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CLIENT'S COPY

Filing Instructions Prepared for: Prepared by: HAVERLOCK, ESTEY & CURRAN LLC CERTIFIED PUBLIC ACCOUNTANTS DOWNEAST COASTAL CONSERVANCY PO BOX 760 8 COMMERCE COURT MACHIAS, ME 04654 HAMPDEN, ME 04444-1538 2022 FORM 990 **ELECTRONIC FILING:** THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20

2022

OMB No. 1545-0047

Internal Revenue Service

Do not send to the IRS. Keep for your records.

Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN DOWNEAST COASTAL CONSERVANCY **-***0078 ROBIN PINTO Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here За Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a Form 4720 check here 7a Form 5227 check here 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of periury. I declare that 🐰 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize HAVERLOCK, ESTEY & CURRAN LLC 04444 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 01119504444 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. DANIELLE A GAGNON 11/13/23 ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print **-***0078 DOWNEAST COASTAL CONSERVANCY File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 760 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 04654 MACHIAS, ME Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) COLIN BROWN, EXECUTIVE DIRECTOR The books are in the care of ▶ PO BOX 760 - MACHIAS, ME 04654 Telephone No. ► 207-255-4500 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

. If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning __ , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

EXTENDED TO NOVEMBER 15, 2023 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

3111B 110. 10 10 00 11
2022
Open to Public Inspection

A F	or the	2022 calendar year, or tax year beginning and er	nding		
B (Check if upplicable	C Name of organization		D Employer identifie	cation number
	Addres				
	Name change	Doing business as		**-***00	78
F	□lnitial □return □Final □return/	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 760	loom/suite	E Telephone number 207-255-	
	termin- ated			G Gross receipts \$	347,696.
	Ameno		H(a) Is this a group re		
F	Application	-		for subordinates	
	pendin	PO BOX 760, MACHIAS, ME 04654		H(b) Are all subordinates in	
T 1	Гах-ехе	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list. See instructions
	Nebsit	THE DOLLTER CHOOL CHAIL CONTERDITATION OR C		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: ME
		Summary	-	·	<u> </u>
Φ.	1	Briefly describe the organization's mission or most significant activities: ${ m ext{NATUR}}$	AL/CU	LTURAL RESO	URCE
Governance		CONSERVATION			
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
ر ت	4	Number of independent voting members of the governing body (Part VI, line 1b) $$			12
es 8		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			6
Viti	6	Total number of volunteers (estimate if necessary)		6	20
Activities &		Fotal 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		7b	0.
				Prior Year	Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		463,172.	347,049.
Revenue	1	Program service revenue (Part VIII, line 2g)		0.	0.
3e		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		246.	647.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		80.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		463,498.	347,696.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		154,344.	180,178.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	··.···	0.	0.
Ϋ́		Fotal fundraising expenses (Part IX, column (D), line 25)		01 050	100 140
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		91,859.	198,142.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		246,203.	378,320.
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		217,295.	-30,624.
Net Assets or Fund Balances	l		Ве	ginning of Current Year 6,876,900.	End of Year
Sse Bala	20	Fotal assets (Part X, line 16)		5,318.	6,481,855.
let /	21	Total liabilities (Part X, line 26)		6,871,582.	6,475,846.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		0,011,302.	0,4/3,040.
		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ante and to the heet of my	knowledge and helief it is
		tage of penjary, recolare that mayo examined this fetaff, including accompanying scriedales to			, knowledge and boller, it is
iiuo	, 001100	, and complete. Becaute of property (early and remove) to become an an information of white	on propuror	nas any knowledge.	
Sig	n	Signature of officer		Date	
Her		ROBIN PINTO, PRESIDENT			
1101	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		oate Check	PTIN
Paid	i	DANIELLE A GAGNON DANIELLE A GAGNO	N 1	1/13/23 if self-employed	P01353392
Pre	parer	Firm's name HAVERLOCK, ESTEY & CURRAN LLC		Firm's EIN *	
	Only	Firm's address 8 COMMERCE COURT			
		HAMPDEN, ME 04444-1538		Phone no. 20	7-945-5695
May	/ the IF	S discuss this return with the preparer shown above? See instructions		•	X Yes No

Pa	Statement of Program Service	-		
_		ise or note to any line in this Pa	rt III	
1	Briefly describe the organization's mission: NATURAL / CULTURAL RESOUR	DOE CONCEDIATION	Ţ	
	MATURAL/CULTURAL RESOUR	KCE CONSERVATION		
	Bill in the second			
2	Did the organization undertake any significan			
	prior Form 990 or 990-EZ?			Yes X No
_	If "Yes," describe these new services on Sch			
3	Did the organization cease conducting, or ma		it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedul			
4	Describe the organization's program service			
	Section 501(c)(3) and 501(c)(4) organizations	are required to report the amou	unt of grants and allocations to others, the to	otal expenses, and
	revenue, if any, for each program service rep			
4a		2,665. including grants of \$) (Revenue \$)
	LAND AND CONSERVATION			
	PERMANENTLY PROTECT LAI	NDS OF SCENIC, N	IATURAL RESOURCES, WILI	DLIFE,
	ECONOMIC AND OPEN SPACE	E VALUE IN WASHI	NGTON COUNTY, MAINE.	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
-10	/ (Code) (Expenses #	including grants of \$\psi\$) (Hevenue w	,
4d	Other program services (Describe on Schedu	ıle O.)		
		iding grants of \$) (Revenue \$)
4e		292,665.		,

Form 990 (2022) 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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 during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		37	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		22
10	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, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			3,7
	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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		Х
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			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
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		1
16	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		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
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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

Form 990 (2022) DOWNEAST COASTAL C Part IV Checklist of Required Schedules (continued)

			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			
04 -	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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		
25 a	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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	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		Х
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			l
	"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		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	00-		X
29	"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	х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	24		X
35.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 00a		
~	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			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_~	
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Х	
1 4	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 1a 5		- 50	
	Enter the number of Forms W-2G included on 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			
	(gambling) winnings to prize winners?	1c	X	

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

				Yes	NO					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 6	-	77						
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	37					
3a			3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		4a		x					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
D	If "Yes," enter the name of the foreign country									
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		E.		Х					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		22					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		30							
ua			6a		х					
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		- Oa							
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).		00							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w									
Ĭ	to file Form 8282?	*	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	I	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		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?									
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? \dots		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	_							
11	Section 501(c)(12) organizations. Enter:	l I								
а	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.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l i	12a							
		12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a							
а	Is the organization licensed to issue qualified health plans in more than one state?		ISa							
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								
С	Enter the amount of reserves on hand	13c								
14a			14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?		15		х					
	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 investmen	t income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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.

	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											
	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 12											
2												
	officer, director, trustee, or key employee?											
3												
	of officers, directors, trustees, or key employees to a management company or other person?											
4												
5												
6	Did the organization have members or stockholders?	5 6	Х	Х								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	١Ť										
74	more members of the governing body?	7a	х									
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	۲"										
b		7b		x								
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10										
		8a	х									
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X									
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00										
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х								
800	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21								
000	tion B. I oncies (mis section B requests information about policies not required by the internal nevenue code.)		Yes	Na								
100	Did the organization have local chapters, branches, or affiliates?	10a	163	No X								
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa										
b		10b										
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х									
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ha	25									
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	_ ا	Х									
	on Schedule O how this was done	12c	X									
13	Did the organization have a written whistleblower policy?	13	X									
14	Did the organization have a written document retention and destruction policy?	14	Λ									
15	Did the process for determining compensation of the following persons include a review and approval by independent											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37								
a	The organization's CEO, Executive Director, or top management official	15a		X								
b	Other officers or key employees of the organization	15b		X								
	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			,,								
	taxable entity during the year?	16a		X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's											
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ME											
18	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) avail	able								
	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 Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finaı	ncial									
	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 books and records											
	COLIN BROWN, EXECUTIVE DIRECTOR - 207-255-4500											
	PO BOX 760, MACHIAS, ME 04654											

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.
- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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	(do not check more than one			Position (do not check more than one		Reportable	Reportable	Estimated	
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any hours for related organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related
	below line)	Individua	Institutior	Officer	Key employee	Highest co employee	Former			organizations
(1) COLIN BROWN	40.00									_
EXECUTIVE DIRECTOR				Х				32,083.	0.	0.
(2) JONATHAN SOUTHERN	20.00								_	_
EXECUTIVE DIRECTOR							Х	29,368.	0.	0.
(3) MATT MANDINO	2.00								_	_
TREASURER		Х		Х				0.	0.	0.
(4) ANNE BAKER	8.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(5) CAT CANNON	1.00	l							•	•
TRUSTEE		Х						0.	0.	0.
(6) LESLIE PAGE	2.00	l		l					•	
SECRETARY		Х		Х				0.	0.	0.
(7) ROBIN PINTO	2.00	l		l					•	
VICE PRESIDENT	1	Х		Х				0.	0.	0.
(8) PARK RUBLEE	1.00	١							•	
TRUSTEE	1 00	Х						0.	0.	0.
(9) KAREN BEEFTINK	1.00								0	0
TRUSTEE	1 00	Х						0.	0.	0.
(10) DOMINIC WINSKI	1.00								0	•
TRUSTEE	1 00	Х						0.	0.	0.
(11) CHRIS BARTLETT	1.00	,,							0	0
TRUSTEE	1 00	Х						0.	0.	0.
(12) GAIL PETERS	1.00	X						0.	0	0
TRUSTEE	1.00	^						0.	0.	0.
(13) GREN BLACKALL	1.00	X						0.	0.	0.
TRUSTEE (144) LYNN WOLMES	1.00	^						0.	0.	0.
(14) LYMAN HOLMES	1.00	X						0.	0.	0.
TRUSTEE		^						0.	0.	0.
		-								

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)			•	C)			(D)	(E)		((F)
	Name and title	Average	Pos (do not check			ition	than	one	Reportable	Reportable		Esti	mated
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	- 1		ount of
		week		Cer ai	iu a u	III ecit	Jirii us	lee)	from	from related	- 1		ther
		(list any hours for	irecto						the	organization			ensation
		related	or d	8			sated		organization	(W-2/1099-MIS	iC/		m the
		organizations	nstee.	trust		98	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nization related
		below	lual tr	tional		yoldı	yee	L	1033-1120)				izations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ome				5. ga	
			_	-			1 0	_					
			_										
											\rightarrow		
1b	Subtotal			<u> </u>			<u> </u>		61,451.		0.		0.
c	Total from continuation sheets to Part VI	I. Section A						••	0.		0.		0.
	Total (add lines 1b and 1c)								61,451.		0.		0.
	Total number of individuals (including but n								·	.000 of reportab	e e		
	compensation from the organization						-,		-	,			0
	·											١	es No
3	Did the organization list any former officer,	director, trust	ee, l	key e	emp	loye	e, or	r hig	ghest compensated emp	loyee on	[
	line 1a? If "Yes," complete Schedule J for s	uch individual										3	X
4	For any individual listed on line 1a, is the su	•							•	the organization			х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									dual for conject		4	A
3	rendered to the organization? If "Yes," com	•				,			· ·		- 1	5	х
Sect	tion B. Independent Contractors	piete ochedur		01 30	ucn	pers	3011 .					<u> </u>	
	Complete this table for your five highest co										npens	ation fro	om
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir I		/ear.		(0)	
	(A) Name and business	address	N	INC	Ξ				(B) Description of s	ervices	С	(C) ompens	
2	Total number of independent contractors (i		ot li	mite	d to	tho	se lis	stec	d above) who received m	nore than			
	\$100,000 of compensation from the organic	zation					U						20

-*0078 DOWNEAST COASTAL CONSERVANCY Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 347,049. similar amounts not included above 1f 80,000. 1g \$ g Noncash contributions included in lines 1a-1f 347,049. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 647. 647. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a

347,696.

0.

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

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 respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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,				
	trustees, and key employees	61,451.	40,558.	14,748.	6,145.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	98,423.	64,959.	23,622.	9,842.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			4 500	
9	Other employee benefits	7,426.	4,901.	1,782.	743.
10	Payroll taxes	12,878.	8,499.	3,091.	1,288.
11	Fees for services (nonemployees):				
а	Management	2 2 4 2		0.010	
b	Legal	2,249.		2,249.	
С	Accounting	7,292.		7,292.	
d	, o F				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` '	10 055	10 055		
	column (A), amount, list line 11g expenses on Sch 0.)	12,055. 151.	12,055.		
12	Advertising and promotion		151.	617	000
13	Office expenses	10,360.	8,861.	617.	882.
14	Information technology				
15	Royalties	16 561	7 224	7 (01	1 (5)
16	Occupancy	16,561.	7,224.	7,681.	1,656.
17	Travel	9,072.	9,072.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 056	2 775	201	
19	Conferences, conventions, and meetings	3,056.	2,775.	281.	
20	Interest				
21	Payments to affiliates	15,105.	14,652.	453.	
22	Depreciation, depletion, and amortization	5,317.	4,458.	859.	
23	Other evenues Itemize evenues not sovered	J, J11.	4,430.	033.	
24	Other expenses. Itemize expenses not covered 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	IMPAIRMENT OF LONG-LIVE	56,000.	56,000.		
b	REAL ESTATE TAXES	23,102.	23,102.		
С	MISCELLANEOUS	17,748.	17,748.		
d	SUPPLIES	10,817.	9,189.	1,628.	
е	All other expenses	9,257.	8,461.	484.	312.
25	Total functional expenses. Add lines 1 through 24e	378,320.	292,665.	64,787.	20,868.
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)				
02001	n 12-13-22			•	Form 990 (2022)

-*0078 Page **11** DOWNEAST COASTAL CONSERVANCY Form 990 (2022) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1 688,192 691,915. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 5,238. Prepaid expenses and deferred charges 5,058. 9 10a Land, buildings, and equipment: cost or other 3,503,172. basis. Complete Part VI of Schedule D _____ 10a 104,586. 3,382,548. 3,398,586. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 2,801,102. 2,386,116. 15 15 6,876,900. 6,481,855.

Total assets. Add lines 1 through 15 (must equal line 33)

Accounts payable and accrued expenses

Grants payable

Deferred revenue Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

controlled entity or family member of any of these persons

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other payables to any current or former officer, director,

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Net assets without donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Net assets with donor restrictions

Organizations that do not follow FASB ASC 958, check here

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here

6,481,855. Form **990** (2022)

6,475,846.

6,009.

6,009.

1,510,118.

4,965,728.

16

17

18

19

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32

5,318.

5,318.

1,687,159.

5,184,423.

6,871,582.

6,876,900.

16

17

18

19

20

21

23

24

26

27

29

30 31

32

_iabilities

Net Assets or Fund Balances

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,3	
3	Revenue less expenses. Subtract line 2 from line 1	3			24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,87	<u>1,5</u>	<u>82.</u>
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	-36	5,1	12.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,47	5,8	46.
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 Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	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 th	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				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		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		

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DOWNEAST COASTAL CONSERVANCY

Employer identification number

-*0078 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support			•			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,	` ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	384,421.	513,049.	1110061.	463,498.	347,049.	2818078.
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	384,421.	513,049.	1110061.	463,498.	347,049.	2818078.
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)						958,829.
	Public support. Subtract line 5 from line 4.						1859249.
	ction B. Total Support	1				· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	384,421.	513,049.	1110061.	463,498.	347,049.	2818078.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	607.	0.60	2 627	246	647	4 005
_	and income from similar sources	607.	868.	2,627.	246.	647.	4,995.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	2,181.	1,643.	732.	80.		4,636.
44	assets (Explain in Part VI.)	2,101.	1,043.	752.	00.		2827709.
	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (ooo inetructio	ana)			12	6,700.
	First 5 years. If the Form 990 is for the	•		fourth or fifth tax		<u> </u>	0,7000
10	organization, check this box and stor	- hava	, , ,		•	* * * * *	
Sed	etion C. Computation of Publ		rcentage				
	Public support percentage for 2022 (column (fl)		14	65.75 %
	Public support percentage from 2021					15	64.73 %
						nore, check this bo	
	16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line			
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s

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.)

Se	ction A. Public Support	clow, picase com	pioto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	` ,	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
_	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5	<u> </u>		+	+	+	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		· ·	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

		Yes	No
		_	
	1		
	2		
	3a		
	3b		
	3с		
	- 55		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	Ju		
	9b		
	9c		
	10a		
	10b		
lule	Δ (Forr	n 000	2022

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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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,	_		
604	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations		,, <u> </u>	<u></u>
_			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 the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations	<u>'</u>	ш	
	Alon Divin Type in cupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
-	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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			
	supported organizations played in this regard.	3		
Sec	ction 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 yea(see instructions)	!-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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.	2a		
b	Did the activities described on 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	Ok.		
2	these activities but for the organization's involvement. Parent of Supported Organizations Answer lines 22 and 2h holow	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	2			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
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):			
a	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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEI	DULE	Α,	PART	II,	LINE	10,	EXPLAN	NATION	FOR	OTHER	INCOME:
OTHE	RING	COME									
2018	AMOU	JNT:	\$	2,18	31.						
2019	AMO	JNT:	\$	1,64	43.						
2020	AMO	JNT:	\$	732	•						
2021	AMO	JNT:	\$	80.							

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BUTLER CONSERVATION FUND, INC.	200,000.	143,446.
JOYCE AND LESTER COLEMAN	172,299.	115,745.
JOHN WOOLLAM	246,417.	189,863.
ROGER AND JUDY CLAPP	67,688.	11,134.
CORNELIA GREAVES BATES	70,000.	13,446.
BOB AND ANNE BAKER	75,929.	19,375.
JONATHAN & MELINDA JACQUES	475,000.	418,446.
GILBERT BUTLER	103,928.	47,374.
Total Excess Contributions to Schedule A, Part II, Line 5		958,829.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Name of the organization

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

DOWNEAST COASTAL CONSERVANCY

Employer identification number

-*0078

Organization type (check one):							
Filers of:		Section:					
Form 990 (or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990-I	PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Only	a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General R	ule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Ru	ules						
Se	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
Co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
ye is p	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer "N	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

Name of organization Employer identification number

DOWNEAST COASTAL CONSERVANCY

-*0078

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	LESTER AND JOYCE COLEMAN 7111 SPANKY BRANCH DRIVE DALLAS, TX 75248	\$ 25,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	POGER AND JUDY CLAPP 918 WAKE ROBIN DRIVE SHELBYRNE, VT 05482	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ANNE AND BOB BAKER 192 OCEAN VIEW ROAD JONESBORO, ME 04648	\$ 25,929.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 OPEN SOCIETY INSTITUE 224 WEST 57TH STREET MANHATTAN, NY 10019	Total contributions \$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DOMINIC WINSKI AND KATHERINE RUSKIN 10 SPAULDING ST OLD TOWN, ME 04468	\$85,510.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

DOWNEAST COASTAL CONSERVANCY

-*0078

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	55.24 ACRES IN TRESCOTT, MAINE; MAP WA032 PLAN 01 LOT 40.7; INCLUDING -800 FEET SHORE	- - - *	09/09/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - \$	

Schedule B (Form 990) (2022) Name of organization Employer identification number **-***0078 DOWNEAST COASTAL CONSERVANCY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

DOWNEAST COASTAL CONSERVANCY

Employer identification number **-***0078

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or <i>F</i>	Accounts. Complete if the
		(a) Donor advise	d 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 wi	riting that the assets he	eld in donor advised fur	nds
	are the organization's property, subject to the organization's ea	xclusive legal control?		Yes
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	ny other purpose confe	rring
_	impermissible private benefit?			
Pa	1 5			/, line 7.
1	Purpose(s) of conservation easements held by the organization		1	
	Preservation of land for public use (for example, recreation)	on or education)	1	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	X Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a c	onservation easement on the last Held at the End of the Tax Year
	day of the tax year.			41
_	Total number of conservation easements			0 505 05
b	Total acreage restricted by conservation easements			
С.	Number of conservation easements on a certified historic struc			2c
a	Number of conservation easements included in (c) acquired af	· · · · · · · · · · · · · · · · · · ·		
•	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	asea, extinguisnea, or	terminated by the orga	nization during the tax
4	year Number of states where property subject to conservation ease	amont is located	1	
4 5	Does the organization have a written policy regarding the period		tion, handling of	
3	violations, and enforcement of the conservation easements it is		, ,	X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		nd enforcing conservat	
U	500	ianuming of violations, at	id enforcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and en	forcing conservation e	asements during the year
-	9,000.	rig or violations, and or	more mig comportation of	assimonia danng trib year
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	ts of section 170(h)(4)(l	B)(i)
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot		·	
	organization's accounting for conservation easements.	J		
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education	, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	scribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenu	e statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, o	r research in furtherand	ce 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 treas	sures, or other similar a	ssets for financial gain,	, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			' '

Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	er Similar A	ssets(continued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its						
	collection items (check all that apply):						
а	Public exhibition	d	Loan or excl	nange program			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization's ex	empt purpose ir	n Part XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other simil	ar assets		
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?		Yes No	
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes" o	n Form 990, Pa	rt IV, line 9, or	
	reported an amount on Form 990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included						
	on Form 990, Part X?					Yes X No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	istodial account liab	oility?	L Yes L No	
	If "Yes," explain the arrangement in Part XIII.					<u></u>	
Par	t V Endowment Funds. Complete i						
		(a) Current year	(b) Prior year		<u> </u>	back (e) Four years back	
1a	Beginning of year balance	2,801,102.	2,360,349.	1,907,170.	1,674,		
b	Contributions		60,000.	215,500.	12,		
С	Net investment earnings, gains, and losses	-365,112.	440,558.	281,031.	219,	-50,652.	
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	49,875.	59,805.	43,352.		35,075.	
f	Administrative expenses						
g	End of year balance	2,386,115. 2,801,102. 2,360,349. 1,907,1				1,674,864.	
2	Provide the estimated percentage of the cur		e (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment	32.8000	_%				
b	Permanent endowment 2.3100	%					
С	Term endowment 64.8900	, -					
	The percentages on lines 2a, 2b, and 2c sho	•					
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the	V N-	
	organization by:					Yes No	
	(i) Unrelated organizations					3a(i) X	
_	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organiza					3b	
Da.	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.				
Fai	Complete if the organization answere		Dart IV line 11a S	oo Form 000 Part \	/ line 10		
	•		<u> </u>		·	(d) Dools value	
	Description of property	(a) Cost or of basis (investment)	' '	' '	Accumulated epreciation	(d) Book value	
4-	Land	<u> </u>		5,676.	Spreciation	3,255,676.	
	Land		3,23	3,070.		3,233,010.	
	Buildings						
	Leasehold improvements		1	9,139.	10,621.	8,518.	
	Equipment			8,357.	93,965		
	Other				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,398,586.	
TOTAL	- Aud inles Ta tillough Te. (Column (a) Must e	yuari onn 330, rail.	∧, colullii (D), IIIIe I	υ <i>υ.)</i>		J, J J O , J O O 0	

		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN ASS	SETS HELD BY	MAINE COMMUNITY	
(2) FOUNDATION			2,386,11
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		2,386,11
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(2)			i
(3)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6)			

378,320.

Sche	edule D (Form 990) 2022 DOWNEAST COASTAL CONSERVA	ANCY		**_*	***0078 Page 4
Paı	rt XI Reconciliation of Revenue per Audited Financial State	ments Wit	h Revenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	-17,416
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	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-365,112.		
е	Add lines 2a through 2d			2e	-365,112
3	Subtract line 2e from line 1			3	347,696
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.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	347,696
Pai	rt XII Reconciliation of Expenses per Audited Financial State	ements Wi	th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			

378,320. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a

b Prior year adjustments 2b 2c c Other losses

Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 378,320 Subtract line 2e from line 1

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c

5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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.

PART II, LINE 9:

EASEMENTS ACQUIRED BY THE ORGANIZATION ARE CONSERVATION EASEMENTS AND REPRESENT NUMEROUS RESTRICTIONS OVER THE USE AND DEVELOPMENT OF LAND NOT OWNED BY THE ORGANIZATION. THESE EASEMENTS GENERALLY PROVIDE THAT THE LAND WILL BE MAINTAINED UNIMPAIRED IN ITS CURRENT NATURAL, SCENIC, OR RECREATIONAL STATE. SINCE THE BENEFITS OF SUCH EASEMENTS ACCRUE TO THE PUBLIC UPON ACQUISITION, THE FAIR VALUE OF EASEMENTS ACQUIRED IS SHOWN IN THE YEAR OF ACQUISITION AS AN ADDITION TO NET ASSETS TO RECORD THE DONOR'S GIFT AND SHOWN AS A REDUCTION IN NET ASSETS TO RECORD THE VALUE OF THE PUBLIC'S BENEFIT AND TO RECOGNIZE THAT THESE EASEMENTS HAVE NO MARKETABLE VALUE ONCE SEVERED FROM THE LAND AND HELD BY THE ORGANIZATION.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

DOWNEAST COASTAL CONSERVANCY

Employer identification number **-***0078

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			
		applicable		Form 990, Part VIII, line 10	noncash contribu	ution a	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Closely Held Stock Securities - Partnership, LLC, or							
•••	• • •							
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
44	Historic structures	X	1	80 000	APPRAISAL			
14	Qualified conservation contribution - Other	21		00,000	MITALDAL			
15 16	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()			<u> </u>				
29	Number of Forms 8283 received by the organize		•				4	
	for which the organization completed Form 828	33, Part V, [Oonee Acknowledg	ement 29			1	
							Yes	No
30a	During the year, did the organization receive by	/ contribution	on any property rep	ported in Part I, lines 1 thro	ugh 28, that it			
	must hold for at least 3 years from the date of t		•	•				
	exempt purposes for the entire holding period?	·				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contrib	outions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncas	'n			
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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 Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

DOWNEAST COASTAL CONSERVANCY

Employer identification number **-***0078

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS. EACH MEMBER RECIEVES ONE VOTE. MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS MEET ANNUALLY TO ELECT MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: BOTH THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR REVIEW THE RETURN PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARILY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON A YEARLY BASIS. FORM 990, PART VI, SECTION C, LINE 18: FORMS 1023 AND 990 ARE AVAILABLE UPON REQUEST. FORM 990 IS ALSO AVAILABLE ON WWW.GUIDESTAR.COM AND ON WWW.DOWNEASTCOASTALCONSERVANCY.ORG. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, FORM 990, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY

-365,112.

MCF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
201	REFRIGERATOR	01/12/96	SL	5.00	-	16	158.				158.	158.		0.	158.
202	2 TABLES	01/30/96	SL	5.00		16	147.				147.	147.		0.	147.
203	2 FILE CABINETS	01/30/96	SL	7.00	ļ	16	275.				275.	275.		0.	275.
204	2 STORAGE RACKS	01/16/96	SL	5.00		16	106.				106.	106.		0.	106.
205	MAP CABINETS	09/18/97	SL	7.00		16	133.				133.	133.		0.	133.
207	CANOPY	01/01/97	SL	10.00		16	212.				212.	212.		0.	212.
213	I MAC G5 COMPUTER	06/28/06	SL	5.00	į	16	1,726.				1,726.	1,726.		0.	1,726.
214	FILING CABINET	06/22/07	SL	7.00		16	756.				756.	756.		0.	756.
609	COMPUTER AND PRINTER	12/15/09	SL	5.00	į	16	2,350.				2,350.	2,350.		0.	2,350.
615	OFFICE SIGNS	12/08/09	SL	5.00		16	700.				700.	700.		0.	700.
648	HP ENVY LAPTOP - RICH	02/20/14	SL	5.00	į	16	1,134.				1,134.	1,134.		0.	1,134.
652	DOCK	04/01/16	SL	15.00		16	1,681.				1,681.	644.		112.	756.
659	CAMERA AND LENS SYSTEM	03/31/21	SL	7.00	ļ	16	3,123.				3,123.	335.		446.	781.
660	VIDEO CONFERENCE CALL SYSTEM	05/25/21	SL	7.00		16	2,636.				2,636.	220.		377.	597.
661	LAPTOP	07/12/21	SL	5.00		16	1,995.				1,995.	200.		399.	599.
671	DRONE (EMCI GRANT)	04/25/22	SL	7.00		16	2,003.				2,003.			191.	191.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						19,135.				19,135.	9,096.		1,525.	10,621.

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL -						19,135.				19,135.	9,096.		1,525.	10,621.
	LAND														
298	G-P PROPERTY - CALAIS - 41 ACRES	12/31/91	L				6,450.				6,450.			0.	
	MORONG MARSH - LUBEC5 ACRE	12/31/97	L				300.				300.			0.	
300	HUCKINS & GILBERT ISLANDS - LUBEC - 16 ACRES	12/31/97	L				46,800.				46,800.			0.	
301	GARDNER LAKE LOT - MARION TWP - 137 ACRES	12/31/00	L				8,928.				8,928.			0.	
302	DENBOW POINT - LUBEC - 55.5 ACRES	03/22/02	L				30,000.				30,000.			0.	
	BAR ISLAND - TRESCOTT TWP - 9.4 ACRES	12/18/02	L				30,900.				30,900.			0.	
304	ORANGE RIVER - WHITING - 8.3 ACRES	02/25/03	L				7,678.				7,678.			0.	
305	GILMAN DAM - COOPER - 103 ACRES	01/14/03	L				13,597.				13,597.			0.	
306	PRESTON/SMALL RIVER- EDMUNDS TWP - 10.5 ACRES	04/14/03	L				7,727.				7,727.			0.	
308	BEAVER DAM STREAM - WESLEY - 92 ACRES	10/02/03	L				16,378.				16,378.			0.	
310	MOWRY BEACH - LUBEC - 48 ACRES	03/15/04	L				35,659.				35,659.			0.	
313	PIKES LAND - LUBEC - 92 ACRES	03/30/05	L				153,961.				153,961.			0.	
	RAFT COVE LAND - TRESCOTT TWP - 4.5 ACRES	03/31/04	L				27,682.				27,682.			0.	
	LONG COVE - PEMBROKE - 194.4 ACRES	03/14/06	L				241,708.				241,708.			0.	
316	BAILEY FIELD - LUBEC - 8.5 ACRES	08/31/07	L				12,104.				12,104.			0.	
317	BANFIELD LOT - WHITING - 1.4 ACRES	10/01/08	L				11,547.				11,547.			0.	

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
318	LUBEC SALT MARSH - LUBEC - 4.4 ACRES	05/27/08	B L				32,362.				32,362.			0.	
	TYNAN LAND - TRESCOTT TWP	02/14/08	B L				17,100.				17,100.			0.	
612	PIGEON HILL	10/30/09	L				41,385.				41,385.			0.	
613	INGERSOL POINT/ADDISON	12/29/09	L				60,960.				60,960.			0.	
614	ADLER (GIFT)	12/29/09	L				189,023.				189,023.			0.	
616	BEAVER MEADOW BROOK	12/31/07	' L				25,373.				25,373.			0.	
617	BEAVER MEADOW MARSH	02/13/06	5 L				39,000.				39,000.			0.	
619	BROWNEY ISLAND	12/24/96	5 L				6,000.				6,000.			0.	
620	DRISKO FARM/ROWLEY	12/31/07	' L				55,457.				55,457.			0.	
621	MARSH ISLAND	12/31/92	L				63,000.				63,000.			0.	
622	MARY'S ISLAND	09/30/02	L				9,000.				9,000.			0.	
623	PARTRIDGE ISLAND	02/13/06	5 L				12,000.				12,000.			0.	
624	PIGEON HILL	12/31/07	' L				211,069.				211,069.			0.	
625	SAND & OVER COVE	08/05/05	5 L				46,500.				46,500.			0.	
626	TIBBETT ISLAND	12/31/07	' L				180,715.				180,715.			0.	
627	TIDE MILL CREEK	09/28/00	L				14,700.				14,700.			0.	
628	VIRGIN'S BREAST	11/08/99	L				3,000.				3,000.			0.	
629	WEST CARRYING PLACE COVE	12/21/05	5 L				57,000.				57,000.			0.	

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
630	PIGEON HILL	12/31/08	L				12,171.				12,171.			0.	
631	PIGEON HILL (COPLON)	07/08/10	L				28,218.				28,218.			0.	
632	CURTIS POINT	09/15/10	L				83,334.				83,334.			0.	
633	PLUMMER POINT	12/10/10	L				86,924.				86,924.			0.	
634	GRAIN POINT	12/15/10	L				159,006.				159,006.			0.	
635	PLEASANT RIVER MARSH 1	01/01/10	L				228.				228.			0.	
636	OVER'S POINT - BAIRNBRAE	01/25/11	L				3,600.				3,600.			0.	
637	PLEASANT RIVER MARSH 2	03/29/11	L				255.				255.			0.	
638	INGERSOLL POINT (EHLS PARCEL)	07/21/11	L				56,699.				56,699.			0.	
639	ORANGE RIVER - MAHANA- WHITING	06/27/12	L				70,172.				70,172.			0.	
640	KLONDIKE MOUNTAIN	06/27/12	L				113,728.				113,728.			0.	
641	MIDDLE RIVER	03/25/13	L				49,156.				49,156.			0.	
642	MACHIAS RIVER - FITZGERALD PROPERTY	02/01/13	L				287,126.				287,126.			0.	
643	MACHIAS RIVER - RIER	06/27/13	L				34,882.				34,882.			0.	
644	ROARING LAKE I - REINHART PROPERTY	10/25/13	L				76,392.				76,392.			0.	
645	ROARING LAKE II - THATCHER PROPERTY	10/25/13	L				15,839.				15,839.			0.	
646	SHEEP ISLAND	12/19/14	L				41,217.				41,217.			0.	
647	POVERTY ISLAND	02/18/14	L				16,135.				16,135.			0.	

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
649	BENOIT PROPERTY	02/27/15	L				40,273.				40,273.			0.	
650	PARKMAN POINT EAST	03/24/15	L				16,713.				16,713.			0.	
651	PARKMAN POINT WEST	03/24/15	L				15,672.				15,672.			0.	
653	MORRISON COVE	10/04/17	L				43,500.				43,500.			0.	
655	BELL'S BROOKS	03/05/18	L				7,523.				7,523.			0.	
656	CROSBY ISLAND PROPERTY	12/28/18	L				4,052.				4,052.			0.	
657	WEST CARRYING PLACE - LOT 14	10/24/19	L				15,440.				15,440.			0.	
668	VINING LAKE PROPERTY	03/11/20	L				181,483.				181,483.			0.	
669	CURTIS CREEK NORTH LAND	06/15/20	L				16,375.				16,375.			0.	
670	PRWF - HARRINGTON	01/30/20	L				40,500.				40,500.			0.	
	* 990 PAGE 10 TOTAL LAND						3,231,676.				3,231,676.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						3,231,676.				3,231,676.	0.		0.	0.
	LAND														
311	ROSS EASEMENT - DONATED - PEMBROKE - 74 ACRES	06/30/03	L				1.				1.			0.	
312	CREATH FARM EASEMENT - DONATED - LUBEC - 290 ACRES	12/30/04	L				1.				1.			0.	
320	GRALENSKI EASEMENT - PEMBROKE - 83 ACRES	03/04/08	L				1.				1.			0.	
321	PIKES LAND EASEMENT - LUBEC - 36 ACRES	12/30/04	L				1.				1.			0.	
	LONG COVE EASEMENT - PEMBROKE - 2.4 ACRES	03/14/06	L				1.				1.			0.	

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL LAND						5.				5.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						5.				5.	0.		0.	0.
	OTHER														
	MOWRY BEACH LAND														
601	IMPROVEMENTS	08/31/07	SL	15.00	-	16	52,178.				52,178.	49,866.		2,312.	52,178.
602	MOWRY BEACH LAND IMPROVEMENTS	05/09/07	SL	15.00		16	6,347.				6,347.	5,922.		141.	6,063.
610	PARKING LOT - BANFIELD/REYNOLDS	07/17/09	SL	15.00	į	16	3,341.				3,341.	2,769.		223.	2,992.
611	PARKING AREA - PIKE LANDS	12/21/09	SL	15.00		16	7,104.				7,104.	5,688.		474.	6,162.
654	WHITNEYVILLE PARKING LOT	10/02/17	150DB	15.00	MQ	17	30,875.				30,875.	10,872.		2,000.	12,872.
658	MIDDLE RIVER PARKING LOT IMPROVEMENTS	11/14/19	SL	15.00		16	13,500.				13,500.	1,950.		900.	2,850.
662	DENBOW POINT PARKING LOT	07/27/21	SL	15.00		16	48,090.				48,090.	1,336.		3,206.	4,542.
663	DENBOW POINT - TRAIL WORK	08/31/21	SL	15.00		16	36,385.				36,385.	809.		2,426.	3,235.
664	VINING LAKE ROAD RESURFACING & PARKING LOT IMPROVEMENTS	09/17/21	SL	15.00	-	16	14,000.				14,000.	233.		933.	1,166.
665	TRAIL SIGN	11/22/21	SL	15.00	ļ	16	1,450.				1,450.	8.		97.	105.
666	KLONDIKE MOUNTAIN PARKING LOT RENOVATION	04/27/20	SL	15.00	į	16	1,898.				1,898.	211.		127.	338.
667	VINING LAKE - PARKING LOT	08/24/20	SL	15.00	-	16	8,050.				8,050.	716.		537.	1,253.
672	SIGNS - HAYDEN SIGN COMPANY	04/04/22	SL	15.00	1	16	3,240.				3,240.			162.	162.
673	MOWRY LOT REGRADE	09/12/22	SL	15.00	ļ	16	1,900.				1,900.			42.	42.
	* 990 PAGE 10 TOTAL OTHER						228,358.				228,358.	80,380.		13,580.	93,960.

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL -						228,358.				228,358.	80,380.		13,580.	93,960.
	* GRAND TOTAL 990 PAGE 10 DEPR						3,479,174.				3,479,174.	89,476.		15,105.	104,581.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						3,472,031.			0.	3,472,031.	89,476.			104,186.
	ACQUISITIONS						7,143.			0.	7,143.	0.			395.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						3,479,174.			0.	3,479,174.	89,476.			104,581.
	ENDING ACCUM DEPR											104,581.			
	ENDING BOOK VALUE											3,374,593.			

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. **179**

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Sequence No. 1

	WNEAST COASTAL CONS						PAGE 10			**-***0078
Pa	rt Election To Expense Certain Prope	erty Under Section 1	79 Note: If you	ı have any lis	sted pro	perty,	, complete Pa	ırt V b	efore y	ou complete Part I.
1 1	Maximum amount (see instructions)								1	1,080,000.
2	Total cost of section 179 property place								2	
3	Threshold cost of section 179 property	before reduction	in limitation						3	2,700,000.
4 F	Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	r -0-					4	
5 [Dollar limitation for tax year. Subtract line 4 from lin	e 1. If zero or less, enter	-0 If married filin	g separately, see	e instructio	ons			5	
6	(a) Description of p	roperty		(b) Cost (busin	iess use o	nly)	(c) Electe	d cost		
	isted property. Enter the amount fron					7				
	Total elected cost of section 179 prop								8	
	Tentative deduction. Enter the smaller								9	
	Carryover of disallowed deduction from								10	
	Business income limitation. Enter the s								11	
	Section 179 expense deduction. Add I								12	
	Carryover of disallowed deduction to 2 : Don't use Part II or Part III below for					13				
	rt II Special Depreciation Allowa				o lieted	nrono	urtu 1			
	Special depreciation allowance for qua		- `						1	
							-		14	
	ne tax year Property subject to section 168(f)(1) el								15	_
	Other depreciation (including ACRS)								16	13,105.
_	rt III MACRS Depreciation (Don't									
	,	<u> </u>	• •	tion A						
17 1	MACRS deductions for assets placed	in service in tax ye	ears beginning	before 202	2				17	2,000.
	f you are electing to group any assets placed in ser	•	•	•						
	Section B - Assets							iatio	n Syst	em
	(a) Classification of property	(b) Month and year placed	(c) Basis for (business/inv	estment use	(d) R	ecovery eriod	(e) Convention	n (f) N	/lethod	(g) Depreciation deduction
		in service	only - see i	nstructions)	P	eriou				
<u>19a</u>	3-year property									
b	5-year property									
c	7-year property							_		_
d	10-year property									
e	15-year property							-		
f_	20-year property							-	- ·	
<u>g</u>	25-year property	,				yrs.	1414	+-	S/L	
h	Residential rental property	/				5 yrs.	MM	+-	S/L	
		/			 	5 yrs.	MM	+-	S/L	
i	Nonresidential real property	/			39	yrs.	MM	+-	S/L S/L	
	Section C - Assets I	/ Placed in Service	During 2022	Tax Year U	sing the	e Alte				tem
 20a	Class life			Tux Tour O		7 1110	The state of the s		S/L	
<u>200</u> b	12-year				12	yrs.		_	S/L	
	30-year	/			 	yrs.	MM	_	S/L S/L	
d	40-year	/			+	yrs.	MM	_	S/L	
	rt IV Summary (See instructions.)					,		_	•	
	Listed property. Enter amount from lin	e 28							21	
	Fotal. Add amounts from line 12, lines									
									1	
	Enter here and on the appropriate line:	s of your return. P	artnerships ar	nd S corpora	tions - s	see ins	str		22	15,105.
	Enter here and on the appropriate line: For assets shown above and placed in	•		· ·	tions - s	see ins	str		22	15,105.

Part V List

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

(a) (b) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		24b, columns (a) till ough (c	c) or section	A, all Ol v	Jection L	o, and	Occiloi	1011	арріі	icabic.						
(c) Type of property (list whicles first) If you go property (list whicles first) Business' placed in systematic use precenting of the basis of expressation of the place of		Section A -	Depreciation	on and Othe	er Inform	ation (Ca	aution	: See th	ne ins	struct	tions for li	mits for	passeng	jer autor	nobiles.)		
Type of property placed in servicing the service in the service of	Oo yo	ou have evidence to s	support the bu	usiness/investr	ment use c	laimed?		Yes		No	24 b If "Y	es," is tl	ne evide	nce writ	ten?	Yes	No
Section B - Information on Use of Vehicles Section B - Information on Use of Vehicles Vehicle Vehi	Typ (list	oe of property	Date placed in	Busines investme	ent ,	Cost or	1.0	Basis for o	deprec /invest		Recovery	Me	thod/	Depre	eciation	Ele sectio	(i) cted in 179 ost
26 Property used more than 50% in a qualified business use:	peci	ial depreciation allo	owance for c	qualified liste	d proper	ty placed	l in ser	vice du	ıring	the ta	ax year an	d					
1	sed	more than 50% in	a qualified b	business use)								. 25				
27 Property used 50% or less in a qualified business use:	rope	erty used more tha	n 50% in a c	qualified bus	iness use	e:											
School S			1 1		%												
27 Property used 50% or less in a qualified business use:			1 1		%												
Solution			1 1		,-												
28 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (ii), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (ii), lines 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided ve to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year (and thinclude commuting) miles driven during they exer. Add lines 30 through 32 31 Total other personal (noncommuting) miles driven during the year (auring off-duty hours? 32 Was the vehicle available for personal use during off-duty hours? 33 Stal miles driven during the year (auring off-duty hours? 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use (auring off-duty hours? 36 Is another vehicle available for personal use? 37 Do you maintain a written policy statement that prohibits all personal use of vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you traintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 30 Do you maintain a written policy statement final prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles to your employees as personal use? 40 Do you provide more than five vehicles	rope	erty used 50% or le	ess in a qual	lified busines	ss use:												
28 Add amounts in column (i), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided ve to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) Vehicle			1 1									 					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided ve to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year (don't include commuting miles) 32 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use than 5% owner or related person? 36 is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.			1 1									 					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided ve to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (vehicle Vehicle Vehic			1 1		, -												
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided ve to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) Vehicle																	
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided veto your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization Amortizable	dd a	amounts in column	(i), line 26. E	Enter here ar											. 29		
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43 Amortization of costs that began before your 2022 tax year 43	mor	rtization of costs th	at began he	efore your 20	: 122 tax ve	ar				-				43			
44 Total. Add amounts in column (f). See the instructions for where to report 44																	

DOWNEAST COASTAL CONSERVANCY - CURRENT YEAR FEDERAL -

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
201	REFRIGERATOR	011296	SL	5.00	16	158.			158.	158.		0.
202	2 TABLES	013096	SL	5.00	16	147.			147.	147.		0.
203	2 FILE CABINETS	013096	SL	7.00	16	275.			275.	275.		0.
204	2 STORAGE RACKS	011696	SL	5.00	16	106.			106.	106.		0.
205	MAP CABINETS	091897	SL	7.00	16	133.			133.	133.		0.
207	CANOPY	010197	SL	10.00	16	212.			212.	212.		0.
213	I MAC G5 COMPUTER	062806	SL	5.00	16	1,726.			1,726.	1,726.		0.
	FILING CABINET COMPUTER AND	062207	SL	7.00	16	756.			756.	756.		0.
	PRINTER AND	121509	SL	5.00	16	2,350.			2,350.	2,350.		0.
	OFFICE SIGNS HP ENVY LAPTOP -	120809	SL	5.00	16	700.			700.	700.		0.
	RICH	022014	SL	5.00	16	1,134.			1,134.	1,134.		0.
	DOCK	040116	SL	15.00	16	1,681.			1,681.	644.		112.
659	CAMERA AND LENS SYSTEM	033121	SL	7.00	16	3,123.			3,123.	335.		446.
	VIDEO CONFERENCE CALL SYSTEM	052521	SL	7.00	16	2,636.			2,636.	220.		377.
661	LAPTOP	071221	SL	5.00	16	1,995.			1,995.	200.		399.
671		042522	SL	7.00	16	2,003.			2,003.			191.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					19,135.		0.	19,135.	9,096.		1,525.

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - DOWNEAST COASTAL CONSERVANCY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL -					19,135.		0.	19,135.	9,096.		1,525.
	LAND											
298		123191	L			6,450.			6,450.			0.
299		123197	ь			300.			300.			0.
300	HUCKINS & GILBERT ISLANDS - LUBEC - 1	123197	L			46,800.			46,800.			0.
301	GARDNER LAKE LOT - MARION TWP - 137 AC DENBOW POINT -	123100	L			8,928.			8,928.			0.
302	LUBEC - 55.5 ACRES BAR ISLAND -	032202	L			30,000.			30,000.			0.
303	TRESCOTT TWP - 9.4 ORANGE RIVER -	121802	L			30,900.			30,900.			0.
304	WHITING - 8.3 ACRES GILMAN DAM - COOPER		L			7,678.			7,678.			0.
305		011403	L			13,597.			13,597.			0.
306	RIVER- EDMUNDS TWP BEAVER DAM STREAM -	041403	L			7,727.			7,727.			0.
	WESLEY - 92 ACRES MOWRY BEACH - LUBEC	100203	L			16,378.			16,378.			0.
	PIKES LAND - LUBEC	031504				35,659.			35,659.			0.
	RAFT COVE LAND -	033005				153,961.			153,961.			0.
	TRESCOTT TWP - 4.5 LONG COVE -					27,682.			27,682.			0.
	PEMBROKE - 194.4 AC					241,708.			241,708.			0.
	LUBEC - 8.5 ACRES BANFIELD LOT - WHITING - 1.4 ACRES	083107				12,104. 11,547.			12,104. 11,547.			0.

- CURRENT YEAR FEDERAL - DOWNEAST COASTAL CONSERVANCY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
318		052708	L			32,362.			32,362.			0.
	TYNAN LAND - TRESCOTT TWP (GIFT)	021408	L			17,100.			17,100.			0.
		103009	L			41,385.			41,385.			0.
	INGERSOL POINT/ADDISON	122909	L			60,960.			60,960.			0.
614	ADLER (GIFT)	122909	L			189,023.			189,023.			0.
616	BEAVER MEADOW BROOK	123107	L			25,373.			25,373.			0.
617	BEAVER MEADOW MARSH	021306	Ъ			39,000.			39,000.			0.
619	BROWNEY ISLAND	122496	ь			6,000.			6,000.			0.
620	DRISKO FARM/ROWLEY	123107	L			55,457.			55,457.			0.
621	MARSH ISLAND	123192	L			63,000.			63,000.			0.
622	MARY'S ISLAND	093002	L			9,000.			9,000.			0.
623	PARTRIDGE ISLAND	021306	L			12,000.			12,000.			0.
624	PIGEON HILL	123107	L			211,069.			211,069.			0.
625	SAND & OVER COVE	080505	L			46,500.			46,500.			0.
626	TIBBETT ISLAND	123107	L			180,715.			180,715.			0.
627	TIDE MILL CREEK	092800	L			14,700.			14,700.			0.
	VIRGIN'S BREAST WEST CARRYING PLACE	110899	L			3,000.			3,000.			0.
	COVE	122105	L			57,000.			57,000.			0.

- CURRENT YEAR FEDERAL - DOWNEAST COASTAL CONSERVANCY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PIGEON HILL	123108	L			12,171.			12,171.			0.
	PIGEON HILL (COPLON)	070810	L			28,218.			28,218.			0.
632	CURTIS POINT	091510	L			83,334.			83,334.			0.
633	PLUMMER POINT	121010	L			86,924.			86,924.			0.
	GRAIN POINT	121510	L			159,006.			159,006.			0.
635	PLEASANT RIVER MARSH 1	010110	L			228.			228.			0.
636	OVER'S POINT - BAIRNBRAE	012511	L			3,600.			3,600.			0.
637	PLEASANT RIVER MARSH 2	032911	L			255.			255.			0.
638	INGERSOLL POINT (EHLS PARCEL)	072111	L			56,699.			56,699.			0.
	ORANGE RIVER - MAHANA- WHITING	062712	L			70,172.			70,172.			0.
640	KLONDIKE MOUNTAIN	062712	L			113,728.			113,728.			0.
	MIDDLE RIVER	032513	L			49,156.			49,156.			0.
642	MACHIAS RIVER - FITZGERALD PROPERTY	020113	L			287,126.			287,126.			0.
643		062713	L			34,882.			34,882.			0.
644	ROARING LAKE I - REINHART PROPERTY	102513	L			76,392.			76,392.			0.
	ROARING LAKE II - THATCHER PROPERTY	102513	L			15,839.			15,839.			0.
646	SHEEP ISLAND	121914	L			41,217.			41,217.			0.
647	POVERTY ISLAND	021814	L			16,135.			16,135.			0.

- CURRENT YEAR FEDERAL - DOWNEAST COASTAL CONSERVANCY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
649	BENOIT PROPERTY	022715	Ь			40,273.			40,273.			0.
650	PARKMAN POINT EAST	032415	L			16,713.			16,713.			0.
651	PARKMAN POINT WEST	032415	ь			15,672.			15,672.			0.
653	MORRISON COVE	100417	L			43,500.			43,500.			0.
		030518	L			7,523.			7,523.			0.
656	CROSBY ISLAND PROPERTY WEST CARRYING PLACE	122818	L			4,052.			4,052.			0.
657		102419	L			15,440.			15,440.			0.
668		031120	L			181,483.			181,483.			0.
		061520	L			16,375.			16,375.			0.
	PRWF - HARRINGTON * 990 PAGE 10 TOTAL	013020	L			40,500.			40,500.			0.
	LAND * 990 PAGE 10 TOTAL					3231676.		0.	3231676.	0.		0.
	- 990 PAGE 10 TOTAL					3231676.		0.	3231676.	0.		0.
	LAND ROSS EASEMENT -											
311	DONATED - PEMBROKE	063003	L			1.			1.			0.
312		123004	ь			1.			1.			0.
320	GRALENSKI EASEMENT - PEMBROKE - 83 ACR		L			1.			1.			0.
321	PIKES LAND EASEMENT - LUBEC - 36 ACRES		ь			1.			1.			0.
	LONG COVE EASEMENT - PEMBROKE - 2.4 AC	031406	ь			1.			1.			0.

DOWNEAST COASTAL CONSERVANCY - CURRENT YEAR FEDERAL -

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL LAND					5.		0.	5.	0.		0.
	* 990 PAGE 10 TOTAL					5.		0.	5.	0.		0.
						J•		0.	J•	•		0.
	OTHER											
	MOWRY BEACH LAND IMPROVEMENTS	083107	ST.	15.00	16	52,178.			52,178.	49,866.		2,312.
	MOWRY BEACH LAND	000107		13.00		32,2,00			32,1700	13,000.		2,312
		050907	SL	15.00	16	6,347.			6,347.	5,922.		141.
	PARKING LOT -	071709	CT	15.00	16	3,341.			3,341.	2,769.		223.
	BANFIELD/REYNOLDS PARKING AREA – PIKE		рп	13.00	Τ0	3,341.			3,341.	4,709.		223.
		122109	SL	15.00	16	7,104.			7,104.	5,688.		474.
	WHITNEYVILLE			4 = 0.0		22 275			22 275	40.000		
	PARKING LOT MIDDLE RIVER	100217	150DB	15.00	17	30,875.			30,875.	10,872.		2,000.
	PARKING LOT IMPROVE	111419	SL	15.00	16	13,500.			13,500.	1,950.		900.
	DENBOW POINT									-		
		072721	SL	15.00	16	48,090.			48,090.	1,336.		3,206.
	DENBOW POINT - TRAIL WORK	083121	ST.	15.00	16	36,385.			36,385.	809.		2,426.
	VINING LAKE ROAD			13.00		30,3031			30,3031	003.		2,1200
664	RESURFACING & PARKI	091721	SL	15.00	16	14,000.			14,000.	233.		933.
665	TRAIL SIGN	112221	SL	15.00	16	1,450.			1,450.	8.		97.
	KLONDIKE MOUNTAIN											
	PARKING LOT RENOVAT	042720	SL	15.00	16	1,898.			1,898.	211.		127.
	VINING LAKE - PARKING LOT	082420	ST.	15.00	16	8,050.			8,050.	716.		537.
	SIGNS - HAYDEN SIGN			13.00		0,030.			0,030.	710.		337.
		040422	SL	15.00	16	3,240.			3,240.			162.
673		091222	SL	15.00	16	1,900.			1,900.			42.
	* 990 PAGE 10 TOTAL					000 250		_	000 250	00 200		12 500
	OTHER					228,358.		0.	228,358.	80,380.		13,580.

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - DOWNEAST COASTAL CONSERVANCY

Asset No.	Description	Date Acqui	ed M	1ethod	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL -						228,358.		0.	228,358.	80,380.		13,580.
	* GRAND TOTAL 990 PAGE 10 DEPR						3479174.		0.				15,105.
	CURRENT YEAR ACTIVITY												
	BEGINNING BALANCE		Ш				3472031.		0.	3472031.	89,476.		
	ACQUISITIONS						7,143.		0.	7,143.	0.		
	DISPOSITIONS		Ш				0.		0.	0.	0.		
	ENDING BALANCE						3479174.		0.	3479174.	89,476.		
000100 04 6													

DOWNEAST COASTAL CONSERVANCY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	MACHINERY & EQUIPMENT								
	REFRIGERATOR	01 12 9		5.00	158.		158.	158.	0.
_	2 TABLES	01 30 9		5.00	147.		147.	147.	0.
	2 FILE CABINETS	01 30 9		7.00	275.		275.	275.	0.
	2 STORAGE RACKS	01 16 9		5.00	106.		106.	106.	0.
	MAP CABINETS	09 18 9		7.00	133.		133.	133.	0.
	CANOPY	01019		10.00			212.	212.	0.
	I MAC G5 COMPUTER	06280		5.00	1,726.		1,726.		0.
	FILING CABINET	06220		7.00	756.		756.	756.	0.
	COMPUTER AND PRINTER	121509		5.00	2,350.		2,350.		0.
	OFFICE SIGNS	120809		5.00	700.		700.	700.	0.
	HP ENVY LAPTOP - RICH	022014		5.00	1,134.		1,134.		0.
	DOCK	04011		15.00	•		1,681.	756.	112.
	CAMERA AND LENS SYSTEM	033123		7.00	3,123.		3,123.		446.
	VIDEO CONFERENCE CALL SYSTEM	052523		7.00	2,636.		2,636.		377.
	LAPTOP	071223		5.00	1,995.		1,995.		399.
671	DRONE (EMCI GRANT)	04252	SL	7.00	2,003.		2,003.	191.	286.
	* 990 PAGE 10 TOTAL MACHINERY &				10 105		10 105	10 601	1 600
	EQUIPMENT				19,135.		19,135.		1,620.
	* 990 PAGE 10 TOTAL -				19,135.		19,135.	10,621.	1,620.
	LAND	1 0 2 1 0	L		6 450		6 450		0
	G-P PROPERTY - CALAIS - 41 ACRES	123191			6,450.		6,450.		0.
	MORONG MARSH - LUBEC5 ACRE	1 2 3 1 9	<u>/</u> Ľ		300.		300.		0.
	HUCKINS & GILBERT ISLANDS - LUBEC - 16 ACRES	1 2 1 0	7-		46 000		46 000		0.
		12319	/IL		46,800.		46,800.		0.
	GARDNER LAKE LOT - MARION TWP - 137 ACRES	123100	1		8,928.		8,928.		0.
	DENBOW POINT - LUBEC - 55.5 ACRES	032202			30,000.		30,000.		0.
	BAR ISLAND - TRESCOTT TWP - 9.4	03220	ال ك		30,000.		30,000.		0.
	ACRES	121802	DIT		30,900.		30,900.		0.
	ORANGE RIVER - WHITING - 8.3 ACRES	02250			7,678.		7,678.		0.
	GILMAN DAM - COOPER - 103 ACRES	01140			13,597.		13,597.		0.
	PRESTON/SMALL RIVER- EDMUNDS TWP -	0 1 4 0	T		13,397.		13,397.		0.
	10.5 ACRES	041403	RIT.		7,727.		7,727.		0.
500	TO. D VCVED	10 #IT #10 ·	"		1,141•		1,141.		0.

⁽D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

DOWNEAST COASTAL CONSERVANCY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BEAVER DAM STREAM - WESLEY - 92								
308		100203			16,378.		16,378.		0.
310		03 15 04			35,659.		35,659.		0.
313	PIKES LAND - LUBEC - 92 ACRES	03 30 05	L		153,961.		153,961.		0.
	RAFT COVE LAND - TRESCOTT TWP - 4.5								
314		033104			27,682.		27,682.		0.
315		03 14 06			241,708.		241,708.		0.
316		08 31 07			12,104.		12,104.		0.
		10 01 08			11,547.		11,547.		0.
318	LUBEC SALT MARSH - LUBEC - 4.4 ACRES	05 27 08	ь		32,362.		32,362.		0.
	TYNAN LAND - TRESCOTT TWP (GIFT) -								
		02 14 08			17,100.		17,100.		0.
612	PIGEON HILL	10 30 09			41,385.		41,385.		0.
613	INGERSOL POINT/ADDISON	122909			60,960.		60,960.		0.
614	ADLER (GIFT)	122909			189,023.		189,023.		0.
616	BEAVER MEADOW BROOK	12 31 07			25,373.		25,373.		0.
617	BEAVER MEADOW MARSH	0 2 2 3 0 6			39,000.		39,000.		0.
619	BROWNEY ISLAND	122496			6,000.		6,000.		0.
	DRISKO FARM/ROWLEY	12 31 07			55,457.		55,457.		0.
621	MARSH ISLAND	12 31 92			63,000.		63,000.		0.
622	MARY'S ISLAND	0 9 3 0 0 2			9,000.		9,000.		0.
	PARTRIDGE ISLAND	02 13 06			12,000.		12,000.		0.
624	PIGEON HILL	12 31 07			211,069.		211,069.		0.
625	SAND & OVER COVE	08 05 05			46,500.		46,500.		0.
626	TIBBETT ISLAND	12 31 07			180,715.		180,715.		0.
627	TIDE MILL CREEK	0 9 2 8 0 0			14,700.		14,700.		0.
628	VIRGIN'S BREAST	110899			3,000.		3,000.		0.
629	WEST CARRYING PLACE COVE	122105			57,000.		57,000.		0.
630	PIGEON HILL	12 31 08			12,171.		12,171.		0.
631	PIGEON HILL (COPLON)	070810			28,218.		28,218.		0.
632	CURTIS POINT	09 15 10			83,334.		83,334.		0.
633	PLUMMER POINT	121010			86,924.		86,924.		0.
634	GRAIN POINT	121510			159,006.		159,006.		0.
635	PLEASANT RIVER MARSH 1	010110	L		228.		228.		0.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

DOWNEAST COASTAL CONSERVANCY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
636	OVER'S POINT - BAIRNBRAE	01 25 11			3,600.		3,600.		0.
637		032911			255.		255.		0.
638		072111			56,699.		56,699.		0.
639	ORANGE RIVER - MAHANA- WHITING	062712			70,172.		70,172.		0.
640	KLONDIKE MOUNTAIN	062712			113,728.		113,728.		0.
641	MIDDLE RIVER	032513	L		49,156.		49,156.		0.
642	MACHIAS RIVER - FITZGERALD PROPERTY	020113	Ь		287,126.		287,126.		0.
643	MACHIAS RIVER - RIER	062713	L		34,882.		34,882.		0.
644	ROARING LAKE I - REINHART PROPERTY	102513	L		76,392.		76,392.		0.
645	ROARING LAKE II - THATCHER PROPERTY	102513	L		15,839.		15,839.		0.
646	SHEEP ISLAND	121914	L		41,217.		41,217.		0.
647	POVERTY ISLAND	021814			16,135.		16,135.		0.
649	BENOIT PROPERTY	022715			40,273.		40,273.		0.
650	PARKMAN POINT EAST	032415			16,713.		16,713.		0.
651	PARKMAN POINT WEST	032415	Ъ		15,672.		15,672.		0.
653	MORRISON COVE	100417			43,500.		43,500.		0.
655	BELL'S BROOKS	030518			7,523.		7,523.		0.
656	CROSBY ISLAND PROPERTY	122818	L		4,052.		4,052.		0.
657	WEST CARRYING PLACE - LOT 14	102419	Ь		15,440.		15,440.		0.
668		031120			181,483.		181,483.		0.
669		06 15 20			16,375.		16,375.		0.
670	PRWF - HARRINGTON	013020	L		40,500.		40,500.		0.
	* 990 PAGE 10 TOTAL LAND				3231676.		3231676.	0.	0.
	* 990 PAGE 10 TOTAL -				3231676.		3231676.	0.	0.
	LAND								
	ROSS EASEMENT - DONATED - PEMBROKE -								
311	74 ACRES	063003	Ъ		1.		1.		0.
	CREATH FARM EASEMENT - DONATED -								
312	LUBEC - 290 ACRES	123004	L		1.		1.		0.
	GRALENSKI EASEMENT - PEMBROKE - 83								
320	ACRES	030408	ь		1.		1.		0.
	PIKES LAND EASEMENT - LUBEC - 36								
321	ACRES	123004	ь		1.		1.		0.

⁽D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

DOWNEAST COASTAL CONSERVANCY

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	LONG COVE EASEMENT - PEMBROKE - 2.4				_		_		
	ACRES	031406	<u>F</u>		1.		1.	_	0.
	* 990 PAGE 10 TOTAL LAND				5.		5.	0.	0.
	* 990 PAGE 10 TOTAL -				5.		5.	0.	0.
	OTHER								
	MOWRY BEACH LAND IMPROVEMENTS	083107		15.00			52,178.		0.
	MOWRY BEACH LAND IMPROVEMENTS	050907		15.00	•		6,347.		
	PARKING LOT - BANFIELD/REYNOLDS	071709		15.00			3,341.		
	PARKING AREA - PIKE LANDS	122109		15.00			7,104.		
	WHITNEYVILLE PARKING LOT	100217	/150DB	15.00	30,875.		30,875.	12,872.	1,823.
	MIDDLE RIVER PARKING LOT								
	IMPROVEMENTS	11114119		15.00			13,500.		
	DENBOW POINT PARKING LOT	072721		15.00			48,090.		
	DENBOW POINT - TRAIL WORK	083121	.SL	15.00	36,385.		36,385.	3,235.	2,426.
	VINING LAKE ROAD RESURFACING &								
	PARKING LOT IMPROVEMENTS	091721		15.00	•		14,000.		
	TRAIL SIGN	11 22 21	.SL	15.00	1,450.		1,450.	105.	97.
	KLONDIKE MOUNTAIN PARKING LOT								
	RENOVATION	042720		15.00			1,898.		127.
	VINING LAKE - PARKING LOT	082420		15.00			8,050.		537.
	SIGNS - HAYDEN SIGN COMPANY	040422		15.00			3,240.	162.	216.
673	MOWRY LOT REGRADE	091222	SL	15.00	•		1,900.	42.	127.
	* 990 PAGE 10 TOTAL OTHER				228,358.		228,358.		
	* 990 PAGE 10 TOTAL -				228,358.		228,358.		
	* GRAND TOTAL 990 PAGE 10 DEPR				3479174.		3479174.	104,581.	12,709.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone