	_		** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From		OMB No. 1545-0047					
Forr	" <b>g</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (		<b>2022</b>					
			Do not enter social security numbers on this form as it may		Open to Public					
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lates	t information.	Inspection					
AF	or th	e 2022 calenda	ar year, or tax year beginning $\ \ JUL \ 1$ , $\ \ 2022$ and ending	<u>JUN 30, 2023</u>						
	heck if oplicab	le: C Name of	organization	D Employer identifica	ation number					
	Addre	ge Main	e Seacoast Mission							
	Name Chang	ge Doing bu	isiness as	01-021683	7					
	Initial returr	Number	and street (or P.O. box if mail is not delivered to street address) Room/su							
	Final return	/	ox 600	207-288-5						
_	termin ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	10,999,294.					
	_returr Appli	NOIL	heast Harbor, ME 04662	H(a) Is this a group ret						
	_tion pendi		nd address of principal officer: John Zavodny, PhD	for subordinates?						
			as C above	H(b) Are all subordinates incl						
		empt status:	X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 3 seacoastmission.org		st. See instructions					
	Vebsi	f organization:	<u> </u>	H(c) Group exemption ear of formation: 1905 Μ						
	nt I	Summary			State of legal dofinctie. ML					
	1		e the organization's mission or most significant activities: The Miss	ion seeks to s	trengthen					
e	•		t Maine coastal and island communities							
Governance	2	Check this bo			-					
ver	3		ing members of the governing body (Part VI, line 1a)		22					
ဗိ	4		ependent voting members of the governing body (Part VI, line 1b)		22					
s S	5		of individuals employed in calendar year 2022 (Part V, line 2a)		125					
Activities &	6		of volunteers (estimate if necessary)		591					
cti	7 a		business revenue from Part VIII, column (C), line 12		0.					
			business taxable income from Form 990-T, Part I, line 11		0.					
				Prior Year	Current Year					
Ð	8	Contributions	and grants (Part VIII, line 1h)	3,490,053.	2,948,019.					
nue	9	Program servi	ce revenue (Part VIII, line 2g)	29,845.	28,303.					
Revenue	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	2,591,218.	1,306,540.					
Œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-43,627.	-55,104.					
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,067,489.	4,227,758.					
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	169,760.	525,010.					
	14		o 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) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) <u>365, 569.</u>	2,502,084.	2,686,052.					
Expenses	16a	Professional fu	Indraising fees (Part IX, column (A), line 11e)	0.	0.					
Ц. Д	b	I otal fundraisi	ng expenses (Part IX, column (D), line 25) 303, 309.	1,794,233.	1,970,929.					
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	4,466,077.	5,181,991.					
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,601,412.	-954,233.					
- 2	19	nevenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year					
t Assets or d Balances	20	Total assets (F	Part X line 16)	60,808,992.	63,850,681.					
Asse Bala	20		art X, line 16) (Part X, line 26)	346,767.	598,046.					
Net /	22		fund balances. Subtract line 21 from line 20	60,462,225.	63,252,635.					
_	rt II	Signature		,,						
Und	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is									

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date					
Here	John Zavodny, PhD, Preside	ent							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN P01289281				
Paid	Joseph R. Byrne	Joseph R. Byrne Joseph R. Byrne							
Preparer	Firm's name Berry Dunn McNeil	& Parker, LLC		Firm's EIN 01-	0523282				
Use Only	Firm's address 2211 Congress St								
	Portland, ME 0410		Phone no. ( 207	)775-2387					
May the II	May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2022)								

2-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form	990 (2022) Maine Seacoast Mission 01-0216837 Page	e 2
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
-	Rooted in a history of compassionate service and mutual trust, the	
	Mission seeks to strengthen coastal and island communities from	
	Mid-Coast to Downeast Maine by educating youth, enabling families and	
	promoting healthy lifestyles.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	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?	No
Ū	If "Yes," describe these changes on Schedule O.	••
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4-	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 1,505,585. including grants of \$ ) (Revenue \$ 27,165.	
4a	(Code:) (Expenses \$ 1,505,585. including grants of \$) (Revenue \$ 27,165. The Youth Development Programs, which includes The "EdGE" after-school	•_ )
	program, helps children in grades K through twelve to gain the skills	
	they need to succeed as students and to build their character and	
	confidence through multi-site in-school, after- school and summer	
	programs. The goal is youth development and family support.	
	Approximately 830 students participate annually.	
4b	(Code:) (Expenses \$1,109,973. including grants of \$14,000. ) (Revenue \$1,138.	• )
	Island Outreach and Island Health Services provide pastoral counseling,	
	worship services, recreation activities, fellowship gatherings, middle	
	school student activities and health services to residents of off-shore	
	islands of Mid-Coast and Downeast Maine by the Island Services staff.	
	The Island Outreach staff also coordinates the publication of the	
	"Island Reader", an annual collection of writings and art by island	
	residents. Financial grants are provided by the Mission to	
	organizations localed in island communities. The grants totaled \$10,000	
	during the year ended June 30, 2023.	
	The Mission's Island Health Services Registered Nurse (RN) and staff	
4c	(Code:) (Expenses \$1,189,741. including grants of \$) (Revenue \$	)
	(Code:) (Expenses \$ 1,189,741. including grants of \$) (Revenue \$) Owneast Campus Community Outreach - People in need in Downeast Maine	_ ′
	receive a variety of services operating out of the Downeast Campus in	
	Cherryfield, Maine. Services include: a food pantry that provides	
	approximately 193,000 meals annually, a senior companion program,	
	donor-directed fuel and crisis assistance, collaboration with visiting	
	church groups and local residents to rebuild and weatherize local	
	homes, access to spiritual walking trails, and arranging various	
	community-building gatherings. The Mission distributed approximately	
	11,300 donated gifts during the Christmas season to needy individuals	
	on the islands and in coastal communities of Hancock and Washington	
	counties.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 511,010. including grants of \$ 511,010.) (Revenue \$ )	
4e	Total program service expenses4,316,309.	
	Form <b>990</b> (20	)22)

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See Schedule O for Continuation(s) 2 2022.05000 MAINE SEACOAST MISSION 120094\_1

 Form 990 (2022)
 Maine
 Seacoast
 Mission

 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	Х	
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			
	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			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		_X_
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?			77
	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		77	
	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,		х	
<b>L</b>	Part VI	<u>11a</u>	~	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Δ	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u></u>
a	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	11d	х	
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11a	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	- 23	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
1 <b>2</b> 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
<sup>D</sup>	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
232003	12-13-22	Form	990	(2022)

232003 12-13-22

3 2022.05000 MAINE SEACOAST MISSION

			Vee	Na
22	Did the exception report more than \$5,000 of grants or other exciptions to or far demostic individuals on		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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22	х	
23	Part IX, column (A), line 2'? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	~~~	- 23	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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? If "Yes, " complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
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		X
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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
00005-	(gambling) winnings to prize winners?			 (2022)
232004	. 12-13-22 A	rorm	550	(2022)

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2022.05000 MAINE SEACOAST MISSION 120094\_1

Form	990 (2022) Maine Seacoast Mission		01-0216	837	P	age <b>5</b>			
Par									
					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	125						
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ο		3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		Х			
b	<b>b</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 A	ccoun	s (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th								
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi								
	were not tax deductible?		-	6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a	Х				
				7b	Х				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?			7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g					
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	e						
	sponsoring organization have excess business holdings at any time during the year?								
9									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	2	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
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?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?			15		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	t incon	ne?	16		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 ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.				0000				
232005	12-13-22 <b>F</b>			Form	990	(2022)			
	5								

•			
2022.05000	MAINE	SEACOAST	MISSION

Form	990 (	(2022)
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#### Maine Seacoast Mission Management, and Disclosure

01-0216837 Page 6

FOUL 990 (A				021005	
Part VI	Governance, Management, and Disclosure	For each "Yes" response to lines 2 through 7b be	low, a	and for a "No	" response
	to line 8a, 8b, or 10b below, describe the circumstances				

	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	s No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	2	2			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2	2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-			
-				2		X	
3	Did the organization delegate control over management duties customarily performed by or under the					+	
U				3		x	
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?			X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass			·		X	
6	Did the even institute have mean have an attack hald are 0			6	x		
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap					-	
1a				7a		x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
b				76		x	
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b			
8		-	-	0-	x		
a b	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b		+	
b					A	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					x	
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<u> </u>	. 9			
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		V.		
10-	Did the evention have least shortown hypershee or officiency			10	Yes	s No X	
	Did the organization have local chapters, branches, or affiliates?			10a	1		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•		10			
				<u>10</u>		x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12;	x		
	a Did the organization have a written conflict of interest policy? If "No," go to line 13						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. <b>12</b> k	<u>x</u>	+	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			v		
	on Schedule O how this was done			120		+	
13	Did the organization have a written whistleblower policy?			13			
14	Did the organization have a written document retention and destruction policy?			14			
15	Did the process for determining compensation of the following persons include a review and approva	i by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v		
	The organization's CEO, Executive Director, or top management official				37	+	
b	Other officers or key employees of the organization			15			
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			10		x	
г.	taxable entity during the year?			16:	1		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			10			
<u>Saa</u>	exempt status with respect to such arrangements?			16			
		ד ד		<u>л м</u> т	MN		
17 10	List the states with which a copy of this Form 990 is required to be filed <b>CA, FL, GA, HI, I</b>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	10 990		sis onit	) avall	aure	
	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							
20	statements available to the public during the tax year.	ke =:-	drooordo				
20	State the name, address, and telephone number of the person who possesses the organization's boo Jeffrey Shaw, CPA - 207-288-5097	oks an	u recoras				
	and approximate of four full list of states			F .		0 (0000)	
232006	12-13-22 See Schedule O for full fist of states			F01	111 23	<b>0</b> (2022)	

6 2022.05000 MAINE SEACOAST MISSION 120094\_1

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	<b>)</b> (
	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.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	a a a	recto	r/trus	ee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	tional		nploy	st con yee	L	1033-1120)		organizations
	line)	Individ	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) John Zavodny	40.00									
President	0.00			Х				126,463.	0.	32,980.
(2) Jeffrey Shaw	40.00									
Chief Financial Officer	0.00			Х				98,730.	0.	7,447.
(3) Daniel McKay	10.00									
Chair	0.00	Х		Х				0.	0.	0.
(4) Matthew Skaves	2.00									
Vice Chair	0.00	Х		Х				0.	0.	0.
(5) Christopher F. Murphy	2.00									-
Treasurer	0.00	Х		Х				0.	0.	0.
(6) Josephine Iannelli	2.00									-
Secretary	0.00	Х		Х				0.	0.	0.
(7) Ruth Colket	2.00									-
Director	0.00	Х						0.	0.	0.
(8) Stefan Cushman	2.00									•
Director	0.00	Х						0.	0.	0.
(9) Dennis Damon	2.00								•	•
Director	0.00	Х						0.	0.	0.
(10) Rex H. Garrett, Jr.	2.00								•	•
Director	0.00	X						0.	0.	0.
(11) Jill Goldthwait	2.00							0	0	0
Director	0.00	Х						0.	0.	0.
(12) Joanne Harris	2.00							0	0	0
Director	0.00	Х						0.	0.	0.
(13) Hewlett Kent	2.00	37						0	0	0
Director	0.00	Х						0.	0.	0.
(14) Dean Lunt	2.00	77						0	0	0
Director	0.00	Х						0.	0.	0.
(15) Robert Mancini	2.00	x						0.	0	0
Director	0.00	Δ						U •	0.	0.
(16) Nancy Marshall Director	2.00	x						0.	0.	0.
(17) Allison Ouellet	2.00	~						0.	0.	0.
(17) Allison Guellet Director	0.00	х						0.	0.	0.
	0.00	Δ						0.	0.	Eorm <b>990</b> (2022)

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232007 12-13-22

Form 990 (2022)

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2022.05000 MAINE SEACOAST MISSION

Form 990 (2022) Maine Sea									01-021	<u>5837</u>	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			_ (C				(D)	(E)		(F)	
Name and title	Average	(do		Posi neck r		l than c	one	Reportable	Reportable	E	stimate	ed
	hours per					s both r/trust		compensation	compensation	ar	nount	of
	week (list any				10010		.00)	- from	from related		other	<b>1</b> :
	hours for	irecto						the	organizations (W-2/1099-MISC/		npensat rom the	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)		janizati	
	organizations	ruste	l trus		66	npen		1099-NEC)	1099-1120)	۲ ×	d relate	
	below	dual t	utiona	_	nploy	st coi	л.	10001120)			anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former					
(18) Scott Peasley	2.00				_							
Director	0.00	x						0.	0			Ο.
(19) Ronald Ramsay	2.00									-		
Director	0.00	x						0.	0			0.
(20) Nancy Rankin	2.00								<b>v</b>	<u>'</u>		
Director	0.00	х						0.	0			Ο.
(21) Timothy Schieffelin	2.00	Δ							0	·		0.
Director	0.00	x						0.	0			0.
(22) Stacey Smith	2.00	^		_				0.	0	·		0.
-	0.00	v						0				0
Director		Х						0.	0	•		0.
(23) Diehl Snyder, MD	2.00								0			•
Director	0.00	Х						0.	0	·		0.
(24) Jaime Weir	2.00								0			•
Director	0.00	Х						0.	0	·		0.
(25) John Williams	2.00											~
Past Director	0.00	Х						0.	0	•		0.
								225 102	0		0 1	27
1b Subtotal								225,193.	0	_	0,42	
c Total from continuation sheets to Part VI								0.	0		0 1	0.
d Total (add lines 1b and 1c)								225,193.	0	• 4	0,42	4/.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												1
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	ey e	mpl	oyee	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		<u>X</u>
4 For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	nsat	tion	and	oth	ner compensation from t	he organization			
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	for such individual		4	Х	
5 Did any person listed on line 1a receive or a	ccrue compen	isati	on fr	om a	any	unre	late	ed organization or individ	dual for services			
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch p	bers	on .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	npensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compens	ation fro	om	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith c	or wit	hin	the organization's tax y	ear.			
(A)								(B)		(0	C)	
Name and business	address	NC	ONE	3				Description of s	ervices	Compe	nsatior	n
							T					
2 Total number of independent contractors (ir	cluding but p	ot lin	nited	to t	hoe	e lie	led	above) who received m	ore than			
\$100.000 of compensation from the organiz	•	11										

Form **990** (2022)

232008 12-13-22

Check if Schedule O contains a response or note to any line in this Part VII         (6)         (7)           Total revenue         Total revenue         Related or exempt function revenue         Check if Schedule O contains a response or note to any line in this Part VII         Related or exempt function revenue         Related or e	0 (202		acoas	t Mission	1		01-0216	837 Page 9
(A)         (B)         (C)         Unsitted business revenue         Revenue           1 a Federated campaigns         ta		Statement of Revenue						
Box         Membership dues         Ib           c         Fundraising events         Ib           d         Related organizations         Ib           g         Recent combinitions included above and similar amounts on included above and similar amounts or included above and other similar amounts         Ig         S           d         C         C         Edditions 2.27, 165, 27, 165, 27, 165, 27, 165, 27, 165, 27, 165, 27, 165, 27, 165, 24, 100, 1, 138, 1, 138, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20		Check if Schedule O contains a	response o	or note to any line	(A)	Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
g Total. Add lines 2a:2f       28,303.         3       investment income (including dividends, interest, and other similar amounts)       1,066,256.         4       income from investment of tax-exempt bond proceeds       5         5       Royatties       6a         6 a Gross rents       6b       6b         0       Rental income or (loss)       6c         1       0.056,232.       0.0000         7 a Gross amount from sales of assets other than inventory       7a       6,935,916.         900       b Less: cost or other basis and sales expenses       7b       6,695,632.         c Gain or (loss)       7b       6,695,632.       240,284.         8 a Gross income from fundraising events (not including \$133,618. of contributions reported on line 10. See Part IV, line 18       8a       20,800.         b Less: cit or other pasis       8b       75,904.       -55,104.         9 a Gross income from gaming activities       9a       9a       9a         9 a Gross income from gaming activities       9a       9a       9a         9 a Gross income from gaming activities       10a       10a       10a         10 a Gross alse of inventory, less returns and allowances       10a       10a       10a         10 a Gross sales of inventory, less returns and	b Me c Fu d Re e Go f All sin g Nor h To 2 a Ed b Ot	Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f <b>Total.</b> Add lines 1a-1f EdGE Program Fees	1b 1c 1d 1e 1f 1g \$	10,310. 2,804,091. 181,626. Business Code 624110	27,165.	,		
other similar amounts)       1,066,256.         4       Income from investment of tax-exempt bond proceeds         5       Royalties	d e f All g To	All other program service revenue Total. Add lines 2a-2f			28,303.			
b       Less: rental expenses       6b	otł I Inc	other similar amounts) Income from investment of tax-exem Royalties	npt bond pi	roceeds	1,066,256.			1066256.
and sales expenses       Tb       6,695,632.         c       Gain or (loss)       Tc       240,284.         d       Net gain or (loss)       240,284.       0         8 a       Gross income from fundraising events (not including \$133,618. of contributions reported on line 1c). See Part IV, line 18       8a       20,800.         b       Less: direct expenses       Bb       75,904.       -55,104.         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9b       -55,104.         b       Less: direct expenses       9b       9b       -55,104.       9a         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9b       0b       10a         b       Less: direct expenses       9b       9b       0b       10a       10a         10 a       Gross sales of inventory, less returns and allowances       10a       10b       10b       0b         b       Less: cost of goods sold       10b       0b       0b       0c       0c     <	<ul> <li>b Le</li> <li>c Re</li> <li>d Ne</li> <li>7 a Gro ass</li> </ul>	Less: rental expenses       6b         Rental income or (loss)       6c         Net rental income or (loss)	Securities					
contributions reported on line 1c). See       Ba       20,800.         Part IV, line 18       Ba       20,800.         b       Less: direct expenses       Bb       75,904.         c       Net income or (loss) from fundraising events       -55,104.         9 a       Gross income from gaming activities. See       9a         Part IV, line 19       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities. See       9a         part IV, line 19       9a       9b         c       Net income or (loss) from gaming activities       10a         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       10a	and c Ga d Ne	and sales expenses	240,284.		240,284.			240,284.
c       Net income or (loss) from fundraising events       -55,104.         9 a       Gross income from gaming activities. See Part IV, line 19       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities       9b         c       Net income or (loss) from gaming activities       0         10 a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       0	inc co Pa	including \$ 133,618. contributions reported on line 1c). S Part IV, line 18	_ of ee <b>8a</b>	· · · · · · · · · · · · · · · · · · ·				
c       Net income or (loss) from gaming activities       Image: Comparison of the second sec	c Ne a Gr Pa	Net income or (loss) from fundraising Gross income from gaming activities Part IV, line 19	g events s. See <b>9a</b>		-55,104.			-55,104.
	c Ne ) a Gr an b Le	Net income or (loss) from gaming ac Gross sales of inventory, less return and allowances Less: cost of goods sold	tivities s <b>10a</b> 10b					
11 a	la b c d All	All other revenue		Business Code				
12         Total revenue. See instructions         4,227,758.         28,303.         0.           232009         12-13-22         Form					4,227,758.	28,303.	0.	1251436. Form <b>990</b> (2022)

<sup>232009 12-13-22</sup> 

 Form 990 (2022)
 Maine Seacoast Mission

 Part IX
 Statement of Functional Expenses

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

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	14,000.	14,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	511,010.	511,010.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	265,620.		265,620.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,897,822.	1,362,672.	200,355.	334,795
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	71,435. 295,951.	46,296.	9,329. 45,733.	15,810 64,053 24,334
9	Other employee benefits	295,951.	186,165.	45,733.	64,053
10	Payroll taxes	155,224.	100,531.	30,359.	24,334
11	Fees for services (nonemployees):				
а	Management				
b	Legal	253.		253.	
С	Accounting	40,978.		40,978.	
d	Lobbying				
е	стан стан стан стан стан стан стан стан				
f	Investment management fees	78,257.		78,257.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	72,780.	5,881.	10,594.	<u>56,305</u> 68,322
12	Advertising and promotion	68,651.	329.		68,322
13	Office expenses	87,781.	12,298.	40,252.	35,231
14	Information technology	66,379.		66,379.	
15	Royalties	1 - 0 1 1 0	140.055	1 000	
16	Occupancy	158,110.	149,066.	1,999.	7,045.
17	Travel	13,745.		13,745.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 005			2 005
19	Conferences, conventions, and meetings	3,895.			3,895
20	Interest				
21	Payments to affiliates		246 002	12 010	
22	Depreciation, depletion, and amortization	359,920.	346,903.	13,017.	
23		115,661.	115,661.		
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	Other Direct Program	903,574.	879,422.	14,819.	9,333.
b	Board Expense	945.	-	945.	•
с	Administrative Overhead	0.	586,075.	-332,521.	-253,554
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,181,991.	4,316,309.	500,113.	365,569
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)				

10

232010 12-13-22

Form 990 (2022)

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11

Part X Balance Sheet

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

X

	Check if Schedule O contains a response or note to any line in this Part X		·····	<b>A</b>
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	2,027,427.	1	1,919,312.
2	Savings and temporary cash investments	1,691,261.	2	2,518,383.
3	Pledges and grants receivable, net	223,295.	3	241,197.
4	Accounts receivable, net	16,015.	4	921.
5	Loans and other receivables from any current or former officer, director,			
ľ	trustee, key employee, creator or founder, substantial contributor, or 35%			
			5	
6	Loans and other receivables from other disqualified persons (as defined		-	
ľ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9		160,112.	9	129,334.
	Prepaid expenses and deterred charges         Land, buildings, and equipment: cost or other	100,112.	9	125,551.
lua				
h		3,627,734.	10c	3,375,328.
			11	37,544,699.
11	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	10,882,878.	12	11,565,652.
13	Investments - program-related. See Part IV, line 11	10,002,070.	13	11,505,052.
14		0.	14	282,047.
15	Intangible assets		15	6,273,808.
16	Other assets. See Part IV, line 11	60,808,992.	16	63,850,681.
	Total assets. Add lines 1 through 15 (must equal line 33)		17	147,007.
17	Accounts payable and accrued expenses	252,575.	17	147,007.
18	Grants payable	85,888.	10 19	104,852.
19	Deferred revenue	05,000.	20	104,052.
20	Tax-exempt bond liabilities			
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%		00	
00	controlled entity or family member of any of these persons		22 23	
23	Secured mortgages and notes payable to unrelated third parties		23 24	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		8,500.	25	346,187.
26	Total liabilities. Add lines 17 through 25		25	598,046.
20	Organizations that follow FASB ASC 958, check here	540,707.	20	550,040.
	and complete lines 27, 28, 32, and 33.			
27		32,736,961.	27	34,492,869.
28	Net assets without donor restrictions		28	28,759,766.
20	Organizations that do not follow FASB ASC 958, check here	2///20/2010	20	20770077007
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		<u>29</u> 30	
31	Detained a series of a second second state of its second		31	
	Retained earnings, endowment, accumulated income, or other funds		32	63,252,635.
32	Total net assets or fund balances	60,808,992.	32 33	63,850,681.
33	Total liabilities and net assets/fund balances	00,000,992.	აა	<u> </u>

Form 990 (2022)

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Assets

Liabilities

Net Assets or Fund Balances

	1990 (2022) Maine Seacoast Mission	01-	021683	7	Page	12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			. [	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,2			
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,1			
3	Revenue less expenses. Subtract line 2 from line 1	3		54		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60,4			
5	Net unrealized gains (losses) on investments	5	3,4	.35	,54	1.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3	809	, <u>10</u> ;	2.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	63,2	252	,63	5.
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.</u>	<u>. [</u>	
			_	Y	es I	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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	<b>b</b> Were the organization's financial statements audited by an independent accountant?					
	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					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	2c 2	K 🗌	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O	.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			Ba		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b		

Form **990** (2022)

232012 12-13-22

(Form 990)

# 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.

OMB No. 1545-0047
2022
Open to Public

		f the Treasury nue Service			ttach to Form 990 or Fo Form990 for instruction			ormation		Open to Public Inspection
Nam	e of t	the organizati		do to www.ii3.gov/			atest init		Employer	identification number
Nan				e Seacoast	Miggion					1-0216837
Pa	rt I	Reason			(All organizations must c	omplete th	nis nart ) S	ee instruction		1-0210037
					For lines 1 through 12, c					
1	Jigan 				on of churches described			VAVi)		
2					Attach Schedule E (Forn					
3					anization described in s		V6V1VAVii	i)		
4					njunction with a hospital				Viii) Enter	the hospital's name
-		city, and stat	-			desenbed	30010			the hoopital o hame,
5		•	-	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
U				Complete Part II.)		or operat	ou oy u go	von montar a		
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
	X			-	ntial part of its support fi				ne general i	oublic described in
-				omplete Part II.)		en a gen			ie general j	
8					(1)(A)(vi). (Complete Par	t II.)				
9	$\square$	-			in section 170(b)(1)(A)(	-	ed in coniu	inction with a	land-grant	college
		-	-		ulture (see instructions).		-		-	-
		university:	5	5 5	(		, ,		5	
10			on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		-		•	t to certain exceptions; a				-	•
					(less section 511 tax) fro					
				nplete Part III.)	. ,			, ,		
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а		<b>Type I.</b> A s	upporting orga	nization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	upporting
		organizatio	n. <b>You must c</b>	omplete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ving
		control or r	nanagement o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
С		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its support	ed organizatior	n(s) (see instructions	). You must complete l	Part IV, Se	ections A,	D, and E.		
d		_ Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppo	rted organiz	zation(s)
			-		ation generally must sat	-		-	an attentiv	/eness
	_	requiremen	it (see instructi	ons). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е			•		written determination fro			Туре I, Туре	II, Type III	
					nally integrated supporti	ng organiz	ation.			
		er the number	• •	•						
<u> </u>		vide the follow (i) Name of supp	0	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount o	fmonetany	(vi) Amount of other
	,	organizatior			(described on lines 1-10	in your governi	ing document?	support (see ii	-	support (see instructions)
		5			above (see instructions))	Yes	No		,	, , ,
Tota	1									

Part II

Maine Seacoast Mission

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	2536632.	3468893.	3335440.	3490053.	2948019.	<u>15779037.</u>		
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	2536632.	3468893.	3335440.	3490053.	2948019.	15779037.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						2679487.		
6	Public support. Subtract line 5 from line 4.						13099550.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	2536632.	3468893.	3335440.	3490053.	2948019.	15779037.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	946,863.	1108149.	938,956.	927,137.	1066256.	4987361.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						20766398.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	161,931.		
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	/ear as a section 5	01(c)(3)			
	organization, check this box and stop								
Sec	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	63.08 %		
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	66.76 %		
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies as a publicly supported organization								
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and <b>stop here.</b> The organization qual								
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization				
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circum	istances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the			
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation			
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a				
						Schedule A	(Form 990) 2022		

232022 12-09-22

Schedule A	Form	990	) 2022

# Schedule A (Form 990) 2022 Maine Seacoast Mission 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.) 0 ation

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (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						
Ū	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
5	The value of services or facilities						
Ũ	furnished by a governmental unit to the organization without charge						
~							
	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			1			
	<b>First 5 years.</b> If the Form 990 is for th	he organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section !	501(c)(3) orga	anization.
	check this box and stop here	•					·
Se	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2022 (I	line 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves						
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2022. If the					· · · ·	
	more than 33 1/3%, check this box ar	-					
k	<b>33 1/3% support tests - 2021.</b> If the						/3%, and
	line 18 is not more than 33 1/3%, che	-					
20	<b>.</b>						
2320	23 12-09-22					Sche	edule A (Form 990) 2022
			1 5				

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	(Form 990) 2022	Maiı
Part IV	Supporting Orga	inizations

(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.)

Maine Seacoast Mission

# 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.)

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10a

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Part IV Supporting Organizations (continued)

2

1

3

2a

2b

3a

Yes No

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	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? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>		<u> </u>

on

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	. or controlled the su	pporting organization.
Section C. T	pe II Supportin	g Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control of the support the support of the support the support of the suppor

Sec	ction D. All Type in Supporting Organizations
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?
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).* 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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

- 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

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Part V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Orgai	nizations	
1 Check here if the organization satisfied the Integral Part Test as a	qualifying trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizati	ons must complete	e Sections A through E.	1
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>b</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	ount,		
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-fi	unctionally integrat	ed Type III supporting orga	anization (see

Maine Seacoast Mission

instructions).

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

Section D - Distributions

2

3

4

6

7

8

9

**a** From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021

line 7:

f Total of lines 3a through 3e

# c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

(i)

**Excess Distributions** 

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

Distributable amount for 2022 from Section C, line 6

Amounts paid to acquire exempt-use assets

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

3 Excess distributions carryover, if any, to 2022

g Applied to underdistributions of prior years h Applied to 2022 distributable amount

a Applied to underdistributions of prior years b Applied to 2022 distributable amount

4 Distributions for 2022 from Section D,

i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

\$

1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.

10 Line 8 amount divided by line 9 amount

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

Distributions to attentive supported organizations to which the organization is responsive

**Current Year** 

(iii)

Distributable

Amount for 2022

1

2

3

4

5

6

7

8 9

10

(ii)

Underdistributions

Pre-2022

Schedule A	(Form 990) 2022 Maine	Seacoast Mission	01-0216837 Page 8
Part VI	Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3	Provide the explanations required by Part II, line 10; Parb, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Parb V, Section E, lines 2, 5, and 6. Also complete this parb	t V, line 1; Part V, Section B, line 1e; Part V,
232028 12-09-2	2	20	Schedule A (Form 990) 202

10091115 757052 120094

# \*\* PUBLIC DISCLOSURE COPY \*

# Schedule of Contributors

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

2022

Employer identification number

Department of the Treasury	
Internal Revenue Service	

(Form 990)

Schedule B

Name of the organization

Organization type (check one):

M

laine	Seacoast	Mission	
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01-0216837

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

**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).

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

Schedule B (Form 990) (2022)

# Schedule B (Form 990) (2022)

Name of organization

Page **2** Employer identification number

Maine Seacoast Mission

01-0216837

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$400,000. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>254,901.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$159,050. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>150,000.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$\$80,000. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 223452 11-15		- \$\$80,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

2022.05000 MAINE SEACOAST MISSION

120094\_1

### Schedule B (Form 990) (2022)

Maine Seacoast Mission

Name of organization

Employer identification number

01-0216837

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 75,780. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 117,100. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 70,878. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 81,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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10091115 757052 120094

2022.05000 MAINE SEACOAST MISSION 120094\_1

Schedule B (Form 9	990) (2022	2
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Name of organization

Page 3

Employer identification number

01-0216837

# Maine Seacoast Mission

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

24

lame of or	rganization			Employer identification number
laine	Seacoast Mission			01-0216837
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c	through (e) and the following line ent haritable, etc., contributions of <b>\$1,000 or I</b>	rv. For organizations	hat total more than \$1,000 for the year
(a) No	Use duplicate copies of Part III if additional s	space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	 t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	   t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	 t	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
—				
	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee
23454 11-15-	-22			Schedule B (Form 990) (202

25 2022.05000 MAINE SEACOAST MISSION 120094\_1

		0	I Financial Otatamanta		OMB No. 1545	-0047
			al Financial Statements nization answered "Yes" on Form 990,		<b>0</b> 000	<b>n</b>
(Forr	n 990)		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			<b>_</b>
	ment of the Treasury I Revenue Service	A	ttach to Form 990. 0 for instructions and the latest information.		Open to Po Inspection	
_	e of the organizati			Emp	ployer identification n	
		Maine Seacoast Miss			01-021683	7
Pa		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ac	coun	nts. Complete if the	
	organizatio			( <b>b)</b> Fun	nds and other accounts	s
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4	Aggregate value a	t end of year				
5	-		writing that the assets held in donor advised fund			
			exclusive legal control?		Yes	No
6	•		dvisors in writing that grant funds can be used o			
			r donor advisor, or for any other purpose conferr	0		
Pa	t II Conserv	ate benefit?	ganization answered "Yes" on Form 990, Part IV,	line 7	Yes	No
1		servation easements held by the organization		nne 7.	•	
•		n of land for public use (for example, recrea		orically	important land area	
		of natural habitat	Preservation of a certi	-		
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a co	nserva	tion easement on the l	last
	day of the tax year	r.			Held at the End of the T	Fax Year
а	Total number of co	onservation easements		2a		
b	•			2b		
			ucture included in (a)	2c		
d		vation easements included in (c) acquired a	• • •			
				2d		
3			eased, extinguished, or terminated by the organi	zation	during the tax	
4	year	 where property subject to conservation eas	coment is leasted			
5		tion have a written policy regarding the per				
U		forcement of the conservation easements it			Yes	No
6			handling of violations, and enforcing conservation			
•		······································				
7	Amount of expens	ses incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	sement	ts during the year	
8			e satisfy the requirements of section 170(h)(4)(B)	(i)		
	and section 170(h)					No
9	-	e i	on easements in its revenue and expense statem			
			note to the organization's financial statements that	at desc	cribes the	
Pa	t III Organization's acc	ounting for conservation easements.	Art, Historical Treasures, or Other S	imila	r Assets	
		f the organization answered "Yes" on Form				
1a			8, not to report in its revenue statement and bala	ance sh	heet works	
	0	, ,	blic exhibition, education, or research in furtherar			
			ncial statements that describes these items.	r		
b	••		8, to report in its revenue statement and balance	e sheet	works of	
	-		exhibition, education, or research in furtherance			
	provide the followi	ing amounts relating to these items:				
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$	
	.,				\$	
2	If the organization	received or held works of art, historical treat	asures, or other similar assets for financial gain, I	provide	e	
	-	unts required to be reported under FASB A	-			
а					\$	
b	Assets included in	i Form 990. Part X			\$	

LHA For Paperwork Reduction Act Notice, see the Instruction	ons for Form 990.
232051 09-01-22	
	26

2022.05000	MAINE	SEACOAST	MISSION

Schedule D (Form 990) 2022

Sche		eacoast Mis				01-0	216837	' Pa	age <b>2</b>	
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	Other Si	milar Asse	ts <sub>(contin</sub>	ued)		
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that m	ake signif	icant use of its	3			
	collection items (check all that apply):		-	-	-					
а	X Public exhibition	d	Loan or exc	hange program						
b										
с	c X Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization'	s exempt	purpose in Pa	rt XIII.			
5	During the year, did the organization solicit o									
•	to be sold to raise funds rather than to be ma		,	,		Г	Yes	X	No	
Par									110	
	reported an amount on Form 990, Par		to in the organizatio			11 000, 1 0111	, 1110 0, 01			
10	Is the organization an agent, trustee, custodi		any for contributions	or other asset	s not inclu	Ided				
Id			•			_	Vac		No	
	on Form 990, Part X?					L	Yes		INO	
a	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		1		Amount			
							Amount			
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f			<u> </u>	
	Did the organization include an amount on Fe				•	L	Yes		No	
_	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V Endowment Funds.</b> Complete i					<b>T</b> I I				
		(a) Current year	(b) Prior year	(c) Two years I	. ,	Three years bac				
1a	Beginning of year balance	48,079,636.	52,282,131.	43,638,		43,363,369		430,5		
b	Contributions	339,030.	400,415.	899,3		1,036,027	. 4,	999,1	190.	
С	Net investment earnings, gains, and losses	4,597,864.	-2,479,335.	10,238,	983.	1,220,412	. 2,	658,2	293.	
d	Grants or scholarships	525,010.	169,760.	173,	000.	206,050		211,0	069.	
е	Other expenditures for facilities									
	and programs	1,832,133.	1,953,815.	2,321,	827.	1,774,917	. 1,	513,6	620.	
f	Administrative expenses									
g	End of year balance	50,659,387.	48,079,636.	52,282,3	131.	43,638,841	. 43,	363,3	369.	
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment	58.3300	%	,						
b	Permanent endowment 31.0800	%								
c	10 5000	%								
-	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
3a	Are there endowment funds not in the posse		tion that are held an	d administered	for the					
	organization by:	eeren er ine er gamza					Г	Yes	No	
	(i) Unrelated organizations						3a(i)		Х	
	(ii) Related organizations								x	
h	If "Yes" on line 3a(ii), are the related organizations									
4							[30]			
Par	Describe in Part XIII the intended uses of the           t VI         Land, Buildings, and Equipm									
	Complete if the organization answere		Part IV line 11a S	ee Form 990 F	art X line	10				
	Description of property	(a) Cost or ot basis (investm		or other	(c) Accu depred		(d) Book	value	;	
		`		(other)	depred		10/	1 76		
	Land			4,269.	6.25	1 0 4 7		$\frac{1}{26}$		
	Buildings		1,01	2,333.	02.	1,947.	990	),38	.0.	
	Leasehold improvements		1 0 4		1 0 4	0 0 7 0	1	0.0	<u> </u>	
	Equipment			9,962.		8,072.		.,89		
	Other			7,542.	2,01	8,759.	2,048	5,78	<u>53.</u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part )	K. column (B), line 10	)c.)			3,375			
						Schedu	le D (Form	990)	2022	

Schedule D (Form 990) 2022 Main	e Seacoast	Mission
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# Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) Hedge Funds	2,359,326.	End-of-Year Market Value
(B) Private Equity Funds	9,206,326.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 000, Part V, col. (P) line 12.)	11 565 652	

# Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

## Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Beneficial Interest in Perpetual Trusts	5,702,317.
(2) Split Interest Agreements	571,491.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	. 6,273,808.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Gift Annuity Payable	8,104.
(3) Operating Lease Liability	338,083.
(4)	
(5)	

\_\_\_\_(8) \_\_\_\_(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

Schedule D (Form 990) 2022

346,187.

232053 09-01-22

(6) (7)

Sche	dule D (Form 990) 2022 Maine Seacoast Mission			01-0	0216837	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With	n Revenue per Re	turn.		9
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	7,970,	048.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	3,435,541.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	420,026.			
е	Add lines 2a through 2d			2e	3,855,	,567.
3	Subtract line 2e from line 1			3	4,114,	481.
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	78,257.			
b	Other (Describe in Part XIII.)	4b	35,020.			
с	Add lines <b>4a</b> and <b>4b</b>			4c		,277.
5	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				4,227,	758.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	th Expenses per F	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	5,179,	638.
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	2c				
d	Other (Describe in Part XIII.)	2d	75,904.			
е	Add lines 2a through 2d			2e	<u>75,</u> 5,103,	904.
3	Subtract line 2e from line 1			3	5,103,	734.
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	4a	78,257.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		257.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,181,	991.
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 III, line 1a:

The Mission maintains and protects collections of donated items of
historical value related to the Mission dating back to the early 1900's.
The items include an extensive hooked rugs collection, works of art, and
models of each of the Sunbeam ships utilized in Island Services. The
collections are utilized for occasional public displays and are being
preserved for educating future generations about the history of the
Mission. In accordance with the Mission's policy, these donated items have
not been capitalized.

# Part III, line 4:

The Mission maintains and protects collections of donated items of 232054 09-01-22 Schedule D (Form 990) 2022 29

Schedule D (Form 990) 2022         Maine Seacoast Mission           Part XIII         Supplemental Information (continued)	01-0216837 Page 5
historical value related to the Mission dating back to the e	early 1900's.
The items include an extensive hooked rugs collection, works	s of art, and
models of each of the Sunbeam ships utilized in Island Servi	ices. The
collections are utilized for occasional public displays and	are being
preserved for educating future generations about the history	y of the
Mission. In accordance with the Mission's policy, these dona	ated items have
not been capitalized.	
Part V, line 4:	
Income in permanently restricted funds may be used for the s	specified
programs. Income and principal in temporarily restricted fur	nds will be
used as needed for the specified programs.	
Part XI, Line 2d - Other Adjustments:	
Special Event Expenses	75,904.
Change in Value of Beneficial Interest in Perpetual Trusts	344,122.
Total to Schedule D, Part XI, Line 2d	420,026.
Part XI, Line 4b - Other Adjustments:	
Change in Value of Split Interest Agreements	35,020.
Part XII, Line 2d - Other Adjustments:	
Special Event Expenses	75,904.
	Schedule D (Form 990) 2022

232055 09-01-22

Internal Revenue Service	GO LO W	ww.irs.gov/Form	1990 Tor instructions and the latest in	normation.	шэр	ection				
Name of the organization					Employer identi	fication number				
Maine Seacoast	Mission				01-021683	37				
		ctivities Out	side the United States. Comple	te if the organ						
Form 990, Part IV				ie in the english						
<ol> <li>For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,</li> </ol>										
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?									
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance out	side the				
United States.										
			In be duplicated if additional space is no			(6) Tatal				
(a) Region	(b) Number of offices	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures				
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and				
	_	contractors in the region	recipients located in the region)	of service	(s) in the region	investments in the region				
Central America and		in the region								
the Caribbean -										
Antigua & Barbuda,										
Aruba, Bahamas,	0	0	Investments			4,587,816.				
Europe (Including										
Iceland & Greenland)										
- Albania, Andorra,										
Austria, Belgium	0	0	Investments			6,892,777.				
3 a Subtotal	0	0				11,480,593.				
<b>b</b> Total from continuation		-								
sheets to Part I	0	0				0.				
c Totals (add lines 3a	0	0				11,480,593.				
and 3b)	0	I 0				<u></u> , <u>_</u> _, <u>,</u>				

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

Schedule F (Form 990) 2022

OMB No. 1545-0047

**Open to Public** 

232071 10-17-22

SCHEDULE F (Form 990)

Department of the Treasury

# Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax									
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								
3 Enter total number of	3 Enter total number of other organizations or entities								

Schedule F (Form 990) 2022

#### Maine Seacoast Mission Schedule F (Form 990) 2022

Part III can be duplicated if additional space is needed.

# **(h)** Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Region cash disbursement recipients cash grant noncash noncash assistance assistance

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(c) Number of

(d) Amount of

(e) Manner of

Schedule F (Form 990) 2022

01-0216837

(f) Amount of

(g) Description of

Page 3

			Seacoast	Mission
Part IV	Foreign F	orms		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	X Yes	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

Schedule F (Form 990) 2022	Maine	Seacoast	Mission
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# Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

232075 10-17-22		Schedule F (Form 990) 2022
	35	

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022
Department of the Treasury	Attach to Form 990 or Form 990-EZ.						Open to Public	
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.							Inspection
Name of the organization								entification number
Dout I Fundacio		eacoast Mission					01-0216	
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 17	. Form 990-E	Z filers are not
<ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>f Solicitation of government grants</li> <li>c Phone solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>								
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody trol of	(iv) Gross receipts from activity	tò (oi fi	Amount paid r retained by) undraiser ed in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								

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

Schedule G (Form 990) 2022

232081 10-27-22

Schedule G (Form 990) 2022 Maine Seacoast Mission

01-0216837 Page 2

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

		of fundraising event contributions and gro				s greater than \$5,000.
- 1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				EdGE Tennis	None	(add col. (a) through
			Sunbeam Gala			col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	138,685.	15,733.		154,418.
	2	Less: Contributions	117,885.	15,733.		133,618.
	3	Gross income (line 1 minus line 2)	20,800.			20,800.
	4	Cash prizes				
s	5	Noncash prizes				
pense:	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	27,911.	775.		28,686.
ā	8	Entertainment				
	9	Other direct expenses		1,113.		47,218.
		Direct expense summary. Add lines 4 through		1/110		75,904
		Net income summary. Subtract line 10 from li				-55,104
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.		, , ,		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Вġ	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
		•				
	5	Other direct expenses				
	5		Yes%	Yes %	Yes%	
_			└── Yes % └── No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	6	Other direct expenses	No		No	
_	6 7	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	5 in column (d)	No	No	
	6 7	Other direct expenses Volunteer labor	5 in column (d)	No	No	
	6 7 8	Other direct expenses	5 in column (d)	No	No	
9	6 7 8 Ent	Other direct expenses	No         5 in column (d)         from line 1, column (d)         ucts gaming activities:	No	No	
e e e	6 7 8 Ent	Other direct expenses	No         5 in column (d)         from line 1, column (d)         ucts gaming activities:	No No	No	Yes No
9 a	6 7 8 Ent	Other direct expenses	No         5 in column (d)         from line 1, column (d)         ucts gaming activities:	No No	No	Yes No
9 a	6 7 8 Ent	Other direct expenses	No         5 in column (d)         from line 1, column (d)         ucts gaming activities:	No No	No	Yes No
9 a b	6 7 8 Is t If "I We	Other direct expenses	No     S in column (d)     from line 1, column (d)     cts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	□ No	
a b Da	6 7 8 Is t If "I We	Other direct expenses	No     S in column (d)     from line 1, column (d)     cts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	□ No	
a b	6 7 8 Is t If "I We	Other direct expenses	No     S in column (d)     from line 1, column (d)     cts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	□ No	

Schedule	e G (Form 990) 2022	Maine Se	eacoast	Mission	01-0216837 Page 3
		aming activities w	vith nonmemb	pers?	Yes No
				a member of a partnership or other entity formed	
to a	dminister charitable gaming?				Yes 🗌 No
13 India	cate the percentage of gaming	g activity conduc	ted in:		
<b>a</b> The	organization's facility				<u>13a</u> %
				ganization's gaming/special events books and reco	
Nam	ne				
Add	ress				
<b>15a</b> Doe	s the organization have a con	tract with a third	party from w	hom the organization receives gaming revenue?	Yes No
				· ·· •	
	es," enter the amount of gam				amount
	aming revenue retained by the				
<b>c</b> If "Y	'es," enter name and address	of the third party	/:		
Nam					
Nam	ne				
۸.d.d					
Add	ress				
<b>16</b> Com	aina managar information:				
<b>16</b> Gan	ning manager information:				
Nor	20				
Nam	le				
Gan	ning manager compensation	\$			
Gan	ning manager compensation	Ψ			
Des	cription of services provided				
DCS					
	Director/officer	Employee		Independent contractor	
<b>17</b> Man	ndatory distributions:				
		r state law to mal	ke charitable	distributions from the gaming proceeds to	
	in the state gaming license?				Yes No
				e distributed to other exempt organizations or sper	
orga	anization's own exempt activit	ties during the ta	x year \$		
Part IV	Supplemental Infor	mation. Provid		ations required by Part I, line 2b, columns (iii) and (	(v); and Part III, lines 9, 9b, 10b,
				additional information. See instructions.	
232083 10-2	27-22			38	Schedule G (Form 990) 2022
				00	

Part IV Supplemental Information	(continued)	
		Schedule G (Form 990)

232084 04-01-22

SCHEDULE I	Grants and Other Assistance to Organizations,									OMB No. 1545-0047		
Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										22		
Department of the Treasury		Comp	ete il the organization	Attach to Forn				C	)pen to	Public		
Internal Revenue Service			Go to www.irs		the latest inform	ation.			Inspe			
Name of the organizat	ion							Employer iden				
Maine Seacoast Mission 01-02									02	16837		
Part I General II	nformation on Grants a	nd Assistance										
-	zation maintain records t		amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti					
	ward the grants or assis							X	Yes	No No		
	IV the organization's pro					anization answord "V	as" on Form 000 Part	+IV line 21 for a	<b>D</b> V			
	hat received more than \$	-				anization answered T	es offronn 990, Fait		Iy			
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purp or as	ose of g sistanc			
						,						

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Maine Seacoast Mission

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
Scholarship Program	90	511,010.	0.					
Part IV Supplemental Information. Provide the information rec	I Juired in Part I, lin	ı ıe 2; Part III, column	(b); and any other ac	I dditional information.				
Part I, Line 2:								
The Mission requires each organiza	tion that	receives	grant proc	eeds to				
submit an acknowledgement at the e	nd of the	e grant per	riod that t	he funds				
were used for the purpose stated in the approved grant application.								
The scholarship grants to students are sent directly to the schools that								
the students will be attending for gradit to the student's twition assount								

the students will be attending for credit to the student's tuition account.

If the student does not end up attending the school for the semester, the

school is directed to send the grant funds back to the Mission.

SC	HEDULE J	Compensation Inf	ormation	1	OMB No. 1	1545-004	47		
(Fo	rm 990)		2022						
		Compensated Emplo			2022				
Denar	tment of the Treasury	Complete if the organization answered "Yes" Attach to Form 99			Open to Public				
	al Revenue Service	Go to www.irs.gov/Form990 for instructions			Inspection				
Nam	e of the organization				loyer identification numbe				
		Maine Seacoast Mission		01-02	21683	7			
Pa	rt I Question	Regarding Compensation							
						Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following t	o or for a person listed on Form	990,					
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant information	regarding these items.						
	First-class or c	harter travel Housing a	llowance or residence for perso	nal use					
	Travel for com		for business use of personal re-						
	—		social club dues or initiation fee						
	Discretionary s	pending account Personal	services (such as maid, chauffer	ır, chef)					
b	•	on line 1a are checked, did the organization follow a written p							
		rovision of all of the expenses described above? If "No," con			<u>1b</u>				
2		require substantiation prior to reimbursing or allowing expe							
	trustees, and office	s, including the CEO/Executive Director, regarding the items	checked on line 1a?		2				
•									
3		y, of the following the organization used to establish the cor							
		ctor. Check all that apply. Do not check any boxes for method	ods used by a related organization	on to					
	· · ·	tion of the CEO/Executive Director, but explain in Part III.							
	X Compensation		nployment contract						
	·		ation survey or study						
		her organizations	by the board or compensation c	ommittee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, v	with respect to the filing						
-	organization or a re	•••	man respect to the ming						
а	•				4a		x		
b		eive payment from a supplemental nongualified retirement p					X		
	•	eive payment from an equity-based compensation arrangem					x		
Ū		es 4a-c, list the persons and provide the applicable amounts							
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete	e lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization		n					
	contingent on the r								
а	•				. 5a		X		
		ation?					X		
		r 5b, describe in Part III.							
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization	pay or accrue any compensatio	n					
	contingent on the n	et earnings of:							
а	The organization?	-			. 6a		X		
		ation?					X		
		r 6b, describe in Part III.							
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization	provide any nonfixed payments						
	not described on lir	es 5 and 6? If "Yes," describe in Part III			. 7		X		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to	a contract that was subject to th	ie			x		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III								
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in								
	Regulations section	53.4958-6(c)?			. 9				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Schedu	ile J (Forn	n <b>990</b> )	2022		

232111 10-18-22

Schedule J (Form 990) 2022

01-0216837

Page **2** 

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) John Zavodny	(i)	126,463.	0.	0.	6,558.	26,422.	159,443.	0.
President	(ii)		0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE	Μ
(Form 990)	

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

. Inspection

22

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

Department of the Treasury Internal Revenue Service

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

Employer identification number 01 - 0216837

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Ν	lame	of	the	orgar	nizat	tion
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Pa	rt I Types of Property				
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	Х	12	57,390.	Stock Market Value
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				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	228	124,236.	Valued by price per
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 organiz	ation during	the tax year for co		
20	for which the organization completed Form 828				0
		, , , u c , , D	onee / tertre meag		Yes No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I lines 1 throug	
004	must hold for at least 3 years from the date of t				
	exempt purposes for the entire holding period?				
h	If "Yes," describe the arrangement in Part II.				000
31	Does the organization have a gift acceptance p	olicy that re	ouires the review o	of any nonstandard contribut	ions? 31 X
	Does the organization hire or use third parties of				
σzu			•	· · ·	32a X
h	contributions? If "Yes," describe in Part II.				
ы 33	If the organization didn't report an amount in co	olumn (o) for	a type of property	(for which column (a) is abor	sked
00	describe in Part II.		a type of property	To which could in (a) is chec	
LHA	For Paperwork Reduction Act Notice, see t	the Instruct	tions for Form 990	<u>ו</u>	Schedule M (Form 990) 2022
	· · · · upor tront neudolion Act Notice, see				

Part II 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.

232142 09-09-22	Schedule M (Form 990) 2022

10091115 757052 120094

SCHEDULE O (Form 990) 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.



01-0216837

Maine Seacoast Mission

Form 990, Part I, Line 1, Description of Organization Mission:

supporting families and promoting healthy lifestyles.

Form 990, Part III, Line 4b, Program Service Accomplishments:

provide personal health visitations and access to educational and

health screening clinics to island residents. The RN is able to connect

island residents with health providers on the mainland thru the use of

the Mission's "telemedicine" equipment. Telemedicine enables healthcare

facilities to provide clinical services to island patients through the

use of highly technical telecommunication equipment provided by the

Mission and with the assistance of the Mission's RN.

The Island Outreach and Island Health Services staff are able to reach

these islands thru the services of the Mission's "Sunbeam V" - a

74-foot vessel - and its three-member crew.

Form 990, Part III, Line 4d, Other Program Services:

The Mission's Scholarship Program provides grants to students from

island and coastal communities to attend college, technical schools and

adult education programs.

Expenses \$ 511,010. including grants of \$ 511,010. Revenue \$ 0.

Form 990, Part VI, Section A, line 6:

The Mission has one class of members which may include individuals, limited

liability companies, partnerships or other unincorporated organizations.

Additionally, any person who makes a financial contribution to the MissionLHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 2022232211 10-28-22

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Name of the organization	Employer identification number
Maine Seacoast Mission	01-0216837

in any fiscal year shall be a Member of the Mission for that year.

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

Line 11a was answered "No" since the Mission's full Board of Directors reviews the "Public Inspection Copy" of the 990 and not the full IRS filing copy of the 990. The full Board of Directors reviews the Public Inspection Copy and not full IRS filing copy as some donors listed on Schedule B of the full IRS filing copy have requested to remain anonymous to the general public and members of the Mission's Board of Directors. Although the full Board of Directors reviews the "Public Inspection Copy" of the 990, it is the Mission's policy to have the Board's Treasurer and Chairman of the Audit Committee review the full IRS filing copy before it is filed with the IRS. A "draft" copy of the full IRS filing copy of Form 990 is first reviewed by the Mission's Chief Financial Officer and President as well as the Mission's Treasurer and the Chairperson of the Audit Committee. The "Public Inspection Copy" of the 990 is then given to the Mission's Audit Committee to review.

After the Audit Committee approves the Public Inspection Copy of the 990, the President will sign Form 8453-EO and provide the signed form to the Mission's tax preparation firm, BerryDunn. The Chief Financial Officer will then provide a copy of the draft of the Public Inspection Copy of Form 990 to each member of the Board of Directors to review and make comments before the full IRS filing copy of the 990 is eventually electronically filed by BerryDunn. After the return is electronically filed. The Public Inspection Copy of the 990 is then posted to the Mission's website.

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

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Name of the organization Maine Seacoast Mission	Employer identification number 01-0216837
The policy is self-policing at the board level. Members re	cuse themselves
from discussions and voting whenever they have a conflict	of interest

regarding the issue on the floor.

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

Current employee compensation setting procedures involve the consideration of the employees' roles and responsibilities, employee job performance reviews and periodic reviews of market compensation rates which are derived from various media including, but not limited to the internet, newspapers, and professional subscription services. The results of a recent compensation search from an independent source for comparison to the compensation of MSCM's President, Chief Financial Officer and Director of Development determined that the current compensation of MSCM's key personnel fell within the compensation ranges derived from the search.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990: CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,PA,RI,SC,TN,UT,VA,WV,WI

Form 990, Part VI, Section C, Line 19:

The Mission makes its financial statements available to the public through its website www.seacoastmission.org. The Mission's governing documents and conflict of interest policies are made available to the public by request through its Northeast Harbor office.

Form 990, Part X, Line 10: Land, Buildings, and Equipment

Section 1.263(a)-3(n) Election:

<u>Maine Seacoast Mission</u>

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Name of the organization Maine Seacoast Mission	Employer identification number 01-0216837
PO Box 600	
Northeast Harbor, ME 04662	
EIN 01-0216837	
Maine Seacoast Mission is electing to capitalize repair an	d maintenance
costs under Regulation Section 1.263(a)-3(n).	
Form 990, Part XI, line 9, Changes in Net Assets:	
	25 020
Change in Value of Split-Interest Agreements	-35,020.
Change in Value of Beneficiary Interest in Perpetual Trust	
Total to Form 990, Part XI, Line 9	309,102.
232212 10-28-22	Schedule O (Form 990) 2022

## Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

Maine Seacoast Mission

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022



2022 Open to Public Inspection

Employer identification number

01-0216837

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,							1						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)		j)	(k)			
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income Share of total elated, income	Share of end-of-year assets	Disproportior allocations		te Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or aging tner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No				
	1														
	-														
	-														
	-														
										+	$\left  \right $				
	4														
	4														

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512( cont	(i) ction (b)(13) trolled tity?
		country)						Yes	No
Ray G. Marston Trust - 01-6007199									
PO Box 94605									
Cleveland, OH 44101	Trust	ME	N/A	TRUST	20,346.	311,997.	100%	Х	
Perpetual Trust Graves Charitable Fund -									
04-6026301, 100 Federal Street, Boston, MA									
02110	Trust	MA	N/A	TRUST	177,375.	2,358,416.	75.00%	Х	
Wyman Whitney and Della Trust Fund A -									
01-6062793, PO Box 830774, Dallas, TX	7								
75283-0774	Trust	ME	N/A	TRUST	19,976.	414,699.	100%	х	
Wyman Whitney and Della Trust Fund B -									
16-6374611, PO Box 830774, Dallas, TX	7								
75283-0774	Trust	ME	N/A	TRUST	64,639.	1,226,565.	100%	Х	

Schedule R (Form 990) 2022

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

uring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? ecceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ift, grant, or capital contribution to related organization(s) ift, grant, or capital contribution from related organization(s) pans or loan guarantees to or for related organization(s)	1a 1b 1c		X X
ift, grant, or capital contribution to related organization(s) ift, grant, or capital contribution from related organization(s)	1b		
ift, grant, or capital contribution to related organization(s) ift, grant, or capital contribution from related organization(s)		v	Х
ift, grant, or capital contribution from related organization(s)	1c	77	
		X	
ans or loan guarances to or for related organization(s)	1d		Х
pans or loan guarantees by related organization(s)	1e		Х
vidends from related organization(s)	1f		Х
	1g		Х
	1h		Х
	1i		Х
ease of facilities, equipment, or other assets to related organization(s)	1j		Х
ease of facilities, equipment, or other assets from related organization(s)	1k		Х
	11		Х
	1m		Х
	1n		Х
naring of paid employees with related organization(s)	<b>1</b> 0		Х
eimbursement paid to related organization(s) for expenses	1p		Х
eimbursement paid by related organization(s) for expenses	1q		Х
ther transfer of cash or property to related organization(s)	1r		Х
ther transfer of cash or property from related organization(s)	1s		Х
	vidends from related organization(s)	vidends from related organization(s)       11         le of assets to related organization(s)       19         richase of assets from related organization(s)       11         change of assets with related organization(s)       11         ase of facilities, equipment, or other assets from related organization(s)       11         asse of facilities, equipment, or other assets from related organization(s)       11         rformance of services or membership or fundraising solicitations for related organization(s)       11         rformance of services or membership or fundraising solicitations by related organization(s)       11         aring of facilities, equipment, mailing lists, or other assets with related organization(s)       11         aring of paid employees with related organization(s)       11         imbursement paid to related organization(s) for expenses       10         imbursement paid to related organization(s) for expenses       10         her transfer of cash or property to related organization(s)       11         her transfer of cash or property from related organization(s)       11         her transfer of cash or property from related organization(s)       11         her transfer of cash or property from related organization(s)       15	vidends from related organization(s)       11         le of assets to related organization(s)       1g         urchase of assets from related organization(s)       1h         change of assets with related organization(s)       1i         change of assets with related organization(s)       1i         asse of facilities, equipment, or other assets from related organization(s)       1k         urformance of services or membership or fundraising solicitations for related organization(s)       1k         urformance of services or membership or fundraising solicitations by related organization(s)       1m         uring of facilities, equipment, mailing lists, or other assets with related organization(s)       1m         uring of paid employees with related organization(s)       1m         uring of paid employees with related organization(s)       10         uring of paid employees with related organization(s)       10         uring of paid employees with related organization(s)       10         uring of paid employees with related organization(s) for expenses       1p         uring of cash or property to related organization(s)       10         her transfer of cash or property to related organization(s)       1r         her transfer of cash or property from related organization(s)       1s

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) Wyman Whitney and Della Trust Fund B	С	57,263.	FMV
(2)			
(3)			
<u>(4)</u>			
(5)			
_(6)			

### Schedule R (Form 990) 2022 Maine Seacoast Mission

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	10		(f)	(g)	/	n)	(i)	(j)	(k)																
(a) Name, address, and EIN	(b) Primary activity	Legal domicile	Predominant incomo	(e Are partners 501(c orgs	all	(I) Share of	(9) Share of		nonor-	UI Code V-UBI	(J) General c																	
of entity	Frimary activity	(state or foreign	(related, unrelated,	501(c	s sec. ;)(3)	total	end-of-year	tion	ropor- nate	amount in box 20	managin	ownership																
or onacy		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs		income	assets		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?																	
			Sections 512-514)	Yes	No			Yes	No	(FUITI 1003)	Yes NO	2																
				$ \downarrow \downarrow$								ļ																
				+																								
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				+					<u> </u>			<u> </u>																

Schedule R (Form 990) 2022

Form <b>990-T</b>		E	n	OMB No. 1545-0047			
			0000				
		23	2022				
Department of the Treasury Internal Revenue Service			Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only		
A 🗌	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmp	loyer identification number		
<b>B</b> Ex	empt under section	Print	Maine Seacoast Mission	0	1-0216837		
X         501(C)(3)           408(e)         220(e)		or Type	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 600		p exemption number instructions)		
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code Northeast Harbor, ME $04662$	F	Check box if		
		С Во	ok value of all assets at end of year 63,850,681.		an amended return.		
GC	heck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	] State	college/university		
H C	Check if filing only to	)	Claim credit from Form 8941 Claim a refund shown on Form 2439				
I C	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		<u></u>		
JE	inter the number of	attache	ed Schedules A (Form 990-T)				
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No		
			d identifying number of the parent corporation.				
	he books are in car			207-	288-5097		
Par	•••		d Business Taxable Income		<del></del>		
1		busine	ss taxable income computed from all unrelated trades or businesses (see		0		
				1	0.		
2				2			
3	Add lines 1 and 2						
4	Charitable contribution	4	0.				
5	Total unrelated bu	5					
6	Deduction for net operating loss. See instructions						
7	Total of unrelated business taxable income before specific deduction and section 199A deduction.						
	Subtract line 6 from line 5				1 000		
8	Specific deduction (generally \$1,000, but see instructions for exceptions)				1,000.		
9	Trusts. Section 199A deduction. See instructions				1		
10	Total deductions.			10	1,000.		
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,				
Der	enter zero			11	0.		
Par	t II Tax Com	-					
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.		
2			ates. See instructions for tax computation. Income tax on the amount on				
	Part I, line 11 from		_ Tax rate schedule or Schedule D (Form 1041)	2	<u> </u>		
3	Proxy tax. See ins			3	<u> </u>		
4	Other tax amounts			4			
5	Alternative minimu	5	<u> </u>				
6	Tax on noncompl	6					
7			h 6 to line 1 or 2, whichever applies	7	0.		
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form <b>990-T</b> (2022)		

Form 9	90-T (2022)		Page <b>2</b>					
Part	III Tax and Payments							
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)							
b	Other credits (see instructions) 1b							
с	General business credit. Attach Form 3800 (see instructions)							
d	Credit for prior year minimum tax (attach Form 8801 or 8827)							
е	Total credits. Add lines 1a through 1d	1e						
2	Subtract line 1e from Part II, line 7	2	0.					
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866							
	Other (attach statement)	3						
4	Total tax. Add lines 2 and 3 (see instructions).							
	section 1294. Enter tax amount here	4	0.					
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.					
6a	Payments: A 2021 overpayment credited to 2022							
b	2022 estimated tax payments. Check if section 643(g) election applies 6b							
с	Tax deposited with Form 8868 6c							
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d							
е	Backup withholding (see instructions) 6e							
f	Credit for small employer health insurance premiums (attach Form 8941)							
g	Other credits, adjustments, and payments: Form 2439							
	Form 4136 Other Total 6g							
7	Total payments. Add lines 6a through 6g	7						
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8						
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9						
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10						
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11						
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)							
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes No					
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file							
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country							
	here		X					
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a							
	foreign trust?		X					
	If "Yes," see instructions for other forms the organization may have to file.							
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$							
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover							
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Par	,						
5	5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce							
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions							
	Business Activity Code Available post-2017 NOL of	arryover						
	\$							
	\$							
6a	Did the organization change its method of accounting? (see instructions)		X					
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"							
Davt	explain in Part V	<u></u>						

 Part V
 Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

	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 taxpayer) is based on all information of which preparer has any knowledge.								
Here			President				May the IRS discuss this return with the preparer shown below (see		
	Signature of officer		Date	Title			instructions)? X Yes		
	Print/Type preparer's name		Preparer's signature		Date	Check	if	PTIN	
Paid						self- employ	ed		
Preparer	Joseph R. B	yrne	Joseph R. B	yrne	11/15/23			P01289281	
Use Only	<b>D D D D D D D D D D</b>	ry Dunn M	IcNeil & Parker, LLC		Firm's EIN	N 01-0523282			
oue only	2211 Congress St								
	Firm's address <b>P</b>	ortland,	ME 04102			Phone no.	(2	07)775-2387	
223711 01-16-2	23							Form <b>990-T</b> (2022)	