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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No. 1545-1150

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

AF	or the	2016 calend	ar year, or tax year beginning 01/01 , 2016, and ending		2/31	, 20	16		
	Check if ap		چنا استال استار باشنو باشور سور من و سور بازون استال استال استال استار استار استار استار استار استار استار من			entification number			
_	•	ess change FRIENDS OF MAINE COASTAL ISLANDS NATIONAL WILDLIFE REFUGE				-0809874			
<u> </u>	Name cha	-	Telepho						
=	Initial retur	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite Water St PO Box 1231	, olopin					
	Final return	n/terminated		207-594-0600 Group Exemption					
=	Amended		·		o⊫xen oer ▶	•			
_		n pending	Rockland, ME, 04841						
		ting Method				the organization i	s not		
	Vebsite					ich Schedule B			
_			<u>, , </u>	orm 990	0, 990	-EZ, or 990-PF).			
			✓ Corporation ☐ Trust ☐ Association ☐ Other						
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets					
			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$		3,816		
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in			•			
			the organization used Schedule O to respond to any question in this Part I .			· · · · ·	Ø		
	1	Contribution	ons, gifts, grants, and similar amounts received	· [1	94	4,513		
	2	Program s	ervice revenue including government fees and contracts		2		0		
	3	Membersh	ip dues and assessments	. L	3		0		
	4	Investmen		. L	4		21		
	5a	Gross amo	ount from sale of assets other than inventory 5a	0	İ				
	b	Less cost	or other basis and sales expenses	0	}				
	C	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	· .	5c		0		
	6	Gaming an	d fundraising events	_ [
ne	a	Gross inc	ome from gaming (attach Schedule G if greater than						
		\$15,000)	6a	0					
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contributions		- [
è	į.		aising events reported on line 1) (attach Schedule G if the		- 1				
_	İ	sum of suc	th gross income and contributions exceeds \$15,000) 6b	1,489	- 1				
	c	Less: direc	et expenses from gaming and fundraising events 6c	80]				
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	act	1				
		line 6c)		- 1	6d	•	1,409		
	7a	Gross sale	s of inventory, less returns and allowances	4,793			7		
	b			3,442	- 1				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	1	1,351		
	8		nue (describe in Schedule O)		8		0		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	→ ⊦	9	97	7,294		
	10		d similar amounts paid (list in Schedule O)		10		0		
	11		aid to or for members		117		0		
s	l				(12		0		
Expenses	13		ther compensation, and employee benefits		<u> 45 </u>		9,895		
ĕ	14		y, rent, utilities, and maintenance	/Ç	14		0		
X	15		ublications, postage, and shipping	n n	15		758		
	16		-, 0	-	16	2			
	17	•			17		3,253		
	18				18		3,906		
ets.	19		(deficit) for the year (Subtract line 17 from line 9)		10	<u> </u>	3,388		
SS	'		ar figure reported on prior year's return)		19	65.			
Net Assets	200	-	- · · · · · · · · · · · · · · · · · · ·		\rightarrow	35	1,563		
2	20		nges in net assets or fund balances (explain in Schedule O)		20		0		
	21		or fund balances at end of year. Combine lines 18 through 20		21	Form 990-EZ	4,951		
101	rapen	work Heauc	tion Act Notice, see the separate instructions. Cat No. 106421			rorm 330-EL	(2016)		

Cat No. 106421



	ı					
	990-EZ (2016)					Page 2
Pai	· ·	•				
	Check if the organization used Schedule	O to respond to ar	ny question in this			<u></u>
			-	(A) Beginning of year	+	(B) End of year
22	Cash, savings, and investments			76,563		67,951
23	Land and buildings			275,000	+	347,000
24	Other assets (describe in Schedule O)	<u> </u>			24	0
25				351,563	$\overline{}$	414,951
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column			351,563	27	414,951
Par	9	- ,		•		-
	Check if the organization used Schedule			Part III		Expenses uired for section
What	is the organization's primary exempt purpose?	See Schedule O, Sta	tement 1			c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplise easured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	services provided	, the number of	orga othe	nizations, optional for
28	Replace windows & electric service at Richards house	se				
			,			
		includes foreign gra	ints, check here .	<u> ▶ □</u>	28a	1,492
29	Audio-visual system improvements at refuge visitor	center				
						1
	(Grants \$ 10,000) If this amount	includes foreign gra	ints, check here .	<u></u> ▶ □	29a	3,364
30	Frame posters				1	
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	30a	128
31	Other program services (describe in Schedule O)		· <u>- · · · · · · · · · · · · · · · · · ·</u>			
		includes foreign gra			31a	
	Total program service expenses (add lines 28a t				32	4,984
Par					ınstrud	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar		 		<u> L</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	Ó	Estimated amount of their compensation
Char	les Walsh	2	0		0	C
Boar	d chair					
Penr	ley Read	2	0		0	0
Boar	d member					
Pam	Bryer	2	0		0	0
Boar	d member	<u> </u>				
Scot	t Hess	1	0		0	C
Boar	d Member					
Meri	wether Gill	2	0		0	C
Vice	Chair]				
Rich	ard Tomeo	3	0		0	C
Secr	etary					
Thor	nas Goettel	20	0		0	0
Trea	surer					
Don	Johnson	1	0	1	0	0
Boar	d Member				\perp	
		}				

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		. 🗸
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No.
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	1	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	 	├
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	4		
ь 38а	Did the organization file Form 1120-POL for this year?	37b	ļ	✓
JOA	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	008	ļ	 •
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9]	ĺ	}
b	Gross receipts, included on line 9, for public use of club facilities	↓		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	\ \ \	1
41	List the states with which a copy of this return is filed ▶			
42a	· · · · · · · · · · · · · · · · · · ·	207-59		0
h	Located at ► 17 Walnut St PO Box 1149, Rockland, ME 04841 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	04	841 Yes	I N.
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	+	No
	If "Yes," enter the name of the foreign country: ▶	122	 	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country.	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		•	▶ [
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	L	✓
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schodulo O			
AE-	explanation in Schedule O	44d 45a		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	458	-	1
D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 99	90-EZ (2	016)						P	age 4
								Yes	No
46	Did ti	he organization engage, directly or i	ndirectly, in political c	ampaign activities	on behalf o	of or in opposit	tion		
	to ca	ndidates for public office? If "Yes," of	complete Schedule C	, Part I	<u> </u>		. 46	1 1	✓
Part	VI	Section 501(c)(3) organizations	only						
		All section 501(c)(3) organization	s must answer que	stions 47-49b ar	nd 52, and	complete th	e tables f	or line	es
		50 and 51.	·			•			
		Check if the organization used Sc	hedule O to respond	l to any question i	n this Part	VI			
							·	Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	ction in effe	ect during the	tax		
		If "Yes," complete Schedule C, Par					47) i	1
48	-	organization a school as described in		i)2 If "Ves " comple	ta Schadul	. F	. 48		-
49a		he organization make any transfers t					<u> </u>		
b		es," was the related organization a se		_			<u> </u>		
50		plete this table for the organization's					. 49b		d kov
30		oyees) who each received more than							
	empi	oyees) who each received more than	r \$100,000 or comper	T T T T T T T T T T T T T T T T T T T	<u> </u>		e, enter iv	ione.	
	(-)	None and take of analysis	(b) Average	(c) Reportable		ealth benefits, tions to employee	(e) Estimate	d amou	ant of
	(H)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS	_{SCI} benefit pi	lans, and deferred			
						mpensation			
None							•		
				<u></u>					
]				
					l				
					1				
							e.		
f	Total	number of other employees paid ov	er \$100 000	<u> </u>					
51		plete this table for the organization			ent contrac	- ctore who each	n received	mara	than
J1	\$100	,000 of compensation from the orga	inization. If there is no	one, enter "None."	on comiac	tors who each	received	more	uiai
		·		 					
	(a)	Name and business address of each independ	dent contractor	(b) Type of :	service	(c) Compensati	on	
None				 					
				-					
				 					
			·	-					
				 					
				-					
				 					
				-					
				-					
				L.,					
d		number of other independent contra			.▶ <u></u> .				
52		the organization complete Schedi	ule A? Note: All se	ection 501(c)(3) or	ganızation	s must attacl	h a		
	comp	oleted Schedule A	<u> </u>	<u> </u>	<u> </u>	<u> </u>	.▶ ✓ Yes		No_
Under p	enalties	of perjury, I declare that I have examined this	return, including accompan	lying schedules and stat	ements, and t	o the best of my ki	nowledge and	belief,	rt ıs
true, co	rrect, an	d complete Declaration of preparer (other that	n officer) is based on all info	ormation of which prepai	rer has any kn	iowledge			
		Thomas A llo	etal			4-28-	2017		
Sign	[Signature of officer				Date			
Here		Thomas Goettel, Treasurer							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	If PTIN		
Prep	arer					self-emplo			
Use		Firm's name ▶				Firm's EIN ▶			
-2C	Cilly	Firm's address ▶				Phone no			
May tl	ne IRS	discuss this return with the prepare	r shown above? See	instructions			► ☐ Yes		No.

SCHEDULE A (Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

манно	01 1110 0	nganization					Employer identification	number
FRIE	RIENDS OF MAINE COASTAL ISLANDS NATIONAL WILDLIFE REFUGE 55-0809874							
Par	t I	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The c	organiz	ation is not a private founda	tion because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	ĎΑ	church, convention of church	nes, or associati	on of churches descri	bed in se	ction 17	O(b)(1)(A)(i).	
2		school described in section						
3		hospital or a cooperative hos						
4		medical research organization						iiii) Enter the
4		spital's name, city, and state	•	orijuniction with a nosp	ntar desc	IIDEO III S	ection troubletter	uny. Linter the
_		•		aallaaa ay way ayalka				
5		organization operated for t		college or university	owned o	r operate	ed by a government	ai unit described in
		ction 170(b)(1)(A)(iv). (Comp						
6		federal, state, or local goverr						
7		organization that normally			port from	a gover	nmental unit or from	n the general public
	de	scribed in section 170(b)(1)	(A)(vi). (Complet	e Part II.)				
8	□ A d	community trust described ii	n section 170(b)	(1)(A)(vi). (Complete F	art II.)			
9	□An	agricultural research organi	zation described	in section 170(b)(1)	A)(ix) op	erated in	conjunction with a la	and-grant college
	or	university or a non-land-gra	nt college of agr	culture (see instruction	ns). Ente	r the nan	ne, city, and state of	the college or
		iversity:		·	•		•	_
10	☑ An	organization that normally r	eceives: (1) mor	e than 331/3% of its su	ipport fro	m contri	butions, membership	p fees, and gross
	rec	ceipts from activities related	to its exempt fu	nctions—subject to co	ertain exc	ceptions,	and (2) no more tha	n 331/3% of its
	su	pport from gross investment	income and uni	related business taxal	ole incom	ie (less se	ection 511 tax) from	businesses
4.4		quired by the organization a				-		
11		organization organized and			-			
12		organization organized and						
		one or more publicly support						
	Cr	neck the box in lines 12a thro	~	• • • • • • • • • • • • • • • • • • • •		•	•	
а		Type I. A supporting organ						
		the supported organization					he directors or trust	ees of the
		supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.			
b		Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), by having
		control or management of	the supporting o	rganization vested in	the same	persons	that control or mana	age the supported
		organization(s) You must	complete Part I	V, Sections A and C.	ı			
С		Type III functionally integ	rated. A suppor	ting organization oper	ated in c	onnection	n with, and functions	ally integrated with.
•	_	its supported organization(, · · · · ,
d		Type III non-functionally i		•		=	· · ·	orted organization(e)
u		that is not functionally integ						
		requirement (see instruction						an attentiveness
	_							
е	ш	Check this box if the organ						e II, Type III
		functionally integrated, or 7			oporting o	organizat	ion.	r
f		er the number of supported of			•			· · L
<u> </u>	Prov	vide the following information	about the supp	orted organization(s).			,	,
	(i) Nam	ne of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				22010 (300 manuchoris))			inida detiona)	insu dollons/
					Yes	No		
(6)								
(A)						İ		
/D)						l		·
(B)					ļ	į		
<u> </u>								
(C)						ļ		
						 		
(D)					}	ł		
					 	 		
(E)					}			
				 	ļ		<u> </u>	

Schedu	le A (Form 990 or 990-EZ) 2016		_				Page 2
Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and	170(b)(1)(A)(vi	i)
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support		,				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and		ļ				
	membership fees received. (Do not						
	include any "unusual grants.")	<u> </u>					<u> </u>
2	Tax revenues levied for the			İ			
	organization's benefit and either paid		1	Ì			l .
_	to or expended on its behalf					ļ	
3	The value of services or facilities						l
	furnished by a governmental unit to the organization without charge			i			
	· ·					<u> </u>	
4	Total. Add lines 1 through 3			 	 -	 -	
5	The portion of total contributions by						
	each person (other than a			ŧ	ļ		
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount		}				
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		 		 	ļ	
	on B. Total Support		L	·	<u> </u>	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	<u> </u>	10,000	(9)	(4, 55.5	(5)	(,)
8	Gross income from interest, dividends,				<u> </u>		
	payments received on securities loans,			1	ł		
	rents, royalties and income from similar				1		
	sources			1	1	1	
9	Net income from unrelated business						
	activities, whether or not the business			1			
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets		į.	1	ĺ		
	(Explain in Part VI.)				<u> </u>		<u></u>
11	Total support. Add lines 7 through 10			<u> </u>			
12	Gross receipts from related activities, etc		•			12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secor	id, third, fourth	i, or fifth tax y	ear as a sectio	in 501(c)(3)
	organization, check this box and stop he	re	· · · · ·	· · · · ·		· · · ·	
	on C. Computation of Public Suppor			14			
14	Public support percentage for 2016 (line 6 Public support percentage from 2015 Sch					14	<u>%</u>
15 16a	331/3% support test—2016. If the organi					15 31a% or more	
104	box and stop here. The organization qua						
b	331/3% support test—2015. If the organi	=		-			_
•	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20			_			
174	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						
b	10%-facts-and-circumstances test—20	015. If the ora	anization did i	not check a bo	ox on line 13	16a, 16b, or 17	
~	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						

supported organization $\ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots \ldots$

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Secti	on A. Public Support	under the tes	sis listed Deit	w, please co	implete Part I	1.)	
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2012	(b) 2010	(0) 2014	(u) 2013	(6) 2010	(i) Total
-	received. (Do not include any "unusual grants.")	111,804	86,499	20,792	287,337	04 512	600.046
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	12,277	8,308	6,127	10,393	94,513	600,945
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	, 0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	ol	o	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	1,200	1,200	1,200	1,200	1,200	6,000
6	Total. Add lines 1 through 5	125,281	96,007	28,119	298,930	100,506	648,843
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	o	0	0	0
b	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						
_	- 1	0	0	0	0	0	0
8 8	Add lines 7a and 7b	0	0	0	0	0	0
Secti	on B. Total Support				<u> </u>		648,843
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 001E	(a) 001C	/A Tatal
9	Amounts from line 6	125,281	96,007		(d) 2015	(e) 2016	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	123,261	39,007	28,119	298,930	100,506	648,843
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	o	0	0	0
C	Add lines 10a and 10b	115	39	30	26	21	231
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	o	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,660	863	5,863	5,790	1,489	18,665
13	Total support. (Add lines 9, 10c, 11, and 12.)	130.056	96,909	34,012	304,746	102,016	667,739
14	First five years. If the Form 990 is for the organization, check this box and stop her	e organization	's first, second		or fifth tax ye		n 501(c)(3)
Secti	on C. Computation of Public Suppor	t Percentage					
15	Public support percentage for 2016 (line 8			3. column (fl)		15	97.17 %
16	Public support percentage from 2015 Sch					16	97.02 %
Secti	on D. Computation of Investment Inc			··		<u></u>	
17	Investment income percentage for 2016 (I			/ line 13, colun	nn (f))	17	0.04 %
18	Investment income percentage from 2015					18	0.08 %
19a	331/3% support tests-2016. If the organi						
ь	17 is not more than 331/3%, check this box 331/3% support tests—2015. If the organiz	and stop here.	The organization	on qualifies as a	publicly suppo	orted organizatio	on . 🕨 🗌
_	line 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization die					_	

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

Section A. A	ll Supporting	Organizations
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Secti	on A. All Supporting Organizations	art v.		
<u></u>	on an outper and or game at one		Yes	No
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		_
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.	4b	- -	
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).	7	-	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	+	
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 .	9a		ī
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in 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 .	9c		
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 10b below	10a		

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.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?])	}
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	140		1
b	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1	<u></u>	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	- L	H.,	<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		-
Secti	on 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	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ır	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035.	6		
7 Recoveries of prior-year distributions	7		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 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-functional instructions).	y in	tegrated Type III supporti	ng organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f	`		
4	Distributions for 2016 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions.			
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c.			
8_	Breakdown of line 7:			
a				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
Schedule A, Part III, Line 12 - Special event-fundraising boat trip & auction, Bar Harbor, ME, July 2016		
	······································	

. SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Employer identification number

FRIENDS OF MAINE COASTAL ISLANDS NATIONAL WILDLIFE REFUGE	55-0809874		
Form 990-EZ, Part I, Line 16 - Legal fees, \$1,076; accounting and bookkkeeping, \$1,140; Marketing, PR	, Website dev, \$2,087; Office		
supplies, \$506; Charitable contribution, \$1,000; Advertising, \$470; Insurance, \$893; Artist commissions, \$1,015; Facilities and equipment,			
\$1,753; Awards and recognition, \$43; Licenses, fees, dues, \$64; Membership/dues, \$400; operating supplies, \$44; Property tax, \$3,904;			
utilities for Wehr property, \$268; visitor center improvements, \$8,590			
Form 990-EZ, Part V, Line 34 - Name changed from "Friends of Maine's Seabird Islands" to "Friends of	Maine Coastal Islands National		
Wildlife Refuge"			

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