (continued)	10 7 0		age <del>-</del>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
<b>2</b> 4a	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			۱
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	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		X
b		25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadyda I Dowt I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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			37
	"Yes," complete Schedule L, Part IV	28a	-	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	00-		X
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	X	73
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in	29	1	
30	1 1 1 1 O M INVes II a complete Colorado M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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
	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?			X
07	If "Yes," complete Schedule R, Part V, line 2	36		Α.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		22
30	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa		_ 30_		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	'		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

# Form 990 (2021) DOWNEAST COASTAL CONSERVANCY Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5 If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  6 If "Yes," enter the name of the foreign country ►  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?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	2b 3a	X				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country  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?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 If "Yes," indicate the number of Forms 8282 filed during the year  2 Did the organization receive any funds		Х				
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financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country ▶ 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?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7	3b					
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<ul> <li>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</li> <li>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> <li>c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?</li> <li>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</li> <li>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</li> <li>7 Organizations that may receive deductible contributions under section 170(c).</li> <li>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</li> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</li> <li>d If "Yes," indicate the number of Forms 8282 filed during the year</li> <li>d If "Yes," indicate the number of Forms 8282 filed during the year</li> <li>d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>7</li> </ul>						
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7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7						
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to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7b					
d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			37			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7c		X			
			v			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X			
as liftly a constitution and a contribution of conflict distallant of constitution of conflict distallant of constitution of contribution of conflict distallant of constitution of conflict distallant distallant of conflict distallant of conflict distallant dist	7f 7g		$\overline{}$			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
	7h					
,	8					
9 Sponsoring organizations maintaining donor advised funds.	$^{\circ}$					
	9a					
	9b					
10 Section 501(c)(7) organizations. Enter:						
a Initiation fees and capital contributions included on Part VIII, line 12						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11 Section 501(c)(12) organizations. Enter:						
a Gross income from members or shareholders						
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against						
amounts due or received from them.)						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	2a					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
	3a					
Note: See the instructions for additional information the organization must report on Schedule O.						
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the						
organization is licensed to issue qualified health plans						
c Enter the amount of reserves on hand 13c			X			
	4a					
	4b					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,		X			
	15		22			
If "Yes," see the 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		Х			
If "Yes," complete Form 4720, Schedule O.	10					
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	17					
If "Yes," complete Form 6069.	1					

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

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

**Section 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 11 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 O. **b** Enter the number of voting members included on line 1a, above, who are independent ..... 11 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on 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 X 12a X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►ME Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Uther (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records COLIN BROWN, EXECUTIVE DIRECTOR - 207-255-4500 PO BOX 760, MACHIAS, ME 04654

Form 990 (2021)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle cer ar	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week	-	CGI AI		1110010	Ji/ ti de	1	from	from related	other
	(list any hours for	individual trustee or director				,		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	,	and related
	below	vidua	Institutional trustee	Ser	Key employee	hest c oloyee	Former			organizations
	line)	lhdi	Inst	Offlicer	Key	Hig	Fgr			
(1) JON SOUTHERN	40.00							60.465		•
EXECUTIVE DIRECTOR	0.00			X				62,167.	0.	0.
(2) LESTER COLEMAN	2.00	٠,,		,,					0	0
TREASURER	0.00	X		X				0.	0.	0.
(3) ANNE BAKER	8.00	٠,,		,,					•	0
PRESIDENT	1 00	Х		Х				0.	0.	0.
(4) CAT CANNON	1.00	<b>↓</b>							0	0
TRUSTEE	2.00	X						0.	0.	0.
(5) LESLIE PAGE	2.00	X		\ <del></del>				0.	0.	0
SECRETARY (6) ROBIN PINTO	2.00	<u> </u>		X				0.	0.	0.
VICE PRESIDENT	2.00	X		X				0.	0.	0.
(7) PARK RUBLEE	1.00	<u> </u>		^				0.	0.	0.
TRUSTEE	1.00	X						0.	0.	0.
(8) KAREN BEEFTINK	1.00	12						0.	0.	0.
TRUSTEE	1:00	$ \mathbf{x} $						0.	0.	0.
(9) DOMINIC WINSKI	1.00	122						-	<u></u>	<u></u>
TRUSTEE	1100	$ \mathbf{x} $						0.	0.	0.
(10) JULIE ARNOLD	1.00									•
TRUSTEE		$ \mathbf{x} $						0.	0.	0.
(11) DAVID DOWLEY	1.00									
TRUSTEE		$\mathbf{x}$						0.	0.	0.
(12) CARLETON DAVIS PIKE	1.00									
TRUSTEE		X						0.	0.	0.
					L		L			

132007 12-09-21 Form **990** (2021)

	n 990 (2021) <b>DOWNEAST</b>	COASTA	<u> </u>	<u> </u>	ISI	ER	VAI	VC.	Y	**_**	. 0 (	78	Р	age 8
Pa	rt VII Section A. Officers, Directors, Trus		ploy	<u>/ees</u>			ighe	st C		es (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week	box offi	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bo	th an	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related	on		( <b>F)</b> timate lount 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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	,	fro orga and	oensa om th anizat I relat nizati	e ion ed
			_								_			
											$\frac{1}{1}$			
											1			
			-											
			-											
			_								_			
			_								+			
	Subtotal			<u></u>			<u> </u>	<u> </u>	62,167.		) .			0
	Total (roll lines the and to)	•							62,167.		) <b>.</b>			0
2	Total (add lines 1b and 1c)  Total number of individuals (including but r compensation from the organization							ho re						
	· · · · · · · · · · · · · · · · · · ·												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	such individual		- 							[	3		Х
4	For any individual listed on line 1a, is the si	•		•					•	•				v
5	and related organizations greater than \$15 Did any person listed on line 1a receive or										•	4		X
	rendered to the organization? If "Yes," com	•				-					<u></u>	5		X
	ction B. Independent Contractors									<b>*</b>				
1	Complete this table for your five highest co the organization. Report compensation for	-	-							•	nsa	ation t	rom	
	(A)	and darendar y	<u>oui</u>	<u>orrar</u>	<u>g</u> •		0		(B)	year.		(C	;)	
	Name and business	address	N(	INC	3				Description of s	services		omper	nsatio	n
	Total number of independent contractors (	including but r	ot li		d to	tho	se li	 sted	d above) who received n	nore than				

\$100,000 of compensation from the organization

Form 990 (2021) DOWNEAS'
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		-	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
s s	1 2	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
اع تي							
ifts r A		• • • • • • • • • • • • • • • • • • • •					
nig,			128,132.				
Sic	e	- 1	120,132.				
iğ iz	Т	All other contributions, gifts, grants, and	335,040.				
를 탕							
o p	g		102,901.	462 172			
a C	h	Total. Add lines 1a-1f		463,172.			
			Business Code				
<u>i</u>	2 a						
er	b						
n S	С						
rar ev	d						
Program Service Revenue	е						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)	<b>&gt;</b>	246.			246.
	4	Income from investment of tax-exempt bond p	ſ				
	5	Royalties	▶				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
		Rental income or (loss) 6c					
	d		<b>•</b>				
		Gross amount from sales of (i) Securities	(ii) Other				
	, a	assets other than inventory 7a 103,856.	(-,				
	h	Less: cost or other basis					
<u>o</u>	b	and sales expenses 76 103,856.					
Other Revenue	_	Gain or (loss) 7c 0.					
Şe	ا ام	Gain or (loss) 7c 0 •		0.			
<u>۳</u> ا		Gross income from fundraising events (not	······	0.			
Ě	8 а	- ,					
١		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
<u>s</u>			Business Code				
eor Ie	11 a	MISCELLANEOUS	900099	80.	80.		
Miscellaneous Revenue	b						
e Se	С						
Mis	d	All other revenue					
		Total. Add lines 11a-11d	<u> </u>	80.			
	12	Total revenue. See instructions	<b></b>	463,498.	80.	0.	246.

Form 990 (2021) DOWNEAST COASTAL CONSERVANCY \*\*

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon			. , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	60 167	40 400	01 750	
	trustees, and key employees	62,167.	40,409.	21,758.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	76,256.	50,950.	11,464.	13,842.
7	Other salaries and wages	10,230•	30,330.	11,404.	13,044.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9		4,587.	3,027.	1,101.	459.
9 10	Other employee benefits Payroll taxes	11,334.	7,481.	2,720.	1,133.
11	Fees for services (nonemployees):	11/3311	,,1010	277200	1,1331
'' a	Management				
b	Legal	65.		65.	
c	Accounting	6,000.		6,000.	
d	Lobbying	,		, , , , ,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				_
g	//r/: 44				
	column (A), amount, list line 11g expenses on Sch O.)	2,552.	1,484.	1,068.	
12	Advertising and promotion				
13	Office expenses	5,743.	3,919.	1,173.	651.
14	Information technology				
15	Royalties				
16	Occupancy	14,902.	6,059.	8,098.	745.
17	Travel	3,782.	3,593.	189.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 000	2 222	000	
19	Conferences, conventions, and meetings	2,233.	2,000.	233.	
20	Interest				
21	Payments to affiliates	11,639.	11,290.	349.	
22	Depreciation, depletion, and amortization	5,258.	4,434.	824.	
23 24	Insurance Other expenses. Itemize expenses not covered	3,230•	4,4040	024•	
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	REAL ESTATE TAXES	18,285.	18,285.		
h	MISCELLANEOUS	9,110.	9,110.		
c	SUPPLIES	6,203.	5,921.	282.	
d	TRAIL MAINTENANCE	4,135.	4,135.		
е	All other expenses	1,952.	1,091.	396.	465.
25	Total functional expenses. Add lines 1 through 24e	246,203.	173,188.	55,720.	17,295.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
10001	12_00_21				Form <b>990</b> (2021)

Form 990 (2021)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			576,001.	2	688,192.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	tion 4958(c)(3)(B)		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Duran sid same and a defermed also were			4,910.	9	5,058.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,472,029.			
	b	Less: accumulated depreciation	10b	89,481.	3,286,507.	10c	3,382,548.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	2,360,349.	15	2,801,102.		
	16	Total assets. Add lines 1 through 15 (must equa	l line 30	3)	6,227,767.	16	6,876,900.
	17	Accounts payable and accrued expenses		14,038.	17	5,318.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P	art IV c	of Schedule D		21	
ties	22	Loans and other payables to any current or form	er office	er, director,			
Ě		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
Liabili		controlled entity or family member of any of these	e perso	ons		22	
_	23	Secured mortgages and notes payable to unrelate	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			14,038.	26	5,318.
S		Organizations that follow FASB ASC 958, chec	k here	$\mathbf{e} \triangleright  \mathbf{X} $			
၁င		and complete lines 27, 28, 32, and 33.					
Fund Balances	27	Net assets without donor restrictions			1,298,563.	27	1,687,159. 5,184,423.
Ä	28	Net assets with donor restrictions		<u></u>	4,915,166.	28	5,184,423.
ŭ		Organizations that do not follow FASB ASC 95	8, che	ck here ▶ Ш			
F.		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ	uipmen	t fund		30	
Net Assets or	31	Retained earnings, endowment, accumulated inc		_		31	
Se	32	Total net assets or fund balances			6,213,729.	32	6,871,582.
	33	Total liabilities and net assets/fund balances			6,227,767.	33	6,876,900.

Form **990** (2021)

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	X

Form	1 990 (2021) DOWNEAST COASTAL CONSERVANCY	**_**	*0078	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			98.
2	Total expenses (must equal Part IX, column (A), line 25)	2			03.
3	Revenue less expenses. Subtract line 2 from line 1	3			95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,21	3,7	29.
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	44	o, 5	58.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,87	1,5	82.
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 on Schedul	 ∋ O.			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	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 separat	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 Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	_	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>