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Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

20**14**

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs gov/form990pf.

2014
Open to Public Inspection

ro	r caier	ndar year 2014 or tax year beginning		, and	enaing		
		undation			A Employe	r identification number	
		AST CONSERVATION FOUNDATION INC		, ,			
		d street (or P O box number if mail is not delivered to street address)	Roo	m/suite	D. Tolomban	11-3346666	
	y or town	ER ROAD State	ZIP code		B releption	e number (see instructio	ns)
	GECC		04556				
_		untry name Foreign province/state/county	Foreign pos	tal code	C If overmed	tion application is pendir	a chook hore.
	C.g., 000	and y hame	r oreign poo	iai oocc	l exemp	iion application is periuli	g, check here
G	Checl	k all that apply I initial return I Initial return	of a former public	charity	D 1. Foreig	n organizations, check h	nere ►
		☐ Final return ☐ Amended ret	•	······································		n organizations meeting	
		Address change Name chang	е			here and attach comput	_
Ή	Check	k type of organization: X Section 501(c)(3) exempt pri			E If private	foundation status was te	rminated under
П		on 4947(a)(1) nonexempt charitable trust		ation	section 50	07(b)(1)(A), check here	▶ _
T		narket value of all assets at J Accounting method			1		
•		if year (from Part II, col (c),		tooraar		ndation is in a 60-month ction 507(b)(1)(B), check	
		6) ► \$ 1,268,176 (Part I, column (d) must b	e on cash basis)		4,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Р	art I					[(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per		t investment	(c) Adjusted net	for charitable purposes
		equal the amounts in column (a) (see instructions))	books	"	ncome	ıncome	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ▶☐ if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities .	37,255		37,255	37,255	
	5a	Gross rents					
	b	Net rental income or (loss)		ļ	·····		
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	432	<u>:</u>			
Ĕ	_ b	Gross sales price for all assets on line 6a 432		<u> </u>			
Revenue	7	Capital gain net income (from Part IV, line 2)				<u> </u>	
Ř	8	Net short-term capital gain		 			
	10a	Gross sales less returns and allowances	<u></u>	 			
	Ь	Less Cost of goods sold		 			
	c	Gross profit or (loss) (attach schedule)		 			
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11 .	37,687		37,255	37,255	
	13	Compensation of officers, directors, trustees, etc					
Se	14	Other employee salaries and wages		Ì			
eü	15	Pension plans, employee benefits	ľ			379	
Expenses	16a	Legal fees (attach schedule) .		11	にしこ	16, 10	
	b	Accounting fees (attach schedule)	900			10	900
tive	C	Other professional fees (attach schedule)			1AY 1 5	2015 101	
<u>ra</u>	17	Interest .		ώ,		1,	
isi	18	Taxes (attach schedule) (see instructions)	766		<u> </u>	1	766
ij	19 20	Depreciation (attach schedule) and depletion . Occupancy		 U	GDE	1 1 1	<u> </u>
ğ	21	Travel, conferences, and meetings	11,649				11,649
þ	22	Printing and publications	11,045	1			11,049
an	23	Other expenses (attach schedule)	250	<u> </u>			250
Operating and Administrative	24	Total operating and administrative expenses.		1			200
aţi		Add lines 13 through 23	13,565		0	О	13,565
er	25	Contributions, gifts, grants paid	40,500				40,500
Q	26	Total expenses and disbursements. Add lines 24 and 25	54,065		0	0	54,065
	27	Subtract line 26 from line 12		T			
	а	Excess of revenue over expenses and disbursements	-16,378	<u> </u>			
	b	Net investment income (if negative, enter -0-)			37,255		
	C	Adjusted net income (if negative, enter -0-)		1		27 255	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2014)

Should be to end-on-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value	Ð	art II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year	End of	year
2 Savings and temporary cash investments 3 Apcounts receivable ► Less allowance for doubtful accounts ► 4 Piedges receivable ← Less allowance for doubtful accounts ► 5 Grants receivable 6 Receivables due from officers, directors, frustees, and other disqualified persons (altach schedule) (see instructions) 7 Other notes and losin secenable (faths schedule) ► Less silowance for doubtful accounts ► 8 Inventiories for sale or use 9 Preparal expenses and deferred charges 10a investments—Corporate slock (altach schedule) b investments—Corporate slock (altach schedule) c investments—Corporate slock (altach schedule) 1 investments—Corporate slock (altach schedule) 1 investments—Outprate bords (altach schedule) 1 cas accumulated deprecation (altach schedule) 1 investments—Outprate bords (altach schedule) 1 investments—Outprate bords (altach schedule) 1 investments—Outprate bords (altach schedule) 1 cas accumulated deprecation (altach schedule) 1 investments—Outprate bords (altach schedule) 2 investments—		2000	Dalance Officers	should be for end-of-year amounts only (See instructions)	(a) B∞k Value	(b) Book Value	(c) Fair Market Value
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		ne kınd(s) of property sold (e.g., real estatuse, or common stock, 200 shs MLC Co			(b) How acquir P—Purchase D—Donation	, (6)	Date acquired no , day, yr)	(d) Date sold (mo , day, yr)
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b								
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d e	·- <u></u>							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or plus exper	other basis			I in or (loss) (f) minus (g)
а			 					
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	Complete only for assets sh	owing gain in column (h) and owner	ed by the	foundation	on 12/31/69	_		l (h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col	s of col (i) (j), if any			it less than -0-) or from col (h))
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	Comital same and manages as	(not constal loca) If gain	ı, also eı	nter in Par	t I, line 7			
2	Capital gain net income or	t if (loss	•	-0- in Parl	I, line 7	2		0
3		or (loss) as defined in sections line 8, column (c) (see instruction			- O in	, I		
	Part I, line 8	line 6, column (c) (see instruction	ons) ir (ioss), ente	r -U- IN	} _		_
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Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)			
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		745	
С	here ▶ ☐ and enter 1% of Part I, line 27b All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		o	
3	Add lines 1 and 2		745	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5	Tax based on Investment income. Subtract line 4 from line 3 If zero or less, enter -0		745	
6	Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 766			
b	Exempt foreign organizations—tax withheld at source			
c d	Tax paid with application for extension of time to file (Form 8868) . 6c 6d 6d			
7 7	Total credits and payments Add lines 6a through 6d		766	
8	Enter any penalty for underpayment of estimated tax. Check here		700	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		21	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 21 Refunded ▶ 11		0	
Part \	/II-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	ا ا		
	Instructions for the definition)?	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶\$ (2) On foundation managers ▶\$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			
	Has the foundation engaged in any activities that have not previously been reported to the IRS? , If "Yes," attach a detailed description of the activities	2		Х
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		_X_
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	4a	N/A	Х
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	4b 5	N/A	
	If "Yes," attach the statement required by General Instruction T			
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.	1 1	1	
	By language in the governing instrument, or	1	- 1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		- 1	
	conflict with the state law remain in the governing instrument?	6	Х	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV .	7	Х	
	Enter the states to which the foundation reports or with which it is registered (see instructions) ME			
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b		
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)		- 1	
	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If		- 1	v
	"Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	9		<u> </u>
	names and addresses	10	J	Х

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
4.4	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) .	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	40	i	
40	person had advisory privileges? If "Yes," attach statement (see instructions)	12	~	X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address	13	X	<u> </u>
14	The books are in care of ► LEWAND ZRYD ASSOCIATES, CPAs PC Telephone no ► 631 589-	8080		
	Located at ► 1650 SYCAMORE AVE, SUITE 15 BOHEMIA NY ZIP+4 ► 11716			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year 15			▶ □
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?.	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If			
- A	"Yes," enter the name of the foreign country			L
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		V	- N-
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No Yes No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	1b	N/A	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2014?	1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years 20, 20, 20	į		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	-		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		N1/A	
_	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No	l		
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse	I		
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	- 1		
	foundation had excess business holdings in 2014)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>		_ <u>X_</u>
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b		v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	40		X

Part	VII-B	Statements Regarding Activities	for W	hich Form	<u>4720 l</u>	May Be Re	equire	d (contın	ued)			
5a		ne year did the foundation pay or incur any y on propaganda, or otherwise attempt to i			section	4945(e))?		Yes	IXI No			
		ence the outcome of any specific public ele					l.		Щ		i '	
		tly or indirectly, any voter registration drive			•			☐ Yes	=			
		ide a grant to an individual for travel, study		-	•			☐ Yes	X No			
		ide a grant to an organization other than a on 4945(d)(4)(A)? (see instructions)	charita	ıble, etc , orga	anızatıo	n described	ın	☐ Yes	No			<u>.</u>
		ide for any purpose other than religious, choses, or for the prevention of cruelty to chil			terary,	or education	nal	☐ Yes	⊠ No			,
b		swer is "Yes" to 5a(1)-(5), did any of the t							ın lı			ı
	-	ons section 53 4945 or in a current notice	-	-		,	ructions	;)?		5b	N/A	
С	If the an	ations relying on a current notice regarding swer is "Yes" to question 5a(4), does the fo it maintained expenditure responsibility fo	oundati	ion claim exer				□Yes	► □ □ No			
		attach the statement required by Regulation	_		-5(d).							i
6a		oundation, during the year, receive any fur			, ,	pay premiu	ms					ı
	on a per	sonal benefit contract?						Yes Yes	X No			
b		oundation, during the year, pay premiums,	dırectl	y or indirectly	, on a p	ersonal ber	nefit cor	ntract?		6b		
_		to 6b, file Form 8870				_		_	E71			
	-	ne during the tax year, was the foundation a pa did the foundation receive any proceeds o	•	•			e trans	Yes	∐ No	7h	N/A	ı
Part		Information About Officers, Directo							aid Em			
		and Contractors										
1	List all	officers, directors, trustees, foundation i										
		(a) Name and address	hou	le, and average urs per week ted to position	(If	mpensation not paid, nter -0-)	empl	Contribution: byee benefit ferred compe	plans	(e) Expe	nse aco	
	IAS POW	ERS EDGECOMB, ME 04556	PART	TIME DIREC								
	H POWE		PART	TIME DIREC								
		EDGECOMB, ME 04556								_,		
	D A LEWI HERMAN	ST LOCK SPRINGS, WY 82901	PART	TIME DIREC								
									İ			
2	Comper	sation of five highest-paid employees (other t	han those in	cluded	on line 1—	see ins	structions). If nor	ie, ente	er	
	(a) Name a	nd address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	eek -	(c) Compen	isation	(d) Contribution (d) Co	benefit leferred	(e) Expe other a	nse acc allowan	
NONE												
								-				
T-4-1		050000		L		<u> </u>						
ı otal ı	numper o	other employees paid over \$50,000										

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	ME "
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	(c) compensation
TYONE	i
	<u> </u>
Total number of others receiving over \$50,000 for professional services ▶	<u> </u>
Part IX-A Summary of Direct Charitable Activities	
Liet the foundations four largest direct shortship activities during the true year. Include sales out statistical information such as the number of	T
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE	
2	
3	
	}
4	
	}
	<u> </u>
Part IX-B Summary of Program-Related Investments (see instructions)	, , , , , , , , , , , , , , , , , , ,
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE	Amount
NONE	
2	
All other program-related investments. See instructions	
3	
	<u></u>
Total. Add lines 1 through 3	0

Form **990-PF** (2014)

Form 99	90-PF (2014) DOWNEAST CONSERVATION FOUNDATION INC	11-3346666	Page 8
Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundations.	
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes	1 1	
a	Average monthly fair market value of securities	1a	1,165,359
b	Average of monthly cash balances	1b	42,947
С	Fair market value of all other assets (see instructions) .	1c	
d	Total (add lines 1a, b, and c)	1d	1,208,306
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,208,306
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see	(
	instructions)	4	18,125
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,190,181
6	Minimum investment return. Enter 5% of line 5	6	59,509
Part			
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	59,509
2a	Tax on investment income for 2014 from Part VI, line 5 2a 745		
b	Income tax for 2014 (This does not include the tax from Part VI)] [
C	Add lines 2a and 2b	2c	745
3	Distributable amount before adjustments Subtract line 2c from line 1	3	58,764
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	58,764
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	l I	
	line 1	7	58,764
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	54,065
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	54,065
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4 .	6	54,065
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	her the foundat	ion
	qualifies for the section 4940(e) reduction of tax in those years		

Pari	XIII Undistributed Income (see instructions	s)			
1	Distributable amount for 2014 from Part XI.	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	line 7				58,76
2	Undistributed income, if any, as of the end of 2014				20,70
а	Enter amount for 2013 only			52,817	
b			133,826	52,017	
3	Excess distributions carryover, if any, to 2014		100,020		
а	From 2009 .				
b	From 2010				
c	From 2011				
ď	From 2012				
۵.	From 2013				
f	T-4-1-(1 0 ")				
-		0			·····
4	Qualifying distributions for 2014 from Part XII,				
_	line 4 ▶ \$ 54,065				
	Applied to 2013, but not more than line 2a			52,817	······
D	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required—see instructions) .				
	Applied to 2014 distributable amount				1,248
е	Remaining amount distributed out of corpus				· · · · · · · · · · · · · · · · · · ·
5	Excess distributions carryover applied to 2014				···
	(If an amount appears in column (d), the same				
^	amount must be shown in column (a))				
6	Enter the net total of each column as	1]		
_	indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b	Prior years' undistributed income Subtract			1	
	line 4b from line 2b		133,826		
С	Enter the amount of prior years' undistributed	i	ĺ		
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)		1		
	tax has been previously assessed .				
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions .		133,826		
е	Undistributed income for 2013. Subtract line				······································
	4a from line 2a Taxable amount—see			1	
	instructions			o	
f	Undistributed income for 2014 Subtract lines			<u> </u>	
	4d and 5 from line 1. This amount must be				
	distributed in 2015				E7 E40
7	Amounts treated as distributions out of corpus				57,516
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be		1		
	required—see instructions)				
8	Excess distributions carryover from 2009 not	·			
_	applied on line 5 or line 7 (see instructions)	1	ļ		
9	Excess distributions carryover to 2015.				
-	Subtract lines 7 and 8 from line 6a	1			
10					
	Analysis of line 9	ļ	1		
	Excess from 2010	1	į		
	Excess from 2011				
	Excess from 2012		1	1	
	Excess from 2013			1	
е	Excess from 2014 .				

(4) Gross investment income 0

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

(3) Largest amount of support from an exempt organization .

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
- **b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here \blacktriangleright If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

THOMAS POWERS 708 RIVER RD EDGECOMB, ME 04556

b The form in which applications should be submitted and information and materials they should include

IN WRITING, DETAILING NEED FOR FUNDS AND AMOUNTS DESIRED

c Any submission deadlines

APPLICATIONS ARE ACCEPTED AT ANY TIME

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

NO RESTRICTIONS, EXCEPT THAT THE CHARITY MUST BE ACCEPTABLE TO THE IRS AS A RECOGNIZED CHARITY

0

Total

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year **CNETER FOR TEACHING & LEARNING** GENERAL OPERATING FUND 1,000 119 CROSS POINT RD EDGECOMB, ME 04556 SKIDOMPHA LIBRARY GENERAL OPERATING FUND 500 184 MAIN ST, PO BOX 70 DAMARISCOTTA, ME 04543 SHEEPSCOTT VALLEY CHILDRENS HOUSE GENERAL OPERATING FUND 3,000 PO BOX 449 WISCASSET, ME 04578 **OWLS HEAD TRANSPORTATION MUSEUM** GENERAL OPERATING FUND 7,000 **BOX 277** OWLS HEAD, ME 04854 AOPA AIR SARETY FOUNDATION GENERALOPERATING FUND 5,000 421 AVIATION WAY, PO BOX 865 FREDRICK, MD 21701 LINCOLN COUNTY ANIMAL SHELTER GENERAL OPERATING FUND 3,000 27 ATLANTIC HIGHWAY EDGECOMB, ME 04556 NEW HOPE FOR WOMEN GENERAL OPERATING FUND 3,000 BOX A ROCKLAND, ME 04841-0733 WISCASSET PUBLIC LIBRARY GENERAL OPERATING FUND 2,000 21 HIGH STREET WISCASSET, ME 04578 CENTER FOR TEACHING AND LEARNING GENERAL OPERATING FUND 5,000 119 CROSS POINT ROAD EDGECOMB, ME 04556 SKIDOMPHA LIBRARY GENERAL OPERATING FUND 2,000 184 MAIN ST, PO BOX 70 DAMARISCOTTA, ME 04543 THE COASTAL HUMANE SOCIETY GENERAL OPERATING FUND 3,000 30 RANGE ROAD BRUNSWICK, ME 04011 See Attached Statement ▶ 40,500 Total 3a b Approved for future payment

>

Form 990-PF (2014)

Рa	rt XVI	-A Analysis of Income-Producing Ac	ctivities				
		s amounts unless otherwise indicated	· · · · · · · · · · · · · · · · · · ·	isiness income	Excluded by sect	ion 512, 513, or 514	<u> </u>
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Prog	ram service revenue.	Business code	Amount	Exclusion code	Alloun	(See instructions)
	a _						
	b _						
	c _						
	d	· · · · · · · · · · · · · · · · · · ·					
	e _						
	f _		<u> </u>				
_		ees and contracts from government agencies	·				
2		bership dues and assessments					
3		est on savings and temporary cash investments					
4		ends and interest from securities					37,255
5		ental income or (loss) from real estate.					
		Debt-financed property					
c		lot debt-financed property ,		<u> </u>			
6 7		ental income or (loss) from personal property r investment income				·	
8			-				400
9		or (loss) from sales of assets other than inventory ncome or (loss) from special events	-				432
10		s profit or (loss) from sales of inventory	<u> </u>				
11		r revenue a					
• •	b						
	_						
	e –						
12	Subto	otal Add columns (b), (d), and (e)		0		0	37,687
		I. Add line 12, columns (b), (d), and (e)			·····	13	37,687
(Sec	works	sheet in line 13 instructions to verify calculations	()				
Pai	rt XVI	-B Relationship of Activities to the A	ccomplishm	ent of Exempt	Purposes		
	e No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt purp	ne is reported in cooses (other than	olumn (e) of Part X by providing fund:	(VI-A contributed s for such purpos	importantly to the es) (See instruction	ons)
							
				· · · · · · · · · · · · · · · · · · ·			
-						·-· · · · · · · · · · · · · · · · · · ·	
			-		·		
				 -			
						 	
							
							
					······································		
		· · · · · · · · · · · · · · · · · · ·					
				······································			
							•
							** ** ** * *

Firm's name Lewand Zryd Assoc CPAs PC

Firm's address ► 1650 Sycamore Ave, Suite 15, Bohemia, NY 11716

Preparer Use Only

Form 99	0-PF (2014) DOWNE	AST CONSERVATION	FOUNDATION INC			11-334	6666	Pag	ge 13
Part	XVII			ers To and Transaction	s and Re	lationships W	ith Nonchari	table		
			ganizations							
1				gage in any of the following v					Yes	No
		• •	ne Code (other than see	ction 501(c)(3) organizations) or in secti	on 527, relating t	o political			
	orga	inizations?						İ	!	
a	Trar	sfers from the re	porting foundation to a	noncharitable exempt organ	ızatıon of			[
	(1)	Cash	•					1a(1)		
	(2)	Other assets				•		1a(2)		
b	Othe	er transactions						1		
			a noncharitable exem	· ·			•	1b(1)		
			ets from a noncharitabl					1b(2)		
			s, equipment, or other a	ssets .				1b(3)		
		Reimbursement a	-	• •				1b(4)	L	<u>.</u>
		oans or loan gua			•	•		1b(5)		<u> </u>
				or fundraising solicitations		•	•	1b(6)		
С				, other assets, or paid emplo				1c		
d				plete the following schedule Co						
	value	e of the goods, oth	ier assets, or services giv	ven by the reporting foundation t, show in column (d) the value	If the found	lation received les	s than fair mark	et ad		
					 _					
(a) Line	no	(b) Amount involved	(c) Name of nonch	aritable exempt organization	(a) Desci	ription of transfers, tra	nsactions, and shar	ing arrai	ngemen	ts
			 							
			 		 					
	-+	<u> </u>								
 _										
		···· ·		· · · · · · · · · · · · · · · · · · ·	 					
										
			-							
			 							
					·					
		· · · · · · · · · · · · · · · · · · ·	<u> </u>			· · · · · · · · · · · · · · · · · · ·				
			 							
2a				ed with, or related to, one or i						
				er than section 501(c)(3)) or	in section 5	527? .		Yes	LJ N	0
b	If "Y	es," complete the	following schedule							
		(a) Name of orga	nization	(b) Type of organization		(c) D	escription of relation	ship		
				. <u> </u>		- <u></u>				
		·				- 				
						·				
										
	1100	or nonalhee of nerver 1 de	iclare that I have examined the	m including accompanions asked describe	latomonto == 11:	the heat of must a must de	and holist it is to in			
C:	corre	er penalises of perjury, I de ect <u>, and</u> complete. Declara	icials that i have examined this retu ition of preparer (other than taxbave	m, including accompanying schedules and s r) is based on all information of which prepai	rarements, and to rer has any knowl	o use best of my knowledg edge				
Sign	N	Thomas	Porces		~e~de	- / · · ·	May the IRS			
Here		nature of officer or tru	istae	Date Title		- / ~ / ~	(see instruc		Yes	
	عاد ا	Print/Type prepare		Preparer's signature		Date	<u> </u>	TIN		===
Paid		1		. Toporor a dignature		}	Check if		OEO	
Pron	aror	Gerard Lewand	<u> </u>	<u></u>		5/6/2015	self-employed	P01208	2220	

11-3253226

(631)589-8080

Firm's EIN

Phone no

Form **4720**

Department of the Treasury

For calendar year 2014 or other tax year beginning

Internal Revenue Service

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967)
Information about Form 4720 and its separate instructions is at www.irs.gov/form4720

, 2014, and ending

OMB No 1545-0052

, 20

2014

Name o	f organization or entity		Employer identification number				
$\overline{}$	NEAST CONSERVATION FOUNDA			11-334			
Number	street, and room or suite no (or PO box if n	nail is not delivered to street address)		Check box for type	of annual return		
	IVER ROAD			Form 990	Form 990-EZ		
City or t	own, state or province, country, and ZIP or for	eign postal code		X Form 990-PF			
EDGE	COMB, ME 04556	······································		Form 5227			
					Yes No		
	Is the organization a foreign private						
В	Has corrective action been taken of	-	ın Chapter 42 taxes being repoi	rted on this			
	form? (Enter "N/A" if not applicable				. L		
	If "Yes," attach a detailed description						
	market value of any property recovery			If "No," (I.e , a	ny		
Dart	uncorrected acts or transactions), a			40.42(a) 40.44(a	N(4)		
rait	Taxes on Organization (S	59, 4965(a)(1), and 4966(a)(4943(a), 4944(a	1)(1),		
1	Tax on undistributed income—Sche		''	1 1			
2	Tax on excess business holdings—			2			
3	Tax on investments that jeopardize		Part Leolumn (a)	3			
4	Tax on taxable expenditures—Sche		o, Part i, Columni (e) .	4			
5	Tax on political expenditures—Scho	· · ·	·	5	— . 		
6	Tax on excess lobbying expenditure			6			
7	Tax on disqualifying lobbying experi		umn (e)	7			
8	Tax on premiums paid on personal	•	u,,,,, (e)	8			
9	Tax on being a party to prohibited t		le J. Part I. column (h)	9			
10	Tax on taxable distributions—Sche			10			
11	Tax on a charitable remainder trust		ome Attach statement	11			
12	Tax on failure to meet the requirem	ents of section 501(r)(3)-Schedu	le M, Part II, line 2.	12			
13	Total (add lines 1–12)	.,,,		13	O		
Part	II-A Taxes on Managers, Se	elf-Dealers, Disqualified Pe	rsons, Donors, Donor Adv	isors, and Rela	ted Persons		
		a), 4944(a)(2), 4945(a)(2), 4					
	(a) Name and address of person subject to	tax. City or town, state or province, co	untry, ZIP or foreign postal code	(b) Taxpayer ide	ntification number		
а							
b			<u>-</u>				
<u>c</u>							
	(c) Tax on self-dealing—Schedule A,	(d) Tax on investments that jeopardize charitable purpose—Schedule D,	(e) Tax on taxable expenditures—	(f) Tax on political	al expenditures—		
	Part II, col (d), and Part III, col (d)	Part II, col (d)	Schedule E, Part II, col (d)	Schedule F, I	Part II, col (d)		
a							
b							
С							
Total	0	0		0	0		
	(g) Tax on disqualifying lobbying	(h) Tax on excess benefit	(i) Tax on being a party to prohibited	(J) Tax on taxabl	e distributions—		
	expenditures—Schedule H, Part II, col (d)	transactions—Schedule I, Part II, col (d), and Part III, col (d)	tax shelter transactions—Schedule J, Part II, col (d)		Part II, col (d)		
a					· · · · · · · · · · · · · · · · · · ·		
b							
С							
Total	0	0		0	0		
	(k) Tax on prohibited benefits—Sch L,			(I) Total—Add on	ols (c) through (k)		
	Part II, col (d), and Part III, col (d)			(1) 10121-7000			
<u>a</u>					0		
<u>b</u>					0		
C					0		
Total	0			0			

DOWNEAST CONSERVATION FOUNDATION INC

Part II-B			es (See Tax Pay				
1 En	iter the taxes listed i	n Part	II-A, column (I), tha	it apply to mai	nagers, self-dealers, disqualif	ied	
pe	rsons, donors, dono	r advis	sors, and related pe	ersons who sig	n this form If all sign, enter t	he	1
tota	al amount from Part	t II-A, c	olumn (I)			L	1
2 To	ital tax. Add Part I, I	ıne 13,	, and Part II-B, line	1		· L	2 0
3 To	tal payments includ	ıng am	ount paid with Form	n 8868 (see ir	estructions) .	L	3
4 Ta	x due. If line 2 is lar	ger tha	an line 3, enter amo	ount owed (see	e instructions)	. ▶ [4 0
5 Ov	verpayment. If line 2	2 is sm	aller than line 3, en	iter the differe	nce This is your refund	▶	5 0
		S	CHEDULE A-I	nitial Taxes	on Self-Dealing (Section	4941)	
Part I	Acts of Sel		ling and Tax Co				
(a) Act	(b) Date				(c) Description of act		
number	of act				(c) Description of act		
1							
2							
3							
4							
5							
	tion number from Form 99 I-B, or Form 5227, Part V applicable to the act		(e) Amount invol	ved in act	(f) Initial tax on self-dealing (10% of col. (e))	(g) apple	Tax on foundation managers (if cable) (lesser of \$20,000 or 5% of col (e))
	applicable to the dot			 [0	0
						<u>o</u> l	0
						0	0
						- 0	0
						ol	0
Part II	Summary	of Tay	Liability of Salf	Dealers an	d Proration of Payment		
raitii	- Sullillary C	// / UA	Liability of Sell	ľ			(d) Self-dealer's total tax
	(a) Names of self-dea	alers liab	ole for tax	(b) Act no from Part I, col (a)			liability (add amounts in col. (c)) (see instructions)
]
							1
						 	0
							4
							_
							0
							4
				ļ			4
			<u> </u>	<u> </u>			0
				L			<u>]</u>
				ļ			_
				<u> </u>] 0
Part III	Summary of	of Tax	Liability of Fou	indation Ma	nagers and Proration of	Paymen	ts
((a) Names of foundation r	manager	s liable for tax	(b) Act no from Part I, col (a)			(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
				[
							0
							7
							oo
			· · · · · ·				
							1
				ļ			· 1 0
		SCH	EDULE B—Initia	l Tax on Un	distributed Income (Sec	tion 4942)
1 Ur	ndistributed income				PF for 2014, Part XIII, line 6d)		1
	ndistributed income					2	
					ng in 2014 and subject to tax		
	nder section 4942 (a			,		3	0
			re and on Part I, lin	e 1		4	0

DOWNEAST CONSERVATION FOUNDATION INC 11-3346666 SCHEDULE C—Initial Tax on Excess Business Holdings (Section 4943)

Business			

Business	Holdings and Co	omputation of Tax						
		ings in more than one busine	ss ent	erprise, at	tach a separat	e sche	dule for each e	nterprise Refer to the
instructions	for each line item be	efore making any entries						
Name and ac	ldress of business ent	terprise						
		······································						
Employer id	entification number	•				ı	•	
Form of ente	erprise (corporation,	partnership, trust, joint ventu	ıre, so	le propriet	orship, etc)		<u> </u>	
				Vot	(a) ng stock		(b) Value	(c) Nonvoting stock
					interest or		Value	(capital interest)
				benefic	al interest)			
					}			
1 Found	dation holdings in bi	usiness enterprise	1		%		%	
2 Darm	ittad haldinga in hija	unaca antornrica	2		%		%	
2 Perm	itted holdings in bus	siness enterprise	 	 			76	
3 Value	of excess holdings	in business enterprise .	3					
	_	disposed of within 90						
days,	or, other value of ex	xcess holdings not	ł	ł				
subje	ct to section 4943 ta	x (attach statement)	4					
	-	ın busıness enterprise—						
line 3	minus line 4		5	ļ	0		0	0
6 Tax	- Enter 10% of line 5	:	6		0		o	0
		on line 6, columns (a),	۳		<u>-</u> -			<u>_</u>
		re and on Part I, line 2	7	ł	ol			
		es on Investments That	Jeop	ardize C	haritable Pu	rpose	Section 494	14)
Part I		d Tax Computation						
(a) invoctment	(b) Date of				(d) Amount o	of	(e) Initial tax on	(f) Initial tax on foundation
(a) investment number	investment	(c) Description of inves	stment		investment		foundation (10% of col (d))	managers (if applicable)— (lesser of \$10,000 or 10%
	ļ							of col (d))
<u>1</u>						·	0	0
<u>2</u> 3							0 0	0 0
4							ö	0
5							0	0
		and on Part I, line 3					0	
		or prorated amount) here and						0
Part II		x Liability of Foundation	1					
	(a) Names of foundation r	managers liable for tax		nvestment rom Part I.	(c) Tax from P	art I, coi amount	(f), or prorated	(d) Manager's total tax liability (add amounts in col. (c))
				col (a)				(see instructions)
	 		ļ					
			ļ					
								0
			1					
								0
		_	ļ					
			ļ					_

		SCHEDOFE E-	-ınınaı rax	es on raxable	e Expen	unure	5 (Section 4943)	
Part I	Expenditures	s and Computati	•					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) !	Name and address of	recipient			of expenditure and purposes or which made
1	******							
2		ļ						
3 4			ļ					
5			ļ					
	stion number from Form 9 227, Part VI-B, applicabl		(g) ir	nitial tax imposed on for (20% of col. (b))			managers (x imposed on foundation if applicable)—(lesser of 00 or 5% of col. (b))
						0		(
						0		(
			 			0		(,
						0)
Total— C	Column (g) Enter he	ere and on						
Part I, line			}			0		
		tal (or prorated amo	ount) here an	d ın Part II, colun	nn (c),			
below		<u> </u>		·- 				
Part II	Summary of	Tax Liability of	Foundation	n Managers ar T	nd Prora	ation c	of Payments	6.00 b.6
	(a) Names of foundat	on managers liable for ta	ıx	(b) Item no from Part I, ∞I (a)	(c)		Part I, col (h), or ed amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
				[,
		···						(
								,
	·····	SCHEDULE F-	-Initial Tax	es on Politica	l Expen	diture	s (Section 4955)	
Parti	Expenditure	s and Computati			,			
(a) Item number	(b) Amount	(c) Date paid or incurred		ion of political expend	iture	organiz	tial tax imposed on zation or foundation 0% of col (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 21/2% of coi (b))
1							0	(
2							0	(
3		ļ					0	(
<u>4</u>							<u>0</u> 0	(
	column (e) Enter he	ere and on Part I, Iir	ne 5				0	
-					, , ,			
Part II		tal (or prorated amo					Managore and	Proration of Payments
Faltil			Organizan					(d) Manager's total tax liability
		anization managers or nagers liable for tax		(b) Item no from Part I, col (a)	(c)		Part I, col (f), or ed amount	(add amounts in col (c)) (see instructions)
								C
		········						
			··· · · · · · · · · · · · · · · · · ·					C
								_

2						<u> </u>	
3						0	0
4						0	0
5						0	0
Total-	- Column (e) Ente	er here and on Part	I, line 7 .			0	
		r total (or prorated a					0
Part	I Summary	of Tax Liability	of Organization	on Managers a	and Proration of Payme	<u>∍nts</u>	
	(a) Names of orga	nization managers liable	for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount		(d) Manager's total tax liability (add amounts in col (c)) (see instructions)
							0
							0
		, , , , ,					_

SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I Excess Benefit Transactions and Tax Computation

(a) Transaction number (b) Date of transaction (c) Description of transaction 1 2 3 4 5 5

(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d.))	(if applicable) (lesser of \$20,000 or 10% of col (d))		
	0	0		
	0	0		
	0	0		
	0	0		
	0	0		

0

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Form 4720 (2014) DOWNEAST CONSERVATION FOUNDATION INC 11-3346666 SCHEDULE I-Initial Taxes on Excess Benefit Transactions (Section 4958) Continued Summary of Tax Liability of Disqualified Persons and Proration of Payments (d) Disqualified person's total tax (b) Trans no from (c) Tax from Part I, col (e), (a) Names of disqualified persons liable for tax liability (add amounts in col (c)) Part I, col (a) or prorated amount (see instructions) Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments Part III (d) Manager's total tax liability (c) Tax from Part I, col (f). (b) Trans no from (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax (add amounts in col (c)) Part I, col (a) or prorated amount (see instructions) SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965) Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions) (c) Type of transaction -Listed (a) Transaction (b) Transaction 2-Subsequently listed (d) Description of transaction date number -Confidential -Contractual protection 1 2 3 4 5 (e) Did the tax-exempt entity know or (f) Net income attributable to (q) 75% of proceeds attributable to (h) Tax imposed on the tax-exempt have reason to know this transaction was a PTST when it became a party to the PTST the PTST entity (see instructions) the transaction? Answer Yes or No

Total - Column (h) Enter here and on Part I, line 9

0

Part II	Tax Impo	sed on Entity Managers (Sect	tion 4965) <i>Co</i>	ntır	nued			
		ne of entity manager	(b) Transaction number from Part I, col (a)		(c) Tax—enter \$20,000 for each transaction listed in col (b) for each manager in col (a)		(d) Manager's total tax liability (add amounts in col. (c))	
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				 -				0
5	CHEDULI	E K—Taxes on Taxable Distri				s M	aintaining Donor	
) <u>S</u>	ee the instructions		····	_
Part I	Taxable L	Distributions and Tax Computions (b) Name of sponsoring organization at					 	_
(a) Item number		donor advised fund			(c) De	scripti	on of distribution	
1								
2								
3								
4								
(d) Date of o	distribution	(e) Amount of distribution	on		(f) Tax imposed on organization (20% of col (e))		(g) Tax on fund managers (lesser of 5% of col (e) or \$10,000)	
					0			0
	· ·· · · · · · · · · · · · · · · · · ·				0			0
					0			<u>0</u> 0
Total— Colur	nn (f) Enter	here and on Part I, line 10			0		· · · · · · · · · · · · · · · · · · ·	<u> </u>
		r total (or prorated amount) here an						0
Part II	Summary	of Tax Liability of Fund Man	1	Г			(d) Manager's total tax liability	_
	(a) Name of fu	und managers liable for tax	(b) Item no from Part I, col (a)	(0	:) Tax from Part i, col (g) or pror amount	ated	(add amounts in col. (c)) (see instructions)	
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				<u> </u>			1	0
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11-3346666

SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967)

See the instructions

Part I	Prohibited Benefits a	and Tax Computati	on		
(a) Item number	(b) Date of prohibited benefit		(c) Descrip	ition of benefit	
1					
2					
3					
4					
5					
(d)	Amount of prohibited benefit		d benefit (125% of col (d)) instructions)	(f) Tax on fund managers (f applicable) (lesser of 10% of col (d) or \$10,000) (see instructions)	
			0		0
			0		0
			0		0
			0		0
			0		0
Part II	Summary of Tax Lia	bility of Donors, Do	nor Advisors, Related	Persons and Proration of Payments	
(a) Nan re	nes of donors, donor advisor, or lated persons liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (e) or prorated amount	(d) Donor, donor advisor, or related persons total tax liability (add amounts in col. (c)) (see instructions)	
					_
					0
					_
	 	<u> </u>			0
			 		0
	 				
		<u> </u>			
					0
Part III	Tax Liability of Fund	Managers and Pro	ration of Payments		_
	es of fund managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Fund managers total tax liability (add amounts in col. (c)) (see instructions)	
			,		0
					0
					<u>u</u>
					0
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					0
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Schedule M—Tax on Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)) (See instructions.)

	Nequireii	ients (Sections 4333 and 30 (()(3)) (Se	e mstructions.)						
Part I	Name of Hospital Facility	and Summary of Failure to Meet Sect	tion 501(r)(3)						
(a) Item number	(b) Name of facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy					
1									
2									
3									
4									
5									
Part II	Computation of Tax								
1 Nun	nber of hospital facilities operated	by the hospital organization that failed to mee	et the Community						
Hea	alth Needs Assessment requireme	ents of section 501(r)(3)		11					
_2 Tax	2 Tax—Enter \$50,000 multiplied by line 1 here and on Part I, line 12								

Form 4720 (2014)

Form 4720 (2014) DOWNEAST CONSERV	ATION FOUNDATION INC		11-3346666	Page 1 (
		that I have examined this return, including accompant, and complete Declaration of preparer (other than			is
	Signature of officer or trustee		Title	Date	;
Sign	Signature (and organization or e advisor, or related person	entity name if applicable) of manager, self-dealer, disc	qualified person, donor, do	nor Date	;
Here	Signature (and organization or e advisor, or related person	ntity name if applicable) of manager, self-dealer, disc	qualified person, donor, do	nor Date	,
	Signature (and organization or e advisor, or related person	ntity name if applicable) of manager, self-dealer, disc	qualified person, donor, do	nor Date	
	Signature (and organization or e advisor, or related person	intity name if applicable) of manager, self-dealer, disc	qualified person, donor, do	nor Date	
	May the IRS discuss this return with the	e preparer shown below? (see instructions)		Yes	No
Paid	Print/Type preparer's name	Preparer's signature	Date	Check of PTIN	
Preparer	Gerard Lewand			self-employed P01208	
Use Only		Assoc CPAs PC		Firm's EIN ▶ 11-32532	
	Firm's address ► 1650 Svcam	ore Ave. Suite 15. Bohemia, NY 11716		Phone no (631)589-808	80

Form 4720 (2014)

Zip Code

State

Foundation Status

Foreign Country

Amount

City

Relationship

Purpose of grant/contribution

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Net Gain	or Loss	P	432			Net Gan	orLoss	432
IPN	orL						Adjustments	y a visik is extensionally a subset of a place desired to the parties (see al.)
Other	Expenses	0	0				Depregation	A JOHN AMERIK TO MATERIA CHINA
Cost, Other	Basis and Expenses				Expense of Sale	and Cost of	Improvements	l
	,	0	432			Valuation	Method	
Gross	Sales					Cost or	Other Basis	
Totals		Capital Gains/Losses	Other sales			Gross Sales	Price	6/30/2010 6/30/2014 432
		යී				Date	Sed	6/30/2014
						Acquisition	Method	-
						Date	Acquired	6/30/2010
				Check "X" if	Purchaser	is a	Business	
							Purchaser	
	Amount						CUSIP#	
	•	Long Term CG Distributions	Short Term CG Distributions				Description	LIT CAPITAL GAIN DIST
					Check "X"	to include	in Part IV	

Part I, Line 16b (990-PF) - Accounting Fees

3.00	900	0	0	900
				Disbursements
	Revenue and Expenses per	Net Investment	Adjusted Net	for Charitable Purposes
Description	Books	Income	Încome	(Cash Basis Only)
1 LEWAND ZRYD ASSOC CPAs	900			900

Part I, Line 18 (990-PF) - Taxes

		766	0	0	766
		Revenue			Disbursements
		and Expenses	Net Investment	Adjusted	for Charitable
1	Description	per Books	Income	Net Income	Purposes
1	Real estate tax not included in line 20				
2	Tax on investment income	766			766
3	Income tax				

Part I, Line 23 (990-PF) - Other Expenses

			250	0	0	250
			Revenue and			Disbursements
			Expenses	Net Investment	Adjusted Net	for Charitable
		Description	per Books	Income	Income	Purposes
1	NYS FEE		250			250

Part II, Line 10b (990-PF) - Investments - Corporate Stock

		561,627	533,598	1,111,314	1,219,404
	Num Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
SHIELDS & COMPANY		561,627 533,598 1,111,314 1,219,404	533,598	1,111,314	1,219,404

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

6		τ	Ì	\$
	Expense			***
0	Benefits		***************************************	,
0	Avg Hrs Per Week Compensation		and a supplication	er to their and to another their and their and their their their and their the
	Avg Hrs Per Week		,	and and and and and
	Title	PART TIME DIRECTOR	PART TIME DIRECTOR	PART TIME DIRECTOR
	Foreign Country		PART TIME DIRECTOR	5 SHERMAN ST LOCK SPRINGS WY 82901 DIRECTOR
	State Zip Code	04556	74556	82901
	State	ME	WE	W
	City	EDGECOMB	EDGECOMB	LOCK SPRINGS
	Street	708 RIVER RD	708 RIVER RD	
	Check "X" if Business		*	2
	Name	THOMAS POWERS	SARAH POWERS	DAVID A LEWIS
1	- 1	_	۰ ا	4 m