Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

| Prepared for: | Prepared by: |
|------------------------------|-------------------------------|
| | HAVERLOCK, ESTEY & CURRAN LLC |
| DOWNEAST COASTAL CONSERVANCY | CERTIFIED PUBLIC ACCOUNTANTS |
| PO BOX 760 | 8 COMMERCE COURT |
| MACHIAS, ME 04654 | HAMPDEN, ME 04444-1538 |

2023 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, 2024.

| 0070 TE | | IRS E-fil | e Signature | Authorization | ר ו | OMB No. 1545-0047 |
|---|---|--|--|--|--|--|
| Form 8879-TE | | | a Tax Exem | | | |
| | For calendar year 2 | | | , 2023, and ending | , 20 | 2023 |
| Department of the Treasury | | | send to the IRS. Kee | • | | |
| Internal Revenue Service | | Go to www.ir | s.gov/Form8879TE fo | or the latest information | | |
| Name of filer | | | | | EIN or SSN | +0070 |
| | | AL CONSER | | | ^ | *0078 |
| Name and title of officer or pe | erson subject to tax | | | | | |
| | Determined f | | IVE DIRECTOR | ۲. Example 2 | | |
| 51 | | Return Inform | | | | |
| Check the box for the retu Form 5330 filers may enter or 10a below, and the am whichever is applicable, b than one line in Part I. | er dollars and cer ount on that line | its. For all other for the return bei | orms, enter whole doll ng filed with this form | ars only. If you check the was blank, then leave line | box on line 1a, 2a, 3 1b, 2b, 3b, 4b, 5b, | 3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, |
| 1a Form 990 check | here X | b Total rev | enue, if any (Form 990 |), Part VIII, column (A), lin | ie 12) | 1b 561,511. |
| 2a Form 990-EZ che | | b Total rev | enue, if any (Form 990 |)-EZ, line 9) | , | 2b |
| 3a Form 1120-POL | | | | 22) | | |
| 4a Form 990-PF che | eck here | | | ome (Form 990-PF, Part V | | 4b |
| 5a Form 8868 check | | | | 3c) | | |
| 6a Form 990-T chec | | | | line 4) | | |
| 7a Form 4720 check | | | | | | 7b |
| 8a Form 5227 check | | | | ear (Form 5227, Item D) | | |
| 9a Form 5330 check | | | | e 19) | | |
| 10a Form 8038-CP cl | | | | uested (Form 8038-CP, I | | 10b |
| | | | | r or Person Subject | | 100 |
| complete. I further declard intermediate service provi acknowledgement of rece of any refund. If applicabl entry to the financial institi financial institution to deb later than 2 business days payment of taxes to recei personal identification num | ider, transmitter, sipt or reason for e, I authorize the cution account ind it the entry to thi s prior to the pay ve confidential in | or electronic retu rejection of the tr U.S. Treasury an dicated in the tax s account. To rev ment (settlement formation necess | rn originator (ERO) to ansmission, (b) the re- d its designated Finar preparation software roke a payment, I mus) date. I also authorize aary to answer inquirie | send the return to the IRS ason for any delay in proc icial Agent to initiate an e for payment of the federa t contact the U.S. Treasu the financial institutions s and resolve issues relat | S and to receive fron cessing the return or lectronic funds with al taxes owed on this ry Financial Agent a' involved in the proce red to the payment. | n the IRS (a) an refund, and (c) the date drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic I have selected a |
| PIN: check one box only | | | | | | |
| X I authorize HA | VERLOCK, | ESTEY & | CURRAN LLC | | to enter my Pl | |
| | | | ERO firm name | | | Enter five numbers, but do not enter all zeros |
| with a state age on the return's o As an officer or return. If I have | ency(ies) regulatir disclosure conse person subject to indicated within | ng charities as pa nt screen. o tax with respec this return that a | t to the entity, I will en | indicated within this retu program, I also authoriz ter my PIN as my signatu eing filed with a state age nsent screen. | e the aforementione re on the tax year 20 | d ERO to enter my PIN 023 electronically filed |
| Signature of officer or person subj | ect to tax | | | | Date | |
| Part III Certifica | ation and Aut | hentication | | | | |
| ERO's EFIN/PIN. Enter ye | our six-digit elect | ronic filing identif | ication | | | |
| number (EFIN) followed by | y your five-digit s | elf-selected PIN. | | 0111950 Do not enter a | | |
| I certify that the above nu submitting this return in a Business Returns. | | | - | | | |
| ERO's signature DAN | IIELLE A | GAGNON | | Date | 11/14/24 | |
| | | | <u> </u> | | | |
| | _ | | | - See Instructions | | |
| | | | | Unless Requested | IO DO SO | |
| For Privacy Act and Pap | erwork Reduction | on Act Notice, se | e instructions. | | | Form 8879-TE (2023) |

| Form 8868 |
|------------------|
|------------------|

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

Daut I Jalautifia atiau

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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.

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.

| Part I - Id | entification | | | |
|---|--|------------|----|--|
| Type or | ype or Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (| | | |
| Print | | | | |
| F 1 1 1 | DOWNEAST COASTAL CONSERVANCY | **-***0078 | 3 | |
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 760 | | | |
| instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. MACHIAS, ME 04654 | | | |
| Enter the I | Return Code for the return that this application is for (file a separate application for each return) | | 01 | |
| | | | | |

| Annliestion la For | Datum | Application la For | Deturn |
|--|--------|-----------------------------------|--------|
| Application Is For | Return | Application Is For | Return |
| | Code | | Code |
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | | |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

If this application is for an extension of time to file Form 5330, you must enter the following information.

| Plan Name |
|-----------|
|-----------|

| Plan Number | | |
|--|--------------------------------------|--------------------------------|
| Plan Year Ending (MM/DD/YYYY) | | |
| Part II - Automatic Extension of Time To File for Exempt Organizations (see ins | structions) | |
| The books are in the care of COLIN BROWN, EXECUTIVE DI | RECTOR | |
| 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 St | ates, check this box | |
| • If this is for a Group Return, enter the organization's four-digit Group Exemption | Number (GEN) . If this is f | or the whole group, check this |
| box If it is for part of the group, check this box and attach a lis | t with the names and TINs of all mem | bers the extension is for. |
| 1 I request an automatic 6-month extension of time until NOVEMBER 1 | .5 , 20 24 , to file the exe | mpt organization return for |
| the organization named above. The extension is for the organization's return | ı for: | |
| X calendar year 20 23 or | | |
| tax year beginning FOR YOUR RE | CURDS | , 20 |
| 2 If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Final retu | Irn |
| Change in accounting period | | |
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tental | ive tax, less | |
| any nonrefundable credits. See instructions. | JLC 3a | \$ 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refun | dable credits and | |
| estimated tax payments made. Include any prior year overpayment allowed | as a credit. 3b | \$ 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this f | orm, if required, by | |
| using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ 0. |

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

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



| AI | or th | e 2023 calendar year, or tax year beginning and | ending | | | | |
|--------------------------------|-------------------------|--|---------------|-------------------------------------|-----------------------------|--|--|
| Ba | Check if applicab | e: C Name of organization | | D Employer identific | cation number | | |
| | Addre | | | | | | |
| | Name Chang | | | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | | | |
| | Final return | PO BOX 760 | | 207-255- | | | |
| | termir ated | , | | G Gross receipts \$ | 561,511. | | |
| | Amen | MACHINS, ME 04054 | | H(a) Is this a group re | | | |
| | Applio tion pendi | | | for subordinates | ? Yes X No | | |
| | - | PO BOX /60, MACHIAS, ME 04654 | | H(b) Are all subordinates in | | | |
| - | | empt status: $X 501(c)(3) 501(c) () () (insert no.) 4947(a)(1)$ | or 🛄 527 | | list. See instructions | | |
| | Websi | | 1 | H(c) Group exemption | | | |
| _ | _ | f organization: X Corporation Trust Association Other | L Year | of formation: 1987 | State of legal domicile: ME | | |
| Pa | art I | Summary | | | | | |
| Governance | 1 | Briefly describe the organization's mission or most significant activities: NATU. | RAL/CU | ILTORAL RESO | URCE | | |
| rna | 2 | Check this box if the organization discontinued its operations or dispo | sed of more | e than 25% of its net as | sets. | | |
| ove | 3 | | | | 14 | | |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 14 | | | |
| es 6 | 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 4 | | |
| viti | | Total number of volunteers (estimate if necessary) | | | 30 | | |
| Activities & | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| - | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 7b | 0. | | |
| | | | | Prior Year | Current Year | | |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | | 347,049. | 559,178. | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | |
| 3eV | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 647. | 2,333. | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 347,696. | 561,511. | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 180,178. | 214,085. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| Хр | b | Total fundraising expenses (Part IX, column (D), line 25) 26,6 | | 100 140 | 175 004 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 198,142. | 175,224. | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 378,320. | 389,309. | | |
| <u> </u> | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -30,624. ginning of Current Year | 172,202. | | |
| Net Assets or Fund Balances | | | | 6,481,855. | End of Year 6,965,948. | | |
| Sse Bala | 20 | Total assets (Part X, line 16) | ······ | 6,009. | 16,505. | | |
| let ⊿ ind | 21 | Total liabilities (Part X, line 26) | | 6,475,846. | 6,949,443. | | |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 0,4/3,040. | 0,747,443. | | |

Part II Signature Block

Т

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Т

| Sign | Signature of officer | | Date | | |
|---|--|----------------------|----------------|-----------|--|
| • | COLIN BROWN, EXECUTIVE DI | RECTOR | | | |
| | Type or print name and title | | | | |
| | Print/Type preparer's name | Preparer's signature | Date Check | PTIN | |
| Paid | DANIELLE A GAGNON | DANIELLE A GAGNON | | ₽01353392 | |
| Preparer | Firm's name HAVERLOCK, ESTEY | & CURRAN LLC | Firm's EIN **- | ***1013 | |
| Use Only | Firm's address 8 COMMERCE COURT | | | | |
| | HAMPDEN, ME 04444-1538 Phone no.207-945-5695 | | | | |
| May the IRS discuss this return with the preparer shown above? See instructions | | | | | |
| LHA For | LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023) | | | | |

| Form | DOWNEAST COASTAL CONSERVANCY | **-***0078 Page 2 |
|-----------|---|------------------------------|
| | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: | |
| | NATURAL/CULTURAL RESOURCE CONSERVATION | |
| | | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe | ers, the total expenses, and |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 288,740. including grants of \$) (Revenue LAND AND CONSERVATION EASEMENT ACQUISITION AND STEWARDS) | |
| | | |
| | PERMANENTLY PROTECT LANDS OF SCENIC, NATURAL RESOURCES, ECONOMIC AND OPEN SPACE VALUE IN WASHINGTON COUNTY, MAIN | |
| | ECONOMIC AND OPEN SPACE VALUE IN WASHINGTON COUNTY, MAIN | NE• |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Reven |) se |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue) |) se |
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| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| <u>4e</u> | Total program service expenses 288,740. | Earm 990 (2023) |

| Form | 990 | (2023) |
|------|-----|--------|

Form 990 (2023) DOWNEAST COASTAL CONSERVANCY
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | v |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 5 | | x |
| 6 | similar amounts as defined in Rev. Proc. 98-19? If "Yes," <i>complete Schedule C, Part III</i> | 5 | | - 23 |
| 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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | • | | |
| ' | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | х | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| - | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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, | | 37 | |
| | 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 | 446 | | x |
| ~ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| C | 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 | 110 | | |
| ŭ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | 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 | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> | 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 | 140 | | |
| 10 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 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 | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximant on Part IX, column (A), ling 12 If "Yes," complete Schedule I, Parts Land II. | 21 | | x |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | - 43 |

| Form 990 (| (2023) | DOWNEAST | COASTAL | С |
|------------|-------------|------------------|-----------------|----|
| Part IV | Checklist o | f Required Scheo | dules (continue | d) |

| | | | 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 | | | v |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | 37 |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | v |
| | 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 | | | x |
| | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | x |
| 07 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 07 | | x |
| 00 | entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See 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 | 28a | | x |
| h | "Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 20a 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f | 200 | | - 23 |
| C | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 200 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | | | |
| 0L | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| - | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |

| **_*** | 0078* | P |
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| Form | | *- *** 0078 | P | age 5 |
|--------|--|--------------------|-----|--------------|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a | 4 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | x |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) |). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | , | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | x |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | | | |
| ou | any contributions that were not tax deductible as charitable contributions? | | | x |
| b | | u | | |
| D | | 6b | | |
| 7 | were not tax deductible? Organizations that may receive deductible contributions under section 170(c). | | | |
| 'a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to | the payor? 7a | | x |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | |
| 0 | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| C | to file Form 8282? | | | x |
| А | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| d | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| e f | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | |
| g b | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as rec | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form | 1098-C? 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0- | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | <u>13a</u> | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | 3 1 1 1 | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| с | Enter the amount of reserves on hand 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | 1 | X |

| | 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 activities | |
| | | |

| that would result in the imposition of an excise tax under section 4951, 4952 or 4953? |
|--|
| If "Yes," complete Form 6069. |
| |

17

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

X

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

| | 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 1 | 4 | 100 | |
| | 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 1b 1 | 4 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | - | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | 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 onl | y) 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, a | nd fina | incial | |
| | 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.
 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.

• 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) | | | (0 | C) | | | (D) | (E) | (F) |
|-----------------------------|------------------------|--------------------------------|-----------------------|-------------|--------------|---------------------------------|--------|----------------------|------------------------------|------------------------------|
| Name and title | Average | (do | not c | Pos heck | more | than | one | Reportable | Reportable | Estimated |
| | hours per week | | | | | is bot pr/trus | | compensation from | compensation from related | amount of other |
| | (list any | ctor | | | | | | the | organizations | compensation |
| | hours for | Individual trustee or director | | | | ted | | organization | (W-2/1099-MISC/ | from the |
| | related | ustee (| truste | | e. | pensa | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations below | ual tri | ional | | ploye | t com /ee | _ | 1099-NEC) | | and related organizations |
| | line) | ndivid | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) COLIN BROWN | 40.00 | | | | × | 1 0 | | | | |
| EXECUTIVE DIRECTOR | | 1 | | x | | | | 72,917. | 0. | 0. |
| (2) BEN EDWARDS | 2.00 | | | | | | | | | |
| TREASURER | | X | | Х | | | | 0. | 0. | 0. |
| (3) ROBIN PINTO | 8.00 | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (4) ANNE BAKER | 1.00 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | 0. |
| (5) PARKE RUBLEE | 2.00 | | | | | | | | | |
| SECRETARY | | X | | X | | | | 0. | 0. | 0. |
| (6) CAT CANNON | 2.00 | | | | | | | | | <u> </u> |
| VICE PRESIDENT | 1 00 | X | | X | | | | 0. | 0. | 0. |
| (7) LESLIE PAGE | 1.00 | | | | | | | 0 | 0 | 0 |
| TRUSTEE | 1 00 | X | | | | | | 0. | 0. | 0. |
| (8) KAREN BEEFTINK | 1.00 | x | | | | | | 0. | 0. | 0. |
| TRUSTEE (9) LYMAN HOLMES | 1.00 | <u> </u> | | | | | | 0. | 0. | 0. |
| (9) LYMAN HOLMES TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. |
| (10) MATT MANDINO | 1.00 | | | | | | | 0. | 0. | 0. |
| TRUSTEE | 1.00 | x | | | | | | 0. | 0. | 0. |
| (11) KATE JANS | 1.00 | | | | | | | | | |
| TRUSTEE | | x | | | | | | 0. | 0. | 0. |
| (12) LES COLEMAN | 1.00 | | | | | | | | | |
| TRUSTEE | | x | | | | | | 0. | 0. | 0. |
| (13) DAVE WIMBERLY | 1.00 | | | | | | | | | |
| TRUSTEE | | x | | | | | | 0. | 0. | 0. |
| (14) CHRISTOPHER BARTLETT | 1.00 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | 0. |
| (15) GRENVILLE BLACKALL | 1.00 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | COASTAI | | | | | | | | **_** | *00' | 78 F | Page 8 |
|---|--|--------------------------------|-----------------------|---------|-----------------------|---------------------------------|--------|---|---|----------|--|-------------------|
| Part VII Section A. Officers, Directors, Tru | | ploy | ees | | | ighe | st C | | | | (5) | |
| (A) Name and title | (B) Average hours per week | box | not c , unle | ss pe | ition more rson | than is bot pr/trus | h an | (D) Reportable compensation from | (E) Reportable compensation from related | | (F) Estimat amount othe | of |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC 1099-NEC) | / | ompens from th organiza and rela organizat | ne tion ted |
| | | u | lns | Off | Kei | ΞĒ | Ы | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Subtotal | | L | | | | <u> </u> | | 72,917. | (| . | | 0. |
| c Total from continuation sheets to Part | | | | | | | | 0. 72,917. | |). | | 0. |
| d Total (add lines 1b and 1c)2Total number of individuals (including but | | | | | | | | - | | • | | |
| compensation from the organization | | | | | | | | | | | Yes | 0 No |
| 3 Did the organization list any former office | | | key e | empl | loye | e, o | hig | hest compensated emp | oloyee on | | - | v |
| line 1a? If "Yes," complete Schedule J forFor any individual listed on line 1a, is the | | | | | | | | her compensation from | | | 3 | X |
| and related organizations greater than \$1Did any person listed on line 1a receive o | | | • | | | | | | idual for sonvicos | - | 4 | X |
| rendered to the organization? If "Yes," co | - | | | | - | | | - | | | 5 | X |
| Section B. Independent Contractors 1 Complete this table for your five highest of | compensated inc | depe | ende | ent c | onti | racto | ors t | hat received more than | \$100,000 of comp | ensati | on from | |
| the organization. Report compensation for | | | | | | | | n the organization's tax | | | | |
| (A) Name and busines | s address | NC | ONE | 2 | | | | (B) Description of s | services | Con | (C) npensatio | on |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | + | | | | | |
| | | | | | | | + | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors \$100,000 of compensation from the orga | | ot lii | mite | d to | | se li: 0 | sted | l above) who received r | nore than | | | |

| Ра | rt ' | VII | Check if Schedule O c | | | 160 | or note to any lin | e in this Part VIII | | | |
|---|------|------------------------------|---|--------------------------------|-------------------|------------|---------------------|----------------------|--|------------------|-------------------------|
| | | | Oneck in Schedule O C | | | 136 0 | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated | (D) Revenue excluded |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | b c | Federated campaigns Membership dues Fundraising events Related organizations | | 1b 1c | | | | | | |
| ntributions, (I Other Simil | | е | Government grants (contr All other contributions, gifts, similar amounts not included | ibutions grants, a above | s) 1e nd 1f | | 559,178. 36,610. | | | | |
| Cor and | | • | | | · [·3]+ | | | 559,178. | | | |
| Program Service Revenue | 2 | 2 a b c d e f | All other program service | | | | | | | | |
| | | | Total. Add lines 2a-2f | | | | | | | | |
| | 3 | Ļ | Investment income (includ other similar amounts) Income from investment of Royalties | of tax-ex | empt bor | nd p | roceeds | 2,333. | | | 2,333. |
| | | | Gross rents Less: rental expenses | 6a 6b | (i) Real | | (ii) Personal | | | | |
| | 7 | d | Rental income or (loss) Net rental income or (loss) Gross amount from sales of | |) Securitie | | (ii) Other | | | | |
| Revenue | | | | 7a 7b 7c | | | | | | | |
| | | | Net gain or (loss) | | | | | | | | |
| Other | 8 | a | Gross income from fundraisir including \$ contributions reported on Part IV, line 18 | line 1c) | of . See | 8a | | | | | |
| | | | Less: direct expenses | | | 8b | | | | | |
| | 9 | | Net income or (loss) from Gross income from gamin Part IV, line 19 | g activi | ties. See | ts 9a | | | | | |
| | | b | Less: direct expenses | | | 9b | | | | | |
| | 10 |) a | Net income or (loss) from Gross sales of inventory, I and allowances | ess reti | urns | 10a | | | | | |
| | | | Less: cost of goods sold Net income or (loss) from a | | | 10b | | | | | |
| sr | | | | 5ai65 U | mventor | y | Business Code | | | | |
| neor | 11 | a | | | | _ | | | | | |
| Miscellaneous Revenue | | b c | | | | _ | | | | | |
| lisc. Re | | d | All other revenue | | | - | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | ······ | | | | |
| | 12 | | Total revenue. See instructio | | | | | 561,511. | 0. | 0. | 2,333. |

DOWNEAST COASTAL CONSERVANCY

Form 990 (2023)

-*0078

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DOWNEAST COASTAL CONSERVANCY

| | Check if Schedule O contains a respons | | | | |
|----|--|------------------------------|---|--|---------------------------------------|
| | 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, | | 40 105 | | F 000 |
| | trustees, and key employees | 72,917. | 48,125. | 17,500. | 7,292 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | 44 588 |
| 7 | Other salaries and wages | 115,768. | 76,407. | 27,784. | 11,577 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 10,752. | 7,097. | 2,580. | 1,075 |
| 10 | Payroll taxes | 14,648. | 9,667. | 3,516. | 1,465 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 2,020. | | 2,020. | |
| с | Accounting | 8,488. | 948. | 7,540. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | 14,479. | 14,479. 339. | | |
| 12 | Advertising and promotion | 339. | | | |
| 13 | Office expenses | 1,015. | 1,015. | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 17,376. | 7,319. | 8,319. | 1,738 |
| 17 | Travel | 8,644. | 8,644. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 12,709. | 12,328. | 381. | |
| 23 | Insurance | 5,433. | 4,550. | 883. | |
| 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 0.) | | | | |
| а | | 36,610. | 36,610. | | |
| b | REAL ESTATE TAXES | 17,715. | 17,715. | | |
| с | SUPPLIES | 13,147. | 12,157. | 990. | |
| d | TRAIL MAINTENANCE | 12,142. | 12,142. | | |
| е | All other expenses | 25,107. | 19,198. | 2,388. | 3,521 |
| 25 | Total functional expenses. Add lines 1 through 24e | 389,309. | 288,740. | 73,901. | 26,668 |
| 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)

| DOWNEAST | COASTAL | CONSERVANCY |
|----------|---------|-------------|
| | | |

-*0078 Page **11**

| | | Check if Schedule O contains a response or no | te to an | y line in this Part X | | | |
|-----------------------------|-----|---|---------------------|-----------------------|---------------------------------|------------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | 691,915. | 2 | 515,915. | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | | |
| | 5 | Loans and other receivables from any current o | | | | | |
| | | trustee, key employee, creator or founder, subs | | | | | |
| | | controlled entity or family member of any of the | se perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqual | | | | | |
| | | under section 4958(f)(1)), and persons describe | d in sec | tion 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ä | 9 | Prepaid expenses and deferred charges | | | 5,238. | 9 | 5,042. |
| - | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 3,503,172. | | | |
| | b | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 10b | 117,295. | 3,398,586. | 10c | 3,385,877. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | | 2,386,116. | 15 | 3,059,114. | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 3) | 6,481,855. | 16 | 6,965,948. | |
| | 17 | Accounts payable and accrued expenses | | | 6,009. | 17 | 16,505. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | Part IV (| of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or forr | ner offic | cer, director, | | | |
| i H | | trustee, key employee, creator or founder, subs | tantial c | contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of the | ons | | 22 | | |
| | 23 | Secured mortgages and notes payable to unrel | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third p | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables ⁻ | to related third | | | |
| | | parties, and other liabilities not included on line | s 17-24) | . Complete Part X | | | |
| | | of Schedule D | | ····· _ | <u> </u> | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 6,009. | 26 | 16,505. |
| ŷ | | Organizations that follow FASB ASC 958, che | eck her | e X | | | |
| JCe | | and complete lines 27, 28, 32, and 33. | | | 1 510 110 | | |
| alaı | 27 | Net assets without donor restrictions | | | 1,510,118. | 27 | 1,799,776. |
| d B | 28 | Net assets with donor restrictions | | | 4,965,728. | 28 | 5,149,667. |
| n | | Organizations that do not follow FASB ASC 9 | 58, che | eck here | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | | | | |
| its (| 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sse | 30 | Paid-in or capital surplus, or land, building, or ea | | | | 30 | |
| μA | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Ň | 32 | Total net assets or fund balances | | | 6,475,846. | 32 | 6,949,443. |
| | 33 | Total liabilities and net assets/fund balances . | | | 6,481,855. | 33 | 6,965,948. |

Form **990** (2023)

| Form 990 (| 2023) |) | DOWNE |
|------------|-------|------------|-------|
| Part X | Bal | ance Sheet | |

| 2 Total expenses (must equal Part IX, column (A), line 25) | 561 389 172 | ,5 | X |
|--|-------------------|----------|-----|
| 1 Total revenue (must equal Part VIII, column (A), line 12) 1 2 Total expenses (must equal Part IX, column (A), line 25) 2 | 561 389 172 | ,5 | X |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 389 172 | | |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 389 172 | | |
| | 172 | ` | |
| | | | |
| | | | |
| | 475 | , 8 | 46. |
| 5 Net unrealized gains (losses) on investments 5 | | | |
| 6 Donated services and use of facilities | | | |
| 7 Investment expenses 7 | | | |
| 8 Prior period adjustments 8 | | | - |
| 9 Other changes in net assets or fund balances (explain on Schedule O)9 | 301 | , 3 | 95. |
| 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | |
| | 949 | ,4 | 43. |
| Part XII Financial Statements and Reporting | | | |
| Check if Schedule O contains a response or note to any line in this Part XII | | | |
| |) | /es | 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 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 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 separate basis, | | | |
| consolidated basis, or both: | | | |
| X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, | | | |
| review, or compilation of its financial statements and selection of an independent accountant? | 2c | Х | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a 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? | 3a | | Х |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | | | |
| or audits, explain why on Schedule O and describe any steps taken to undergo such audits | 3b | | |

Form **990** (2023)

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

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.

| | OMB No. 1545-0047 |
|----|------------------------------|
| | 2023 |
| | Open to Public Inspection |
| er | identification number |

| Name of | the organization | _ | | | | | | r identification number |
|--------------|--|-------------------------|---|--------------------|-----------------------------------|-----------------|-----------------------|----------------------------|
| | DOWN | EAST COAST | AL CONSERVAN | CY | | | * | *-***0078 |
| Part I | Reason for Public | Charity Status. | (All organizations must o | complete th | his part.) S | See instruction | ns. | |
| The organ | nization is not a private found | lation because it is: (| (For lines 1 through 12, o | check only | one box.) | | | |
| 1 🛄 | A church, convention of ch | urches, or associatio | on of churches describe | d in sectio | on 170(b)(| 1)(A)(i). | | |
| 2 | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forr | n 990).) | | | | |
| 3 🔛 | A hospital or a cooperative | hospital service orga | anization described in s | ection 170 |)(b)(1)(A)(i | ii). | | |
| 4 | A medical research organiz | ation operated in co | njunction with a hospita | l described | d in sectio | on 170(b)(1)(A | .)(iii). Enter | the hospital's name, |
| | city, and state: | | | | | | | |
| 5 | An organization operated for | or the benefit of a co | ollege or university owne | d or opera | ted by a g | overnmental | unit descrik | oed in |
| | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | A federal, state, or local go | vernment or governr | mental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 X | An organization that norma | Ily receives a substa | antial part of its support | from a gov | rernmenta | l unit or from | the general | public described in |
| | section 170(b)(1)(A)(vi). (C | | | | | | | |
| 8 | A community trust describe | | | | | | | |
| 9 | An agricultural research org | - | | | - | | - | - |
| | or university or a non-land- | grant college of agric | culture (see instructions) | . Enter the | name, cit | y, and state c | f the colleg | je or |
| | university: | | | | | | | |
| 10 | An organization that norma | | | | | | | |
| | activities related to its exen | | | | | | | |
| | income and unrelated busin | | e (less section 511 tax) fr | om busine | esses acqu | uired by the o | rganization | after June 30, 1975. |
| | See section 509(a)(2). (Con | • • | San ha da an da sa da Barra. | (-h. 0 | | 00(-)(4) | | |
| | An organization organized a | - | • | • | | | | |
| 12 | An organization organized a | - | • | - | | | - | |
| | more publicly supported or | | | | | | | Jneck the box on |
| - L | lines 12a through 12d that | | | | - | | - | |
| a 🗆 | Type I. A supporting orga the supported organizativ | - | | • | | | | |
| | the supported organization | | | a majonty o | or the dire | clors or trust | ses of the s | supporting |
| b 🗌 | organization. You must c Type II. A supporting org | - | | tion with it | te cunnort | od organizati | on(s) by br | wing |
| 0 | control or management o | - | | | | - | | - |
| | organization(s). You mus | | | ame perso | | | age the sup | oponed |
| c 🗌 | | | | in connec | tion with | and functiona | ally integrat | ed with |
| | c L Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. | | | | | cu with, | | |
| d 🗌 | Type III non-functionally | | | | | | orted organ | ization(s) |
| u | that is not functionally int | | | | | | - | |
| | requirement (see instruct | | | - | | - | a an attorn | |
| e 🗌 | Check this box if the orga | | | | | | e II. Type III | |
| | functionally integrated, or | | | | | | ···, · / ··· | |
| f Ent | er the number of supported of | | | 0 0 | | | | |
| g Pro | vide the following informatior | n about the supporte | ed organization(s). | | | | | |
| | (i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | anization listed ing document? | (v) Amount o | f monetary | (vi) Amount of other |
| | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see i | nstructions) | support (see instructions) |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | 1 | | 1 | 1 | 1 | | 1 |

Schedule A (Form 990) 2023

DOWNEAST COASTAL CONSERVANCY

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.)

| See | ction A. Public Support | | | | | | |
|------|--|-----------------------|---------------------|----------------------|---------------------|---------------------|------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 513,049. | 1110061. | 463,498. | 347,049. | 559,178. | 2992835. |
| 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 | 513,049. | 1110061. | 463,498. | 347,049. | 559,178. | 2992835. |
| | 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) | | | | | | 880,783. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 2112052. |
| | ction B. Total Support | | | | | | 21120320 |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | 513,049. | 1110061. | 463,498. | 347,049. | 559,178. | 2992835. |
| | | 515,045. | 1110001. | 403,490. | 517,015. | 555,170. | 2772055. |
| ð | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 0,60 | 2 6 2 7 | 246 | 647 | 2 2 2 2 2 | 6 7 7 1 |
| | and income from similar sources \dots | 868. | 2,627. | 246. | 647. | 2,333. | 6,721. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on \dots | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 1,643. | 732. | 80. | | | 2,455. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 3002011. |
| 12 | Gross receipts from related activities, | etc. (see instructi | ons) | | | 12 | 2,461. |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section § | 501(c)(3) | |
| | organization, check this box and stop | | | | | | |
| See | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2023 (| line 6, column (f), c | livided by line 11, | column (f)) | | 14 | 70.35 % |
| 15 | Public support percentage from 2022 | Schedule A, Part | II, line 14 | | | 15 | 65.75 % |
| | 33 1/3% support test - 2023. If the c | | | | | nore, check this bo | ox and |
| | stop here. The organization qualifies | as a publicly supp | orted organizatior | ۱ | | | X |
| b | 33 1/3% support test - 2022. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | | | - | - | in non the organiz | |
| h | 10% -facts-and-circumstances tes | - | | • • • • | - | | |
| ~ | more, and if the organization meets th | | | | | | |
| | organization meets the facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | | | | | | |
| -10 | i mate roundation. It the organizatio | an aid fiot offeon a | | u, 100, 17a, 01 17k | | | (Eorm 990) 2023 |

Schedule A (Form 990) 2023

DOWNEAST COASTAL CONSERVANCY

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)
Section A Public Support

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|---------------------|-------------------------|-------------------|-------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| t | 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.) | | | | | | |
| | ction B. Total Support | | | | • | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included 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.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | vear as a section | 501(c)(3) organiz | zation, |
| | check this box and stop here | ~ | | | • | | |
| Se | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 15 | Public support percentage for 2023 (| line 8, column (f), c | divided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2022 | | | | | 16 | % |
| | ction D. Computation of Inve | | · · · | | | | |
| | Investment income percentage for 20 | | | ne 13. column (f)) |) | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| | 33 1/3% support tests - 2023. If the | | | | | | |
| | more than 33 1/3%, check this box a | | | | | | |
| ۲ | 33 1/3% support tests - 2022. If the | | | | | | |
| ~ | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| -0 | | and not oneon a | 337 011 110 14, 13 | a, or rob, or control i | | | ····· |

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 | | |
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| 2 | | |
| 3a | | |
| 54 | | |
| | | |
| 3b | | |
| 3c | | |
| 30 | | |
| 4a | | |
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| 46 | | |
| 4b | | |
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| 4c | | |
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| 9a | | |
| 9b | | |
| 50 | | |
| 9c | | |
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| 100 | | |
| 10a | | |
| 10b | | |

DOWNEAST COASTAL CONSERVANCY Schedule A (Form 990) 2023

1

2

3

No

| Pa | rt IV | Supporting Organizations (continued) | | | |
|-----|-------|---|-----|-----|----|
| | | | | Yes | No |
| 11 | Has t | the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A per | rson who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c b | pelow, the governing body of a supported organization? | 11a | | |
| b | A fan | nily 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 | | | |
| | | i in Part VI. | 11c | | |
| Sec | tion | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |

| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or |
|---|--|
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |
| ~ | |

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, supervised, or controlled the supporting organization.

| Section C. Type II Supporting Organizations |
|---|
|---|

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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

| Se | ction D. All Type III Supporting Organizations | | |
|----|--|---|-----|
| | | | Yes |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | |
| | 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.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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 these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| Section 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 | | | |
| Section 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 | | | |
| e 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 amo | unt, | | | |
| 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 | | | |
| Section C - Distributable Amount | | | Current Year | |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | |
| 2 Enter 0.85 of line 1. | 2 | | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | |
| 4 Enter greater of line 2 or line 3. | 4 | | | |
| 5 Income tax imposed in prior year | 5 | | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | |
| emergency temporary reduction (see instructions). | 6 | | | |

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

Schedule A (Form 990) 2023

332027 12-21-23

| | | | | iea) | a |
|------|---|-----------------------------------|---------------------------------------|------|---|
| | ion D - Distributions | | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exe | | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | - | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | IS | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | 9 | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2023 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) Underdistributior Pre-2023 | าร | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| а | From 2018 | | | | |
| b | From 2019 | | | | |
| с | From 2020 | | | | |
| d | From 2021 | | | | |
| e | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| - | Applied to underdistributions of prior years | | | | |
| | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| - | Applied to 2023 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, <i>explain in</i> Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, <i>explain in</i> | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| - | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2019 | | | | |
| - | Excess from 2020 | | | | |
| - | Excess from 2021 | | | | |
| - | Excess from 2022 | | | | |
| - | Excess from 2022 | | | | |
| | | | | | |

Schedule A (Form 990) 2023

DOWNEAST COASTAL CONSERVANCY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990) 2023

| Schedule A (Form 990) 2023 DOWNEAST | COASTAL CONSERVANCY | **-**0078 Page 8 |
|---|---|---|
| Part VI Supplemental Information. Provide t | he explanations required by Part II, line 10 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV | |
| line 1; Part IV, Section D, lines 2 and 3; Part I Section D, lines 5, 6, and 8; and Part V, Secti (See instructions.) | V, Section E, lines 1c, 2a, 2b, 3a, and 3b; F | Part V, line 1; Part V, Section B, line 1e; Part V, |
| SCHEDULE A, PART II, LINE 10, | EXPLANATION FOR OTHE | R INCOME: |
| OTHER INCOME | | |
| 2019 AMOUNT: \$ 1,643. | | |
| 2020 AMOUNT: \$ 732. | | |
| 2021 AMOUNT: \$ 80. | | |
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Identification of Excess Contributions Included on Part II, Line 5

-*0078

2023

| | ** Do Not File ** | |
|-----|-------------------------------|-----|
| *** | Not Open to Public Inspection | *** |

| Contributor's Name | Total Contributions | Excess Contributions |
|---|------------------------|-------------------------|
| CHRISTINE NIELSEN | 110,000. | 49,960. |
| JOYCE AND LESTER COLEMAN | 175,599. | 115,559. |
| JOHN WOOLLAM | 236,417. | 176,377. |
| ELMINA B SEWALL FOUNDATION | 87,500. | 27,460. |
| CORNELIA GREAVES BATES | 75,000. | 14,960. |
| BOB AND ANNE BAKER | 97,659. | 37,619. |
| JONATHAN & MELINDA JACQUES | 475,000. | 414,960. |
| GILBERT BUTLER | 103,928. | 43,888. |
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| | | |
| Total Excess Contributions to Schedule A, Part II, Line 5 | | 880,783. |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

| * | * | _ | * | * | * | 0 | 0 | 7 | 8 |
|---|---|---|---|---|---|----|---|---|----|
| | | | | | | υ. | v | | υ. |

| DOWNEAST | COASTAL | CONSERVANCY |
|----------|---------|-------------|
|----------|---------|-------------|

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X 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.

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.

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 for an *exclusively* religious is received *nonexclusively* religious.

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).

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

6

| \$ 26,730. | Noncash |
|----------------------------|--|
| _ | (Complete Part II for noncash contributions.) |
| (c) Total contributions | (d) Type of contribution |
| \$\$110,000. | Person X Payroll Noncash |
| - | (Complete Part II for noncash contributions.) |
| (c) Total contributions | (d) Type of contribution |
| \$37,500. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (c) Total contributions | (d) Type of contribution |
| - | Person X Payroll |
| \$35,000• | Noncash (Complete Part II for noncash contributions.) |
| (c) Total contributions | (d) Type of contribution |
| _ | Person X |
| \$20,000. | Payroll Noncash |
| | (Complete Part II for |
| | (c) Total contributions (c) Total contributions (c) Total contributions (c) Total contributions (c) Total contributions (c) Total contributions (c) Total contributions (c) Total contributions (c) Total contributions |

DALLAS, TX 75248

ANNE AND BOB BAKER

DOWNEAST COASTAL CONSERVANCY

LESTER AND JOYCE COLEMAN

7111 SPANKY BRANCH DRIVE

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2023)

Name of organization

Part I

(a)

No.

(a)

No.

(a) No.

(a) No.

(a) No.

(a) No.

5

4

3

2

1

Employer identification number

-*0078

Person Payroll

Noncash

Person Payroll

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

X

X

(c)

Total contributions

(c)

Total contributions

\$

27,500.

323452 12-26-23

Name of organization

Employer identification number

-*0078

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X MAINE COAST HERITAGE TRUST Person Payroll 16,500. 1 BOWDOIN MILL ISLAND, SUITE 201 Noncash \$ (Complete Part II for TOPSHAM, ME 04086 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 X SOUTHERN MAINE CONSERVATION Person Payroll 15,000. 217 COMMERCIAL ST, SUITE 302 Noncash \$ (Complete Part II for PORTLAND, ME 04101 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X DAVIS CONSERVATION FOUNDATION Person Payroll 30 FOREST FALLS DRIVE, SUITE 5 12,700. Noncash \$ (Complete Part II for YARMOUTH, ME 04096 noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 MAINE COMMUNITY FOUNDATION Х Person Payroll 245 MAIN STREET 11,700. Noncash \$ (Complete Part II for ELLSWORTH, ME 04065 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 MARILYN DOWLING Person Payroll X 171 LOOKS POINT ROAD 36,610. Noncash (Complete Part II for JONESBORO, ME 04648 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash \$ (Complete Part II for noncash contributions.)

DOWNEAST COASTAL CONSERVANCY

| | rganization | |
|------------------------------|---|---|
| DOWNE | AST COASTAL CONSERVANCY | |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part I | I if additional space is nee |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estim (See instructio |
| 11 | CONSERVATION EASEMENT - JONESBORO | _ |
| | | \$36, |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estim (See instructio |
| | | _ |
| | | \$ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estim (See instructio |
| | | _ |
| | | \$ |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estim (See instructio |

| | | \$ | |
|-----------------------------|--|---|----------------------|
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _ | | \$ | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| - | | \$ | |
| a) o. pm rt l | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| _ | | \$ | |
| a) o. om ırt I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

Employer identification number

(d)

Date received

10/02/23

(d)

Date received

-*0078

36,610.

Page 3

| Schedule | B (Form 990) (2023) | | Page 4 | | | | |
|---------------------------|--|---|---|--|--|--|--|
| Name of o | organization | | Employer identification number | | | | |
| DOWNE | AST COASTAL CONSERVANC | Y | **-***0078 | | | | |
| Part III | Exclusively religious, charitable, etc., contrib | utions to organizations described in sect (a) through (e) and the following line entry. s, charitable, etc., contributions of \$1,000 or less | ton 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations for the year. (Enter this info. once.) \$ | | | | |
| (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 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 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, | | 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 | | | | |
| | | | | | | | |

SCHEDULE D

| (Form 9 | 3 90) |
|---------|------------------|
|---------|------------------|

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.

3 **Open to Public** Inspection

Employer identification number

-*0078

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

. . 1

Name of the organization

DOWNEAST COASTAL CONSERVANCY

| I Total number at end of year (a) Denor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Aggregate value of contributions to (during year) (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (c) Aggregate value of another accounts (c) Funds and other accounts 4 Aggregate value of another base and donor advisors in writing that the assets held in donor advised funds are to erganization accounts, subject to the organization accounts (c) equivalence (c) exclusive legal control? (c) exclusive legal control (c) exclusive legal control? (c) exclusive legal control (c) exclusive legal control? (c) exclusive legal control | Pa | organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir | | IS OF ACCOU | Ints. Complete if the |
|--|-----|---|---|--------------------|------------------------|
| 1 Total number at end of year | | | | (b) Euro | de and other accounts |
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| and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. If the organization elected, as permitted under FASB AS | | | | | |
| 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. c) If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. c) Revenue included on Form 990, Part XIII, line 1 f) Assets included in Form 990, Part X g If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X k Sected on Form 990, Part X k Assets included in Form 990, Part X | 8 | • | | | |
| balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. b If the organization received on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: </th <th></th> <th></th> <th></th> <th></th> <th></th> | | | | | |
| organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gian, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a a Revenue included on Form 990, Part X \$ 4 He organization received or held works of art, historical treasures, or other similar assets for financial gian, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a a Revenue included on Form 990, Part X \$ b <t< th=""><th>9</th><th></th><th>•</th><th></th><th></th></t<> | 9 | | • | | |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. b If the organization elected on Form 990, Part VIII, line 1 g | | | note to the organization's financial stater | nents that des | scribes the |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X 4 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part | Da | | f Art Historical Tragguras or (| Othor Simil | ar Accoto |
| 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X | ı a | | | | ai A35et3. |
| of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Massets included in Form 990, Part X d Revenue included in Form 990, Part X | 10 | | | and balance | aboat works |
| service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Assets included in Form 990, Part X | Ia | | | | |
| b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X c Schedule D (Form 990) 2023 | | · · · · · · · · · · · · · · · · · · · | | | public |
| art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X Schedule D (Form 990) 2023 | h | | | | tworks of |
| provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | U | | | | |
| (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | · · · · · · · · · · · · · · · · · · · | exhibition, education, or research in fur | inerance of pu | ablic service, |
| (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023 | | | | | ¢ |
| 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | Ψ ¢ |
| the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023 | 0 | | | | Ψ |
| a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$ | 2 | | | a yan, provid | |
| b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$ | ~ | • | - | | ¢ |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023 | | | | | |
| | - | | | | |
| | | | 5 101 1 0111 330. | | |

| Sche | dule D (Form 990) 2023 DOWNEAS | T COASTAL (| CONSERVANC | Y | | * | *_** | *007 | 8 ра | age 2 |
|------|---|------------------------|------------------------|------------------|-------------|---|------------|-------------------|---------|--------------|
| Par | t III Organizations Maintaining C | collections of Ar | t, Historical Tr | easures, or | Other | ^r Simila | r Asse | ts (contir | nued) | |
| 3 | Using the organization's acquisition, accessi | on, and other record | s, check any of the | following that r | make sig | gnificant u | ise of its | | | |
| | collection items (check all that apply). | | | | | | | | | |
| а | Public exhibition | d | | hange program | ו | | | | | |
| 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 t | he organizatior | ı's exem | pt purpos | se in Par | t XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | _ | - | | - |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arran | | e if the organization | n answered "Ye | es" on Fo | orm 990, I | Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Pa | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | | • | | | | _ | - | 37 | 1 |
| | on Form 990, Part X? | | | | | | L | Yes | X | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | • | | |
| | | | | | | | | Amount | | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| | Distributions during the year | | | | | | | | | |
| t | Ending balance | | | | | | | | | 1 |
| | Did the organization include an amount on Fe | | | | | • | | Yes | | J No ∣ |
| Par | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if | | | | | | | | | _ |
| 1 0 | | (a) Current year | (b) Prior year | (c) Two years | · | 1) Three ye | ars hack | (a) Four | vears | hack |
| 10 | Deginning of year belongs | 2,386,115. | 2,801,102. | | | | 7,170. | . , | ,674, | |
| | Beginning of year balance | 466,303. | 2,001,102. | , , | | | 5,500. | 1 | | 500. |
| | Contributions | | | | | | 1,031. | | | 806. |
| | Net investment earnings, gains, and losses Grants or scholarships | 501,555. | 505,112. | 110, | | 20 | 1,001. | | 219, | |
| | Other expenditures for facilities | | | | | | | | | |
| e | | 94,700. | 49,875. | 59 | 805. | 4 | 3,352. | | | |
| f | and programs Administrative expenses | 51,700. | 19,075. | | | | | | | |
| | End of year balance | 3,059,113. | 2,386,115. | 2,801, | 102 | 2 36 | 0,349. | 1 | 907 | 170. |
| 2 | Provide the estimated percentage of the cur | | | | | -, | -, | | ,, | |
| | Board designated or quasi-endowment | 41.4200 | % | a)) Hold do. | | | | | | |
| | Permanent endowment 1.8000 | % | _,. | | | | | | | |
| | Term endowment 56.7800 | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sho | uld equal 100%. | | | | | | | | |
| 3a | Are there endowment funds not in the posse | | ation that are held a | nd administere | d for the | Э | | | | |
| | organization by: | - | | | | | | Γ | Yes | No |
| | (i) Unrelated organizations? | | | | | | | 3a(i) | Х | |
| | (ii) Related organizations? | | | | | | | | | Х |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | wment funds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | nent | | | | | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | , Part IV, line 11a. S | See Form 990, I | Part X, lii | ne 10. | | | | |
| | Description of property | (a) Cost or of | ther (b) Cost | or other | (c) Acc | cumulated | k | (d) Bool | < value | Э |
| | | basis (investr | , | (other) | depr | eciation | | | | |
| 1a | Land | | 3,25 | 5,676. | | | | 3,25 | 5,6 | 76. |
| b | Buildings | | | | | | | | | |
| с | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | 9,139. | | 12,24 | | | | 98. |
| | Other | | | 8,357. | 10 | 05,05 | | | 3,3 | |
| Tota | . Add lines 1a through 1e. (Column (d) must e | qual Form 990, Part . | X, line 10c, column | n (B)) | | | | 3,38 | 5,8 | 77. |

Schedule D (Form 990) 2023

| | ASTAL CONSERV | ANCY | **-***0078 Page 3 |
|--|----------------------------|--|--------------------------|
| Part VII Investments - Other Securities Complete if the organization answered "Yes" | on Form 000 Dort IV line | 11b See Form 000 Dart V line 12 | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or | end-of-vear market value |
| (1) Financial derivatives | (-) | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" (a) Description of investment | | | and of your market yolyo |
| | (b) Book value | (c) Method of valuation: Cost or | end-or-year market value |
| <u>(1)</u> | | | |
| (2) | | | |
| (3) | | | |
| <u>(4)</u> (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | • | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| ., | Description | | (b) Book value |
| | SETS HELD BY | MAINE COMMUNITY | |
| (2) FOUNDATION | | | 3,059,114. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, line 15, co. | | | 3,059,114. |
| Part X Other Liabilities | . (Б)) | |] 5,059,114. |
| Complete if the organization answered "Yes" | on Form 990 Part IV line | 11e or 11f See Form 990 Part X line | 25 |
| I. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 25, co. | I. (B)) | | |
| 2. Liability for uncertain tax positions. In Part XIII, provide | the text of the footnote t | o the organization's financial stateme | nts that reports the |

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

| Sche | dule D (Form 990) 2023 DOWNEAST COASTAL CONSERVAN | ICY | | **_ | ***0078 | Page 4 |
|------|---|-----------|-----------------|-------|---------|---------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statem | ents With | n Revenue per R | eturi | า | 0 |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | ι. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 862 | ,906. |
| 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 | | | | | |
| d | Other (Describe in Part XIII.) | 2d | 301,395. | | | |
| е | Add lines 2a through 2d | | | 2e | | <u>,395.</u> |
| 3 | Subtract line 2e from line 1 | | | 3 | 561 | ,511. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | | |
| b | Other (Describe in Part XIII.) | . 4b | | | | _ |
| С | Add lines 4a and 4b | | | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | | ,511. |
| Pa | t XII Reconciliation of Expenses per Audited Financial Staten | | h Expenses per | Retu | irn | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | 200 | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 389 | ,309. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | . 2a | | | | |
| b | Prior year adjustments | . 2b | | | | |
| С | Other losses | | | | | |
| d | Other (Describe in Part XIII.) | | | | | • |
| е | Add lines 2a through 2d | | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 389 | ,309. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | | |
| b | Other (Describe in Part XIII.) | . 4b | | | | • |
| С | Add lines 4a and 4b | | | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) | | | 5 | 389 | ,309. |
| Pa | t 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. |

PART V, LINE 4:

ENDOWMENT FUNDS ARE INTENDED TO BE USED AS STEWARDSHIP FUNDS FOR VARIOUS

CONSERVATION LANDS AND EASEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY MAINE

COMMUNITY FOUNDATION

301,395.

PART II, LINE 5

THE ORGANIZATION HAS WRITTEN POLICIES REGARDING MONITORING, INSPECTION,

HANDLING OF VIOLATIONS, AND ENFORCING CONSERVATION EASEMENTS IT HOLDS.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Dant

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number **-***0078

Name of the organization

T....

DOWNEAST COASTAL CONSERVANCY

| Pa | TI Types of Property | | | | | | | |
|-------|--|------------------------|---|--|-------------------|---------|--------|------|
| | | (a) Check if | (b) Number of contributions or | (c) Noncash contributior amounts reported or | | etermir | • | |
| | | applicable | | Form 990, Part VIII, line | | 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 - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | X | 1 | 36,61 | 0.FAIR VALUE | | | |
| 15 | 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 (| | | | | | | |
| 29 | Number of Forms 8283 received by the organi | zation durin | g the tax year for o | ontributions | I | | | |
| | for which the organization completed Form 82 | | | | | | 0 | |
| | ° | | | | | | Yes | No |
| 30a | During the year, did the organization receive b | y contributio | on any property rei | oorted in Part I, lines 1 th | rough 28, that it | | | |
| | must hold for at least 3 years from the date of | the initial co | ntribution, and wh | ich isn't required to be u | sed for | | | |
| | exempt purposes for the entire holding period | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that re | equires the review | of any nonstandard con | tributions? | 31 | Х | |
| 32a | Does the organization hire or use third parties | | | | | | | |
| | contributions? | | • | | | 32a | | x |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of propert | y for which column (a) is | checked, | | | |
| | describe in Part II. | | | | · | | | |
| For F | Paperwork Reduction Act Notice, see the Inst | tructions fo | r Form 990. | | Schedule I | M (Forr | n 990) | 2023 |

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

1 CONSERVATION EASEMENT WAS DONATED TO ORGANIZATION.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



Employer identification number **-***0078

DOWNEAST COASTAL CONSERVANCY

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

FORM 990 PAGE 10

| ona j. | 90 PAGE 10 | | | | | _ | | 990 | | | | | | | |
|--------------|--|------------------|--------|-------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 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 |
| | 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 | | 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. | | ٥. | 212. |
| 213 | I MAC G5 COMPUTER | 06/28/06 | SL | 5.00 | | 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 | | 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 | | 16 | 1,134. | | | | 1,134. | 1,134. | | 0. | 1,134. |
| 652 | DOCK | 04/01/16 | SL | 15.00 | | 16 | 1,681. | | | | 1,681. | 756. | | 112. | 868. |
| 659 | CAMERA AND LENS SYSTEM | 03/31/21 | SL | 7.00 | | 16 | 3,123. | | | | 3,123. | 781. | | 446. | 1,227. |
| 660 | VIDEO CONFERENCE CALL SYSTEM | 05/25/21 | SL | 7.00 | | 16 | 2,636. | | | | 2,636. | 597. | | 377. | 974. |
| 661 | LAPTOP | 07/12/21 | SL | 5.00 | | 16 | 1,995. | | | | 1,995. | 599. | | 399. | 998. |
| 671 | DRONE (EMCI GRANT) | 04/25/22 | SL | 7.00 | | 16 | 2,003. | | | | 2,003. | 191. | | 286. | 477. |
| | * 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT | | | | | | 19,135. | | | | 19,135. | 10,621. | | 1,620. | 12,241. |

FORM 990 PAGE 10

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| | 90 PAGE IU | | | | | _ | | 990 | | _ | | | | | |
|--------------|--|------------------|--------|------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 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. | 10,621. | | 1,620. | 12,241. |
| | LAND | | | | | | | | | | | | | | |
| 298 | G-P PROPERTY - CALAIS - 41 ACRES | 12/31/91 | L | | | | 6,450. | | | | 6,450. | | | ٥. | |
| 299 | 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. | | | ٥. | |
| 303 | 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. | | | ٥. | |
| 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. | |
| 314 | RAFT COVE LAND - TRESCOTT TWP - 4.5 ACRES | 03/31/04 | L | | | | 27,682. | | | | 27,682. | | | 0. | |
| 315 | 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. | | | ٥. | |
| 317 | BANFIELD LOT - WHITING - 1.4 ACRES | 10/01/08 | L | | | | 11,547. | | | | 11,547. | | | 0. | |

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(D) - Asset disposed

FORM 990 PAGE 10

| 990 | |
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| | 90 PAGE 10 | | | | | | | 990 | | | | | | | |
|--------------|---|------------------|--------|------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 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 | L | | | | 32,362. | | | | 32,362. | | | 0. | |
| 319 | TYNAN LAND - TRESCOTT TWP (GIFT) - 1.5 ACRES | 02/14/08 | 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 | L | | | | 39,000. | | | | 39,000. | | | 0. | |
| 619 | BROWNEY ISLAND | 12/24/96 | 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 | 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 | 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 | L | | | | 57,000. | | | | 57,000. | | | 0. | |

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(D) - Asset disposed

FORM 990 PAGE 10

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| 0101 9. | 90 PAGE 10 | - | | | | | | 990 | | | | | | | |
|--------------|--|------------------|--------|------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 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 |
| 630 | PIGEON HILL | 12/31/08 | L | | | | 12,171. | | | | 12,171. | | | ٥. | |
| 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. | | | ٥. | |
| 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. | | | ٥. | |
| 643 | MACHIAS RIVER - RIER | 06/27/13 | L | | | | 34,882. | | | | 34,882. | | | 0. | |
| | ROARING LAKE I - REINHART PROPERTY | 10/25/13 | L | | | | 76,392. | | | | 76,392. | | | 0. | |
| | 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. | |

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(D) - Asset disposed

FORM 990 PAGE 10

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| 0101 9. | JU PAGE 10 | | | | | | | 330 | | | | | | | |
|--------------|---|------------------|--------|------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 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 |
| 649 | BENOIT PROPERTY | 02/27/15 | L | | | | 40,273. | | | | 40,273. | | | ٥. | |
| 650 | PARKMAN POINT EAST | 03/24/15 | L | | | | 16,713. | | | | 16,713. | | | ٥. | |
| 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. | | | ٥. | |
| | * 990 PAGE 10 TOTAL LAND | | | | | | 3,231,676. | | | | 3,231,676. | ٥. | | 0. | ٥. |
| | * 990 PAGE 10 TOTAL - | | | | | | 3,231,676. | | | | 3,231,676. | ٥. | | ٥. | ٥. |
| | 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. | | | ٥. | |
| 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. | | | ٥. | |
| 607 | LONG COVE EASEMENT - PEMBROKE - 2.4 ACRES | 03/14/06 | L | | | | 1. | | | | 1. | | | 0. | |

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FORM 990 PAGE 10

| | | | | | | | | 550 | | - | - | - | | _ | |
|--------------|--|------------------|--------|-------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 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 LAND | | | | | | 5. | | | | 5. | 0. | | ٥. | 0. |
| | * 990 PAGE 10 TOTAL - | | | | | | 5. | | | | 5. | ٥. | | 0. | 0. |
| | OTHER | | | | | | | | | | | | | | |
| 601 | MOWRY BEACH LAND IMPROVEMENTS | 08/31/07 | SL | 15.00 | | 16 | 52,178. | | | | 52,178. | 52,178. | | ٥. | 52,178. |
| 602 | MOWRY BEACH LAND IMPROVEMENTS | 05/09/07 | SL | 15.00 | | 16 | 6,347. | | | | 6,347. | 6,063. | | ٥. | 6,063. |
| 610 | PARKING LOT - BANFIELD/REYNOLDS | 07/17/09 | SL | 15.00 | | 16 | 3,341. | | | | 3,341. | 2,992. | | 223. | 3,215. |
| 611 | PARKING AREA - PIKE LANDS | 12/21/09 | SL | 15.00 | | 16 | 7,104. | | | | 7,104. | 6,162. | | 474. | 6,636. |
| 654 | WHITNEYVILLE PARKING LOT | 10/02/17 | 150DB | 15.00 | MQ | 17 | 30,875. | | | | 30,875. | 12,872. | | 1,823. | 14,695. |
| 658 | MIDDLE RIVER PARKING LOT IMPROVEMENTS | 11/14/19 | SL | 15.00 | | 16 | 13,500. | | | | 13,500. | 2,850. | | 900. | 3,750. |
| 662 | DENBOW POINT PARKING LOT | 07/27/21 | SL | 15.00 | | 16 | 48,090. | | | | 48,090. | 4,542. | | 3,206. | 7,748. |
| 663 | DENBOW POINT - TRAIL WORK | 08/31/21 | SL | 15.00 | | 16 | 36,385. | | | | 36,385. | 3,235. | | 2,426. | 5,661. |
| 664 | VINING LAKE ROAD RESURFACING & PARKING LOT IMPROVEMENTS | 09/17/21 | SL | 15.00 | | 16 | 14,000. | | | | 14,000. | 1,166. | | 933. | 2,099. |
| 665 | TRAIL SIGN | 11/22/21 | SL | 15.00 | | 16 | 1,450. | | | | 1,450. | 105. | | 97. | 202. |
| 666 | KLONDIKE MOUNTAIN PARKING LOT RENOVATION | 04/27/20 | SL | 15.00 | | 16 | 1,898. | | | | 1,898. | 338. | | 127. | 465. |
| 667 | VINING LAKE - PARKING LOT | 08/24/20 | SL | 15.00 | | 16 | 8,050. | | | | 8,050. | 1,253. | | 537. | 1,790. |
| 672 | SIGNS - HAYDEN SIGN COMPANY | 04/04/22 | SL | 15.00 | | 16 | 3,240. | | | | 3,240. | 162. | | 216. | 378. |
| 673 | MOWRY LOT REGRADE | 09/12/22 | SL | 15.00 | | 16 | 1,900. | | | | 1,900. | 42. | | 127. | 169. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | 228,358. | | | | 228,358. | 93,960. | | 11,089. | 105,049. |

328111 04-01-23

(D) - Asset disposed

FORM 990 PAGE 10

| | JU PAGE 10 | | | _ | | | | 990 | | | | | | | |
|--------------|-----------------------------------|------------------|--------|------|------------------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| 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 - | | | | | | 228,358. | | | | 228,358. | 93,960. | | 11,089. | 105,049. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 3,479,174. | | | | 3,479,174. | 104,581. | | 12,709. | 117,290. |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |

328111 04-01-23

| Form 4562 |
|--|
| Department of the Treasury Internal Revenue Service |
| Name(s) shown on return |

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. 179

Identifying number

L

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

| DOI | WNEAST COASTAL CONS | ERVANCY | FOI | RM 990 PA | AGE 10 | | **-***0078 |
|--|--|---|--|-------------------------------|----------------|---|----------------------------|
| Pa | rt I Election To Expense Certain Prope | erty Under Section 1 | 79 Note: If you have any li | isted property, c | complete Part | V before y | ou complete Part I. |
| 1 1 | Maximum amount (see instructions) | | | | | 1 | 1,160,000. |
| 2 1 | Total cost of section 179 property place | | | | | | |
| | Threshold cost of section 179 property | | | | | | 2,890,000. |
| 4 F | Reduction in limitation. Subtract line 3 | from line 2. If zero | o or less, enter -0- | | | 4 | |
| 5 D | Oollar limitation for tax year. Subtract line 4 from lin | e 1. If zero or less, enter | -0 If married filing separately, se | e instructions | | 5 | |
| 6 | (a) Description of p | roperty | (b) Cost (busi | ness use only) | (c) Elected | cost | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7 L | isted property. Enter the amount fron | n line 29 | | 7 | | | |
| | Total elected cost of section 179 prop | | | | | | |
| | Fentative deduction. Enter the smaller | | | | | | |
| | Carryover of disallowed deduction from | | | | | | |
| | Business income limitation. Enter the s | | | | | | |
| 12 S | Section 179 expense deduction. Add I | lines 9 and 10, but | t don't enter more than lin | e 11 | | 12 | |
| | Carryover of disallowed deduction to 2 | | | 13 | | | |
| _ | : Don't use Part II or Part III below for | | | | | | |
| Pa | opeena 2 opeena en | | | | ,, | | |
| 14 S | Special depreciation allowance for qua | alified property (otl | her than listed property) p | laced in service | during | | |
| | - | | | | | | |
| 15 F | Property subject to section 168(f)(1) el | ection | | | | 15 | 10.000 |
| | Other depreciation (including ACRS) | | | | | 16 | 10,886. |
| Pa | rt III MACRS Depreciation (Don' | t include listed pro | | | | | |
| | | | Section A | | | | 1 000 |
| | MACRS deductions for assets placed | | e e | | | 17 | 1,823. |
| 18 If | you are electing to group any assets placed in ser | | | | | | |
| | Section B - Assets | (b) Month and | c) Basis for depreciation | | eral Deprecia | ation Syste | m |
| | (a) Classification of property | year placed in service | (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| 19a | 3-year property | | | | | | |
| b | 5-year property | | | | | | |
| c | 7-year property | | | | | | |
| d | 10-year property | | | | | | |
| e | 15-year property | | | | | | |
| f | 20-year property | | | | | | |
| g | 25-year property | | | 25 yrs. | | S/L | |
| h | Residential rental property | / | | 27.5 yrs. | MM | S/L | |
| | nesidential rental property | / | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | / | | 39 yrs. | MM | S/L | |
| | Noniesidential real property | , | | | | | |
| | | / | | | MM | S/L | |
| | Section C - Assets I | / Placed in Service | During 2023 Tax Year L | Jsing the Altern | | | tem |
| 20a | Section C - Assets I Class life | / Placed in Service | During 2023 Tax Year L | Ising the Altern | | | tem |
| 20a b | | Placed in Service | During 2023 Tax Year L | Jsing the Altern 12 yrs. | | iation Sys | tem |
| | Class life | Placed in Service | During 2023 Tax Year L | | | siation Sys | tem |
| b c d | Class life 12-year 30-year 40-year | Placed in Service | During 2023 Tax Year L | 12 yrs. | ative Depred | siation Sys S/L S/L | tem |
| b c d | Class life 12-year 30-year | Placed in Service | During 2023 Tax Year L | 12 yrs. 30 yrs. | MM | S/L S/L S/L S/L S/L | tem |
| b c d Pa | Class life 12-year 30-year 40-year rt IV Summary (See instructions.) Listed property. Enter amount from lin | / / / / / | | 12 yrs. 30 yrs. 40 yrs. | MM | S/L S/L S/L S/L | tem |
| b c d Pa 21 L 22 T | Class life 12-year 30-year 40-year rt IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines | / / / e 28 | es 19 and 20 in column (| 12 yrs. 30 yrs. 40 yrs. | MM MM | S/L S/L S/L S/L S/L S/L S/L S/L | |
| b c d Pa 21 L 22 T | Class life 12-year 30-year 40-year rt IV Summary (See instructions.) Listed property. Enter amount from lin Fotal. Add amounts from line 12, lines Enter here and on the appropriate lines | / / / e 28 14 through 17, lin s of your return. P | nes 19 and 20 in column (artnerships and S corpora | 12 yrs. 30 yrs. 40 yrs. | MM MM | S/L S/L S/L S/L S/L S/L S/L S/L | tem 12,709. |
| b c d Pa 21 L 22 T E 23 F | Class life 12-year 30-year 40-year rt IV Summary (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines | / / / e 28 14 through 17, lin s of your return. P o service during th | nes 19 and 20 in column (artnerships and S corpora | 12 yrs. 30 yrs. 40 yrs. | MM MM | S/L S/L S/L S/L S/L S/L S/L S/L | |

316251 12-20-23 LHA For Paperwork Reduction Act Notice, see separate instructions.

| For | m 4562 | (2023) | DOW | NEAST C | OASI | AL C | ONSE | ERVAN | ICY | | | | **_ | ***0 | 078 | Page 2 |
|------|--------------------|--|------------------------------|--|------------------------|-------------------------------------|------------------------|---|-------------|----------------------------------|------------|---------------------------------|------------------|-----------------------------------|-----------------------------|-----------------------|
| _ | art V | Listed Propert | t y (Include a | utomobiles, ce | ertain ot | | | | | nd propert | y used f | or | | | | l ugo L |
| | | entertainment, Note: For any v | vehicle for w | hich vou are u | , sina the | e standa | rd milea | ge rate o | or dedu | ucting leas | se exper | nse, com | nplete or | nly 24a, | | |
| | | 24b, columns (| | | | | | | | | | | | | | |
| | Πο γου | | | on and Other | | | | | _ | | | | - | | | |
| 24a | Do you | have evidence to s | (b) | (c) | | aiiiieur | | <u>′es ∟</u> (e) | | 24b If "Y | | | | | _l Yes ∟ I | <u> </u> |
| | Type ((list ve | (a) of property hicles first) | Date placed in service | Business/ investment use percentag | | (d) Cost or ther basis | (bu | sis for depr siness/inve use only | estment | (f) Recovery period | Me | (g) ethod/ vention | Depr | (h) eciation uction | Ele sectio | cted on 179 ost |
| | | depreciation allo | | | | | | | 0 | | | | | | | |
| - | | ore than 50% in | | | | | <u></u> | | <u></u> | | <u></u> | . 25 | | | | |
| 26 | Propert | y used more that | n 50% in a c 1 | i | | | | | | | | | | | . <u> </u> | |
| | | | : : | | 6 | | | | | | | | | | | |
| | | | : : | | 6 | | | | | | | | | | | |
| | | 1500/ | | , | 6 | | | | | | | | | | | |
| 27 | Propert | y used 50% or le | · · · | | _ | | | | | 1 | | | 1 | | | |
| | | | : : | | 6 | | | | | | S/L · | | | | - | |
| | | | : : | 9 | _ | | | | | | S/L · | | | | - | |
| | | | | , | 6 | | | | | | S/L - | | | | - | |
| | | ounts in column | | | | | | | | | | - | | 00 | | |
| 29 | Add an | ounts in column | (I), IINE 26. E | | | | | | | | <u></u> | <u></u> | | . 29 | | |
| 0 | | -iti four us | | | | | | on Use | | | | -l | | | ما من مام | _ |
| | | nis section for ve | | | | | | | | | | | | | | S |
| το γ | our emp | oloyees, first ans | wer the ques | stions in Section | on C to | see it yo | u meet a | an excep | otion to | o complet | ing this s | Section 1 | or those | venicies | 5. | |
| | | | | | | <u></u> | | (h) | | (0) | | d) | · · | <u></u> | | f) |
| 20 | Total bu | siness/investment | milae drivan d | uring the | | a) icle 1 | | (b) iicle 2 | | (c) ehicle 3 | - | d) icle 4 | | e) icle 5 | | f) cle 6 |
| | | n't include commu | | - | Ven | | Ven | | Ve | | Ven | | Ven | | Veili | |
| | | | | | | | | | | | | | + | | | |
| | | ommuting miles of | | | | | | | | | | | + | | | |
| | | her personal (no | - | - | | | | | | | | | | | | |
| | | iles driven during | | | | | | | | | | | | | | |
| | Add line | es 30 through 32 | | | | | | | | | | | | | | |
| 34 | Was th | e vehicle availab | le for person | al use | Yes | No | Yes | No | Yes | i No | Yes | No | Yes | No | Yes | No |
| | during | off-duty hours? | | | | | | | | | | | | | | |
| 35 | Was th | e vehicle used pi | rimarily by a | more | | | | | | | | | | | | |
| | than 5% | 6 owner or relate | ed person? | | | | | | | | | | | | | |
| | | ner vehicle availa | • | | | | | | | | | | | | | |
| | use: | | | - Questions f | l or Emp | l Ioyers V | l Vho Pro | l vide Vel | l hicles | for Use b | y Their | L Employ | ees | I | | |
| Ans | wer the | se questions to a | determine if | you meet an e | xceptio | n to com | pleting | Section | B for v | ehicles us | ed by e | mployee | es who a | ren't | | |
| mor | re than 5 | 5% owners or rel | ated person | S. | | | | | | | | | | | | |
| | Do you employ | maintain a writte ees? | | tement that pr | | - | | | | - | - | | ır | | Yes | No |
| | | maintain a writte | | | | | | | | | | | | | | |
| | - | ees? See the ins | . , | • | | | | | • | | | • | | | | |
| | | treat all use of ve | | | | | | | | | | | | | · | |
| | | provide more that | | | | | | | | | | | | | | |
| | - | of the vehicles, | | • | | | | | | | | | | | | |
| | | meet the require | | | | | | | | | | | | | · | |
| | | your answer to | | | | | | | | | | | | | | 1 |
| _ | | Amortization | | _, | -, | | | | | | | | | | | |
| | | (a) Description of | | | (b) | | (c) Amortiza | | | (d) | | (e) | | | (f) mortization | |
| | | Description of | costs | | amortization begins | | Amortiza amoun | ble it | | Code section | | Amortiza period or pe | ation | Ai fo | mortization or this year | |
| 42 | Amortiz | ation of costs th | at begins du | | | ar: | | | | | 1 | | | | | |
| | | | <u> </u> | | : : | | | | | | | | | | | |
| | | | | | · · · | | | | | | | | | | | |
| 43 | Amortiz | ation of costs th | at began be | fore your 2023 | tax ve | ar | | | | | 1 | | 43 | | | |

| 43 | Amortization of costs that began before your 2023 tax year | 43 | |
|--------|--|----|--------------------|
| 44 | Total. Add amounts in column (f). See the instructions for where to report | 44 | |
| 0.1.0/ | | | Form 4562 (|

- 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 |
|--|------------------|--------|-------|-------------|-----------------------------|---------------|----------------------------|---------------------------|-----------------------------|--------------------|---------------------------|
| MACHINERY & EQUIPMENT | | | | | | | | | | | |
| 201REFRIGERATOR | 011296 | SL | 5.00 | 16 | 158. | | | 158. | 158. | | 0. |
| 2022 TABLES | 013096 | SL | 5.00 | 16 | 147. | | | 147. | 147. | | 0. |
| 2032 FILE CABINETS | 013096 | SL | 7.00 | 16 | 275. | | | 275. | 275. | | 0. |
| 2042 STORAGE RACKS | 011696 | SL | 5.00 | 16 | 106. | | | 106. | 106. | | 0. |
| 205MAP CABINETS | 091897 | SL | 7.00 | 16 | 133. | | | 133. | 133. | | 0. |
| 207CANOPY | 010197 | SL | 10.00 | 16 | 212. | | | 212. | 212. | | 0. |
| 213I MAC G5 COMPUTER | 062806 | SL | 5.00 | 16 | 1,726. | | | 1,726. | 1,726. | | 0. |
| 214FILING CABINET | 062207 | SL | 7.00 | 16 | 756. | | | 756. | 756. | | 0. |
| COMPUTER AND 609PRINTER | 121509 | SL | 5.00 | 16 | 2,350. | | | 2,350. | 2,350. | | 0. |
| 615OFFICE SIGNS | 120809 | SL | 5.00 | 16 | 700. | | | 700. | 700. | | 0. |
| HP ENVY LAPTOP - 648RICH | 022014 | SL | 5.00 | 16 | 1,134. | | | 1,134. | 1,134. | | 0. |
| 652DOCK | 040116 | SL | 15.00 | 16 | 1,681. | | | 1,681. | 756. | | 112. |
| CAMERA AND LENS 659SYSTEM | 033121 | SL | 7.00 | 16 | 3,123. | | | 3,123. | 781. | | 446. |
| VIDEO CONFERENCE 660CALL SYSTEM | 052521 | SL | 7.00 | 16 | 2,636. | | | 2,636. | 597. | | 377. |
| 661LAPTOP | 071221 | SL | 5.00 | 16 | 1,995. | | | 1,995. | 599. | | 399. |
| 671DRONE (EMCI GRANT) | | SL | 7.00 | 16 | 2,003. | | | 2,003. | 191. | | 286. |
| * 990 PAGE 10 TOTA MACHINERY & EQUIPM | | | | | 19,135. | | 0. | 19,135. | 10,621. | | 1,620. |

(D) - Asset disposed

- 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. | 10,621. | | 1,620. |
| | LAND | | | | | | | | | | | |
| 298 | | 123191 | ь | | | 6,450. | | | 6,450. | | | ο. |
| 299 | | 123197 | ь | | | 300. | | | 300. | | | ο. |
| 300 | HUCKINS & GILBERT ISLANDS - LUBEC - 1 | 123197 | L | | | 46,800. | | | 46,800. | | | 0. |
| 301 | GARDNER LAKE LOT - MARION TWP - 137 AC | 123100 | г | | | 8,928. | | | 8,928. | | | 0. |
| 302 | DENBOW POINT - LUBEC - 55.5 ACRES | 032202 | L | | | 30,000. | | | 30,000. | | | 0. |
| 303 | BAR ISLAND - TRESCOTT TWP - 9.4 | 121802 | L | | | 30,900. | | | 30,900. | | | 0. |
| 304 | ORANGE RIVER - WHITING - 8.3 ACRES | | г | | | 7,678. | | | 7,678. | | | 0. |
| 305 | | 011403 | L | | | 13,597. | | | 13,597. | | | 0. |
| 306 | PRESTON/SMALL RIVER- EDMUNDS TWP | 041403 | г | | | 7,727. | | | 7,727. | | | Ο. |
| 308 | BEAVER DAM STREAM - WESLEY - 92 ACRES MOWRY BEACH - LUBEC | 100203 | г | | | 16,378. | | | 16,378. | | | 0. |
| 310 | | 031504 | L | | | 35,659. | | | 35,659. | | | 0. |
| 313 | | 033005 | L | | | 153,961. | | | 153,961. | | | 0. |
| 314 | TRESCOTT TWP - 4.5 LONG COVE - | 033104 | L | | | 27,682. | | | 27,682. | | | 0. |
| 315 | PEMBROKE - 194.4 AC BAILEY FIELD - | 031406 | L | | | 241,708. | | | 241,708. | | | 0. |
| 316 | | 083107 | L | | | 12,104. | | | 12,104. | | | 0. |
| | WHITING - 1.4 ACRES | 100108 | L | | | 11,547. | | | 11,547. | | | 0. |

328102 04-01-23

(D) - Asset disposed

- 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 |
|--------------|---|------------------|------------|------|-------------|-----------------------------|---------------|----------------------------|---------------------------|-----------------------------|--------------------|---------------------------|
| | LUBEC SALT MARSH - LUBEC - 4.4 ACRES | 052708 | ь Г | | | 32,362. | | | 32,362. | | | 0. |
| | TYNAN LAND - TRESCOTT TWP (GIFT) | 021408 | Ъ | | | 17,100. | | | 17,100. | | | 0. |
| | | 103009 | ட | | | 41,385. | | | 41,385. | | | 0. |
| | INGERSOL POINT/ADDISON | 122909 | ட | | | 60,960. | | | 60,960. | | | 0. |
| 614 | ADLER (GIFT) | 122909 | ட | | | 189,023. | | | 189,023. | | | 0. |
| 616 | BEAVER MEADOW BROOK | 123107 | <u>'</u> ட | | | 25,373. | | | 25,373. | | | 0. |
| 617 | BEAVER MEADOW MARSH | 021306 | Ъ | | | 39,000. | | | 39,000. | | | Ο. |
| 619 | BROWNEY ISLAND | 122496 | Ъ | | | 6,000. | | | 6,000. | | | Ο. |
| 620 | DRISKO FARM/ROWLEY | 123107 | <u>'</u> ь | | | 55,457. | | | 55,457. | | | 0. |
| 621 | MARSH ISLAND | 123192 | Ľ | | | 63,000. | | | 63,000. | | | 0. |
| 622 | MARY'S ISLAND | 093002 | Ľ | | | 9,000. | | | 9,000. | | | Ο. |
| 623 | PARTRIDGE ISLAND | 021306 | Ъ | | | 12,000. | | | 12,000. | | | 0. |
| 624 | PIGEON HILL | 123107 | <u>'</u> ட | | | 211,069. | | | 211,069. | | | 0. |
| 625 | SAND & OVER COVE | 080505 | Ъ | | | 46,500. | | | 46,500. | | | 0. |
| 626 | TIBBETT ISLAND | 123107 | <u>'</u> Е | | | 180,715. | | | 180,715. | | | 0. |
| 627 | TIDE MILL CREEK | 092800 | Ъ | | | 14,700. | | | 14,700. | | | 0. |
| 628 | VIRGIN'S BREAST | 110899 |)Г | | | 3,000. | | | 3,000. | | | 0. |
| | WEST CARRYING PLACE COVE | 122105 | Ъ | | | 57,000. | | | 57,000. | | | 0. |

328102 04-01-23

(D) - Asset disposed

- 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 |
|--------------|--|------------------|--------|------|-------------|-----------------------------|---------------|----------------------------|---------------------------|-----------------------------|--------------------|---------------------------|
| | | 123108 | L | | | 12,171. | | | 12,171. | | | 0. |
| | PIGEON HILL (COPLON) | 070810 | L | | | 28,218. | | | 28,218. | | | 0. |
| 6320 | CURTIS POINT | 091510 | L | | | 83,334. | | | 83,334. | | | 0. |
| 633 | PLUMMER POINT | 121010 | ь | | | 86,924. | | | 86,924. | | | 0. |
| | | 121510 | г | | | 159,006. | | | 159,006. | | | 0. |
| 635 | | 010110 | г | | | 228. | | | 228. | | | 0. |
| 636 | | 012511 | г | | | 3,600. | | | 3,600. | | | 0. |
| 637 | | 032911 | г | | | 255. | | | 255. | | | 0. |
| 638 | | 072111 | L | | | 56,699. | | | 56,699. | | | 0. |
| | DRANGE RIVER - MAHANA- WHITING | 062712 | L | | | 70,172. | | | 70,172. | | | 0. |
| 640 | LONDIKE MOUNTAIN | 062712 | L | | | 113,728. | | | 113,728. | | | Ο. |
| | | 032513 | L | | | 49,156. | | | 49,156. | | | 0. |
| 642 | ACHIAS RIVER - FITZGERALD PROPERTY | 020113 | L | | | 287,126. | | | 287,126. | | | Ο. |
| 643 | | 062713 | L | | | 34,882. | | | 34,882. | | | 0. |
| 644 | | 102513 | L | | | 76,392. | | | 76,392. | | | Ο. |
| | ROARING LAKE II - THATCHER PROPERTY | 102513 | L | | | 15,839. | | | 15,839. | | | 0. |
| 646 | SHEEP ISLAND | 121914 | L | | | 41,217. | | | 41,217. | | | 0. |
| 647 | OVERTY ISLAND | 021814 | L | | | 16,135. | | | 16,135. | | | 0. |

328102 04-01-23

(D) - Asset disposed

- 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 | L | | | 40,273. | | | 40,273. | | | 0. |
| 650 | PARKMAN POINT EAST | 032415 | г | | | 16,713. | | | 16,713. | | | 0. |
| 651 | PARKMAN POINT WEST | 032415 | ь | | | 15,672. | | | 15,672. | | | 0. |
| 653 | MORRISON COVE | 100417 | ь | | | 43,500. | | | 43,500. | | | 0. |
| | BELL'S BROOKS CROSBY ISLAND | 030518 | ь | | | 7,523. | | | 7,523. | | | 0. |
| 656 | | 122818 | L | | | 4,052. | | | 4,052. | | | 0. |
| 657 | | 102419 | г | | | 15,440. | | | 15,440. | | | 0. |
| 668 | | 031120 | L | | | 181,483. | | | 181,483. | | | 0. |
| | | 061520 | ь | | | 16,375. | | | 16,375. | | | 0. |
| 670 | | 013020 | L | | | 40,500. | | | 40,500. | | | 0. |
| | * 990 PAGE 10 TOTAL LAND * 990 PAGE 10 TOTAL | | | | | 3231676. | | 0. | 3231676. | 0. | | 0. |
| | * 990 PAGE 10 TOTAL - | | | | | 3231676. | | 0. | 3231676. | 0. | | 0. |
| | LAND | | | | | | | | | | | |
| | | 063003 | L | | | 1. | | | 1. | | | 0. |
| | CREATH FARM EASEMENT - DONATED | 123004 | г | | | 1. | | | 1. | | | 0. |
| 320 | GRALENSKI EASEMENT - PEMBROKE - 83 ACR | | L | | | 1. | | | 1. | | | 0. |
| 321 | PIKES LAND EASEMENT - LUBEC - 36 ACRES | | г | | | 1. | | | 1. | | | 0. |
| | LONG COVE EASEMENT - PEMBROKE - 2.4 AC | 031406 | L | | | 1. | | | 1. | | | 0. |

328102 04-01-23

(D) - Asset disposed

- 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 LAND | | | | | 5. | | 0. | 5. | 0. | | 0. |
| | * 990 PAGE 10 TOTAL - | | | | | 5. | | 0. | 5. | 0. | | 0. |
| | OTHER | | | | | | | | | | | |
| | MOWRY BEACH LAND | | | | | | | | | | | |
| | | 083107 | SL | 15.00 | 16 | 52,178. | | | 52,178. | 52,178. | | 0. |
| | MOWRY BEACH LAND IMPROVEMENTS | 050907 | SL | 15.00 | 16 | 6,347. | | | 6,347. | 6,063. | | 0. |
| 610 | | 071709 | SL | 15.00 | 16 | 3,341. | | | 3,341. | 2,992. | | 223. |
| | PARKING AREA - PIKE LANDS | 122109 | SL | 15.00 | 16 | 7,104. | | | 7,104. | 6,162. | | 474. |
| | WHITNEYVILLE | | | | | | | | | | | |
| | | 100217 | 150DB | 15.00 | 17 | 30,875. | | | 30,875. | 12,872. | | 1,823. |
| 658 | MIDDLE RIVER PARKING LOT IMPROVE | 111419 | SL | 15.00 | 16 | 13,500. | | | 13,500. | 2,850. | | 900. |
| | DENBOW POINT PARKING LOT | 072721 | SL | 15.00 | 16 | 48,090. | | | 48,090. | 4,542. | | 3,206. |
| | DENBOW POINT - TRAIL WORK | 083121 | SL | 15.00 | 16 | 36,385. | | | 36,385. | 3,235. | | 2,426. |
| | VINING LAKE ROAD RESURFACING & PARKI | | | 15.00 | 16 | 14,000. | | | 14,000. | 1,166. | | 933. |
| 001 | | | | - 3 . 0 0 | Ť | 11,000. | | | 11,000. | 1/1000 | | 555. |
| | | 112221 | SL | 15.00 | 16 | 1,450. | | | 1,450. | 105. | | 97. |
| 666 | KLONDIKE MOUNTAIN PARKING LOT RENOVAT | 042720 | SL | 15.00 | 16 | 1,898. | | | 1,898. | 338. | | 127. |
| 667 | | 082420 | SL | 15.00 | 16 | 8,050. | | | 8,050. | 1,253. | | 537. |
| | SIGNS - HAYDEN SIGN COMPANY | 040422 | SL | 15.00 | 16 | 3,240. | | | 3,240. | 162. | | 216. |
| 673 | | 091222 | SL | 15.00 | 16 | 1,900. | | | 1,900. | 42. | | 127. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | 228,358. | | 0. | 228,358. | 93,960. | | 11,089. |

328102 04-01-23

(D) - Asset disposed

- CURRENT YEAR FEDERAL - DOWNEAST COASTAL CONSERVANCY

| Asset No. | Description | Dat Acqui | te ired | 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 - * GRAND TOTAL 990 | | | | | | 228,358. | | 0. | 228,358. | 93,960. | | 11,089. |
| | PAGE 10 DEPR | | | | | | 3479174. | | 0. | 3479174. | 104,581. | | 12,709. |
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328102 04-01-23

- NEXT YEAR FEDERAL - 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 | 011296 | | 5.00 | 158. | | 158. | 158. | 0. |
| - | 2 TABLES | 013096 | | 5.00 | 147. | | 147. | 147. | 0. |
| | 2 FILE CABINETS | 013096 | | 7.00 | 275. | | 275. | 275. | 0. |
| | 2 STORAGE RACKS | 011696 | | 5.00 | 106. | | 106. | 106. | 0. |
| | MAP CABINETS | 091897 | | 7.00 | 133. | | 133. | 133. | 0. |
| | CANOPY | 010197 | | 10.00 | | | 212. | 212. | 0. |
| | I MAC G5 COMPUTER | 062806 | | 5.00 | 1,726. | | 1,726. | | 0. |
| | FILING CABINET | 062207 | | 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 | 040116 | | 15.00 | | | 1,681. | 868. | 112. |
| | CAMERA AND LENS SYSTEM | 033121 | SL | 7.00 | 3,123. | | 3,123. | | 446. |
| | VIDEO CONFERENCE CALL SYSTEM | 052521 | | 7.00 | 2,636. | | 2,636. | | 377. |
| | LAPTOP | 071221 | | 5.00 | 1,995. | | 1,995. | | 399. |
| 671 | DRONE (EMCI GRANT) | 042522 | SL | 7.00 | 2,003. | | 2,003. | 477. | 286. |
| | * 990 PAGE 10 TOTAL MACHINERY & | | | | | | | | |
| | EQUIPMENT | | | | 19,135. | | 19,135. | | |
| | * 990 PAGE 10 TOTAL - | | | | 19,135. | | 19,135. | 12,241. | 1,620. |
| | LAND | | | | | | | | |
| | G-P PROPERTY - CALAIS - 41 ACRES | 123191 | | | 6,450. | | 6,450. | | 0. |
| | MORONG MARSH - LUBEC5 ACRE | 123197 | Г | | 300. | | 300. | | 0. |
| | HUCKINS & GILBERT ISLANDS - LUBEC - | | | | | | | | _ |
| | 16 ACRES | 123197 | Г | | 46,800. | | 46,800. | | 0. |
| | GARDNER LAKE LOT - MARION TWP - 137 | | | | | | | | _ |
| | ACRES | 123100 | | | 8,928. | | 8,928. | | 0. |
| | DENBOW POINT - LUBEC - 55.5 ACRES | 032202 | Г | | 30,000. | | 30,000. | | 0. |
| | BAR ISLAND - TRESCOTT TWP - 9.4 | | | | | | | | |
| | ACRES | 121802 | | | 30,900. | | 30,900. | | 0. |
| | ORANGE RIVER - WHITING - 8.3 ACRES | 022503 | | | 7,678. | | 7,678. | | 0. |
| | GILMAN DAM - COOPER - 103 ACRES | 011403 | Г | | 13,597. | | 13,597. | | 0. |
| | PRESTON/SMALL RIVER- EDMUNDS TWP - | | | | | | | | |
| 306 | 10.5 ACRES | 041403 | L | | 7,727. | | 7,727. | | 0. |

(D) - Asset disposed

- NEXT YEAR FEDERAL -

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 | ACRES | 100203 | | | 16,378. | | 16,378. | | 0. |
| | | 031504 | | | 35,659. | | 35,659. | | 0. |
| | | 033005 | L | | 153,961. | | 153,961. | | 0. |
| | RAFT COVE LAND - TRESCOTT TWP - 4.5 | | | | | | | | |
| 314 | | 033104 | | | 27,682. | | 27,682. | | 0. |
| | | 031406 | | | 241,708. | | 241,708. | | 0. |
| 316 | | 083107 | | | 12,104. | | 12,104. | | 0. |
| | | 100108 | | | 11,547. | | 11,547. | | 0. |
| 318 | LUBEC SALT MARSH - LUBEC - 4.4 ACRES | 052708 | Ь | | 32,362. | | 32,362. | | 0. |
| | TYNAN LAND - TRESCOTT TWP (GIFT) - | | | | | | | | |
| 319 | 1.5 ACRES | 021408 | | | 17,100. | | 17,100. | | 0. |
| 612 | PIGEON HILL | 103009 | | | 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 | 123107 | L | | 25,373. | | 25,373. | | 0. |
| 617 | BEAVER MEADOW MARSH | 021306 | | | 39,000. | | 39,000. | | 0. |
| 619 | BROWNEY ISLAND | 122496 | L | | 6,000. | | 6,000. | | 0. |
| 620 | DRISKO FARM/ROWLEY | 123107 | | | 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 | | | 211,069. | | 211,069. | | 0. |
| 625 | SAND & OVER COVE | 080505 | | | 46,500. | | 46,500. | | 0. |
| 626 | TIBBETT ISLAND | 123107 | | | 180,715. | | 180,715. | | 0. |
| 627 | TIDE MILL CREEK | 092800 | | | 14,700. | | 14,700. | | 0. |
| 628 | VIRGIN'S BREAST | 110899 | L | | 3,000. | | 3,000. | | 0. |
| 629 | WEST CARRYING PLACE COVE | 122105 | | | 57,000. | | 57,000. | | 0. |
| 630 | PIGEON HILL | 123108 | L | | 12,171. | | 12,171. | | 0. |
| 631 | PIGEON HILL (COPLON) | 070810 | L | | 28,218. | | 28,218. | | 0. |
| 632 | CURTIS POINT | 091510 | | | 83,334. | | 83,334. | | 0. |
| 633 | PLUMMER POINT | 121010 | L | | 86,924. | | 86,924. | | 0. |
| 634 | GRAIN POINT | 121510 | | | 159,006. | | 159,006. | | Ο. |
| 635 | PLEASANT RIVER MARSH 1 | 010110 | L | | 228. | | 228. | | 0. |

(D) - Asset disposed

- NEXT YEAR FEDERAL -

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 | 012511 | L | | 3,600. | | 3,600. | | 0. |
| 637 | PLEASANT RIVER MARSH 2 | 032911 | L | | 255. | | 255. | | Ο. |
| 638 | INGERSOLL POINT (EHLS PARCEL) | 072111 | L | | 56,699. | | 56,699. | | 0. |
| 639 | ORANGE RIVER - MAHANA- WHITING | 062712 | Г | | 70,172. | | 70,172. | | 0. |
| 640 | KLONDIKE MOUNTAIN | 062712 | L | | 113,728. | | 113,728. | | 0. |
| | MIDDLE RIVER | 032513 | | | 49,156. | | 49,156. | | 0. |
| 642 | MACHIAS RIVER - FITZGERALD PROPERTY | 020113 | L | | 287,126. | | 287,126. | | 0. |
| 643 | MACHIAS RIVER - RIER | 062713 | L | | 34,882. | | 34,882. | | Ο. |
| 644 | | 102513 | | | 76,392. | | 76,392. | | 0. |
| 645 | ROARING LAKE II - THATCHER PROPERTY | 102513 | | | 15,839. | | 15,839. | | 0. |
| 646 | SHEEP ISLAND | 121914 | | | 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 | | | 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 | | | 4,052. | | 4,052. | | Ο. |
| 657 | WEST CARRYING PLACE - LOT 14 | 102419 | | | 15,440. | | 15,440. | | 0. |
| 668 | VINING LAKE PROPERTY | 031120 | | | 181,483. | | 181,483. | | 0. |
| | CURTIS CREEK NORTH LAND | 061520 | | | 16,375. | | 16,375. | | 0. |
| 670 | PRWF - HARRINGTON | 013020 | Г | | 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 - | | | | | | | | |
| | 74 ACRES | 063003 | L | | 1. | | 1. | | 0. |
| | CREATH FARM EASEMENT - DONATED - | | | | | | | | |
| | LUBEC - 290 ACRES | 123004 | L | | 1. | | 1. | | 0. |
| | GRALENSKI EASEMENT - PEMBROKE - 83 | | | | | | | | |
| | | 030408 | L | | 1. | | 1. | | 0. |
| | PIKES LAND EASEMENT - LUBEC - 36 | | | | | | | | |
| 321 | ACRES | 123004 | L | | 1. | | 1. | | 0. |
| | | | | | | | | | |

328103 04-01-23

(D) - Asset disposed

- NEXT YEAR FEDERAL -

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 | L | | 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. | | 0. |
| | PARKING LOT - BANFIELD/REYNOLDS | 071709 | | 15.00 | | | 3,341. | | 126. |
| | PARKING AREA - PIKE LANDS | 122109 | | 15.00 | | | 7,104. | | 468. |
| | WHITNEYVILLE PARKING LOT | 100217 | 150DB | 15.00 | 30,875. | | 30,875. | 14,695. | 1,823. |
| | MIDDLE RIVER PARKING LOT | | | | | | | | |
| | IMPROVEMENTS | 111419 | | 15.00 | | | 13,500. | | 900. |
| | DENBOW POINT PARKING LOT | 072721 | | 15.00 | | | 48,090. | | |
| 663 | DENBOW POINT - TRAIL WORK | 083121 | SL | 15.00 | 36,385. | | 36,385. | 5,661. | 2,426. |
| | VINING LAKE ROAD RESURFACING & | | | | | | | | |
| | PARKING LOT IMPROVEMENTS | 091721 | | 15.00 | 14,000. | | 14,000. | | 933. |
| | TRAIL SIGN | 112221 | SL | 15.00 | 1,450. | | 1,450. | 202. | 97. |
| | KLONDIKE MOUNTAIN PARKING LOT | | | | | | | | |
| 666 | RENOVATION | 042720 | | 15.00 | | | 1,898. | 465. | 127. |
| 667 | VINING LAKE - PARKING LOT | 082420 | SL | 15.00 | 8,050. | | 8,050. | 1,790. | 537. |
| 672 | SIGNS - HAYDEN SIGN COMPANY | 040422 | | 15.00 | 3,240. | | 3,240. | 378. | 216. |
| 673 | MOWRY LOT REGRADE | 091222 | SL | 15.00 | 1,900. | | 1,900. | 169. | 127. |
| | * 990 PAGE 10 TOTAL OTHER | | | | 228,358. | | 228,358. | 105,049. | 10,986. |
| | * 990 PAGE 10 TOTAL - | | | | 228,358. | | 228,358. | 105,049. | 10,986. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | 3479174. | | 3479174. | 117,290. | 12,606. |
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(D) - Asset disposed