(,,	41	•	Short Form				OMB No 1545-1150	
Q¢	30-EZ	Return of Organiz		rom Incor	ne Ta	x F		_
om 🐷 🕻		Under section 501(c), 527, or 4947(e)	•				2017	
	•			•	11	\ \ \ \ \	pen to Publ	
	of the Treasury	➤ Do not enter social secur	nty numbers on this form	as it may be ma	idaud f bubli	t Y	Inspection	Ĭ
lemal Reve	rue Service	► Ga to www.irs.gov/Fort	n990EZ for instructions a	ind the latest info	omlation		ороошон	
		ar year, or tax year beginning	01/01	, 2017, and end		12/31	, 20 17	_
3 Check l'ai] Address (C Name of organization	A I W. I d I d - B - 6		ľ	=	ntification number	
Name chi	-	Friends of Maine Coastal Islands Na Number and street (or P.O. box, il mali is no		Room/s	ulte £	Telephone num	0809874	_
instal retu	un m/terminated	PO Box 1231, 9 Water Street				207-	594-0600	
Amended	l fellum	City or town, state or province, country, and	d ZIP or foreign postal code	03	_ F	Group Exem	ption	1
	ing Method	Rockland ME 04841 Z Cash Accrual Other (spe	city) D		111 65	Number ▶	the organization is r	
Website		mainecoastislands org	Only) P	·	- 1		:h Schedule B	101
Tax-exer		ck only one) — 🗹 501(c)(3) 🔲 501(c)	() ◀ (insert no) ☐ 494	47(a)(1) or 52	. 1	-	EZ, ar 990-PF)	
		☑ Corporation ☐ Trust		Olher	7: - 1			_
		7b to line 9 to determine gross receipts i) are \$500,000 or more, Fle Form 990 i		0,000 or more, or	if total as	ssets ► S	200	200
Part 1		e, Expenses, and Changes in		Balances (see	e the in		or Part I)	20
	Check if	the organization used Schedule	O to respond to any qu	•		<u> </u>		<u> </u>
1 2		ns, gifts, grants, and similar amou				1	15,8	
3	_	ervice revenue including governme p dues and assessments	nt roes and contracts	•	• •	3		_0 0
4	Investment					. 4	- , 	20
/ 5a		unt from sale of assets other than	•	5a				_
С		or other basis and sales expenses		5b		— -		
6		 s) from sale of assets other than in d fundraising events 	iventory (Subtract line 5	io irom inte saj		5c		_0
а		ome from garning (attach Schei	dule G if greater that	n				
, E				6a				
Revenue		me from fundraising events (not ind sising events reported on line 1) (i		of contrib	butions			
•		h gross income and contributions		6b	3	3,974		
		expenses from gaming and fundr	_	6c_				
d	Net income line 6c)	e or (loss) from gaming and fundr	aising events (add line:	s 6a and 6b an	nd subtr			
7a	•	s of inventory, less returns and allo	wances	7a	10	6d 0,987	3,9	<u>/4</u>
b		of goods sold		7b		5,344		
c		t or (loss) from sales of inventory (S	Subtract line 7b from lin	e 7a) .		7c	5,6	13
8 9		iue (describe in Schedule O) iue. Add lines 1, 2, 3, 4, 5c, 6d, 7c	and 9			8 9	75.4	_0
10		similar amounts paid (list in Sched		•	-	10	25,4 1,0	
11	Benefits pa	d to or for members				11		0
12		her compensation, and employee I				12	5,3	
14		al fees and other payments to inde , rent, utilities, and maintenance	pendem contractors			13	21,6 5,5	
15	Printing, pu	blications, postage, and shipping	•			15		76
16		nses (describe in Schedule O)				16	13,8	94
17		nses. Add lines 10 through 16 . deficit) for the year (Subtract line 1	7 from line 9\	 	<u>. , .</u>	18	47,7	
19	-	or fund balances at beginning of	•	umn (A)) (must	agree w		-22,2	03-
Ž		figure reported on prior year's ret	• •	, .	. ,	19	414,9	<u>51</u>
19 19 20 21		ges in net assets or fund balances			•	20	11,8	_
121		or fund balances at end of year. Co			- T	▶ 21	404,5 Form 990-EZ (20	
or Faper	MONE WEDNET	on Act Notice, see the separate instr	uclions.	RECEIVE	<u>D</u>	91 11	rum 33 0°EZ (20	'''. 1 .
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Į,	Balance Sheets (see the instruction	•				~
	Check if the organization used Schedi	ile O to respond to a	ny question in this			(B) End of year
			}_	(A) Beginning of year		· · · · · · · · · · · · · · · · · · ·
22	Cash, savings, and investments		Ļ	67,951		36,50
23	Land and buildings		- 1	347,080		347,00
24	Other assets (describe in Schedule O)		<i>.</i> <u>L</u>		24	21,01
25	Total assets		· L	414,951	_	404,5
26	Total liabilities (describe in Schedule O) .				26	
27	Net assets or fund balances (line 27 of colur			414,951	27	404,52
/hal	Statement of Program Service According Check if the organization used Schedit is the organization's primary exempt purpose? The the organization's program service accompanies to the organization's program service accomp	plishments for each o	ny question in this	Part III	501(orga	Expenses pured for section c)(3) and 50 f(c)(4) intraflors; optional fo
	leasured by expenses. In a clear and concise ons benefited, and other relevant information for		e services provided	, the number of	othe	ns)
28	Vistor Center Programs	-				
	***************************************				l	
		nt includes foreign gr			28a	14,66
29	Buildings & Equipment Maintenance				\vdash	
					1	
			••••••		1	
	(Grants S) If this amou	nt includes foreign gr	ants check here	▶ [7]	29a	5,57
0	1 1 1 1 1 2 1 1 2 1	in molecular gri	and, oneck nere .	· · · - U	.00	3,3
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		•			ŀ	
	(Grante C				00.	1
		nt includes foreign gr	ants, check here	<u>. ▶ U</u>	30a	<u> </u>
	Other program services (describe in Schedulo C	•				1
	(Grants \$) If this amou	nt includes foreign gr	ents, check here	▶ □	31a	
32	(Grants \$) If this amount of the service expenses (add lines 28)	nt includes foreign gra a through 31a)		>	32	20,24
32	(Grants \$) If this amount of the program service expenses (add lines 28 List of Officers, Directors, Trustees, and Market of Officers, Directors, Dire	nt includes foreign gra a through 31a) ley Employees (list eac	h one even if not comp	pensated—see the in	32	20,24
2	(Grants \$) If this amount of the service expenses (add lines 28)	nt includes foreign gra a through 31a) ley Employees (list eac	h one even if not comp ny question in this	pensated—see the in	32	20,24
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Form 8	9Ò-EZ (2017)		F	age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	_	<u> </u>
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	٧	
	•		Yes	No
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		1
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		✓
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
ь	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	-	-
c	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b	_	7
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	_	7
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter]		
a	Initiation fees and capital contributions included on line 9	.↓		
б 40а	Gross receipts, included on line 9, for public use of club facilities	↓	'	
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			لــــا
	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	405		,
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40Ь		
	on organization managers or disqualified persons during the year under sections 4912,			
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? It "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	4**************************************	207-59	4-946	0
	Located at ► 17 Walnut St. PO Box 1149, Rockland ME 04841 ZIP + 4 ►	048		
0	At any time during the calendar year, did the organization have an interest in or a signature or other authority, over a financial account in a foreign country (such as a bank account, securities account, or other financial, account)?	(10)	Yes	No
	If 'Yes," enter the name of the foreign country	42b		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			1
c	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 chantable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		ı	▶ □
	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		Ţ
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-FZ		_	<u></u>
c	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	-	-
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1		
	explanation in Schedule O	44d		
4 5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	\dashv	7
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		[\Box
	Form 990-EZ (see instructions)	45b		✓
	Fon	m 990	-EZ	(2017)

'oan 96	ช้-EZ (2017)						μ	
	0-22 (2017)						Yes	age No
ì6	Did the organization engage, directly or in to sandidates for public office? If 'Yes," of	ndirectly, in political complete Schedule C	ampaign activities on Part I	behalf of or	in opposit	ion	-	
art	<u> </u>	only		52, and cor	mplete the	e tables f	or lini	es
	Check if the organization used Sci	hedule O to respond	to any question in the	his Part VI				
17	Did the organization engage in lobbying		section 501(h) electio	n in effect o	luring the		Yes	No
8	year? If "Yes, ' complete Schedule C, Par Is the organization a school as described in		i)? If "Yes," complete \$	Schedule E	•	47		· V
9a	Did the organization make any transfers to	o an exempt non-cha	intable related organiz	ation?		49a		. ✓
b i0	If 'Yes," was the related organization a se Complete this table for the organization's			er than offici	ers, directo	49b	s, an	ď k
	employees) who each received more than							
	(a) Name and title of each employee	(b) Average hours per week dovated to position	(c) Reportable compensation (Forms W-2/1093-MISC)	(d) Health contributions i benetit plans, a compen	penelits, o employee and deferred	(a) Estreste other com	d Ama	ını o
ONE								
••••			,					
_			1					
····	Total number of other employees paid ov	er \$100,000 .	<u></u> ▶ 0					
	Total number of other employees paid ov Complete this table for the organization' \$100,000 of compensation from the orga	s five highest compenientation. If there is no	ensated independent one, enter "None "					th
1	Total number of other employees paid ov Complete this table for the organization	s five highest compenientation. If there is no	ensated independent			received		th
1	Total number of other employees paid ov Complete this table for the organization' \$100,000 of compensation from the orga	s five highest compenientation. If there is no	ensated independent one, enter "None "					th
1	Total number of other employees paid ov Complete this table for the organization' \$100,000 of compensation from the orga	s five highest compenientation. If there is no	ensated independent one, enter "None "					th
i1	Total number of other employees paid ov Complete this table for the organization' \$100,000 of compensation from the orga	s five highest compenientation. If there is no	ensated independent one, enter "None "					thi
1	Total number of other employees paid ovi Complete this table for the organization' \$100,000 of compensation from the orga (a) Name and business address of each independ	s five highest compe inization. If there is no fort contractor	ensated independent one, enter "None "					th
ONE	Total number of other employees paid ovi Complete this table for the organization' \$100,000 of compensation from the orga (a) Name and business address of each independ	s five highest compa inization. If there is no form contractor	ensated independent ine, enter "None " (b) Typo of serv	IC8				th
d d	Total number of other employees paid ovi Complete this table for the organization's 100,000 of compensation from the orga- (a) Name and business address of each independent of the organization of other independent contra	s five highest companization. If there is no form contractor	ensated independent one, enter "None " (b) Typo of sarv	nca	(c)	Сотраляны	D/1	
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one d 52 ndarppia, col	Total number of other employees paid over Complete this table for the organization's 100,000 of compensation from the organization from the organization from the organization complete schedule A chaltes of perfuny, I declare that I have examined this rect, and complete Doctaration of propagare (other than a signature of officer pleanne Pipicello, Treasurer Type or print name and title Print/Type preparer's name	s five highest companization. If there is no form contractor. Interpretation of the contractor of the contractor of the contractor. In the contractor of th	over \$100,000 . ction 501(c)(3) organization of which proparer h	nizations m uits, and to the las any knowled	ust attach best of my kn go O. 1.5.1 Check Sell-employ s EIN P	a Yes owledge and	i	Vo nt is

CIS IMAGE – Do Not Correspond for Signature

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047

Complete if the organization is a section \$01(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.

2017

Departin	ent of th	a Treasury		₽ Aπ	ach to Form 990 or Fore	m 990-EZ			Open to Public
internal i			▶ G	o to www.irs.gov/i	Form990 for instructions	and the la	test inform		Inspection
		ganization						Employer identification	n number
			tal Islands Nation					55-0	809874
Pela Lbo or	0202	reason	tor Public Uni	arity Status (Al	l organizations mus	t comple	ete this p	en.) See instruction	ons
					tion of churches descri				رص م
					(Attach Schedule E (F				\mathcal{O}^{\perp}
					rganization described				
4	A n	nedical re soital's na	search organizati me_city_and_sta	ion operated in d	conjunction with a hos	pital des	cuped in a	section 170(b)(1)(A)	
	580	tion 170	(b)(1)(A)(iv). (Con	nplete Part II.)	college or university				tal unit described i
6 7) An	arganızal	ate, or local gove ion that normally section 170(b)(1	y receives a sub	nmental unit described stantial part of its sup ste Part II.)	d in sect part fron	on 170(b) n a gover)(1)(A)(v). rimental unit or from	n the general public
8 (□Ас	ammunity	trust described	in section 170(b)(1)(A)(vi). (Complete	Part II)			
	or t	iniversity versity	or a non-land-gr	ant college of ag	ed in section 170(b)(1) inculture (see instructi	ons) Ent	er the nar	ne, city, and state o	f the college or
	reci sup acq	eipts from port from Juired by	i activities relatei i gross investmei the organization	d to its exempt to nt income and ur after June 30, 19	re than 33'n% of its sunctions—subject to correlated business taxa 975. See section 509(ertain ex ble incor a)(2). (Co	ceptions, ne (less s mplete P:	and (2) no more tha ection 511 tax) from art III.)	n 33¹¤% of its
11 {	⊒ An⊸	organizat	ion organized an	d operated exclu	isively to test for publi	c safety	See sect	ion 509(a)(4).	
12 (⊒ An⊸	organizat	on organized and	d operated exclu	sively for the benefit of	f, to perf	orm the fi	unctions of, or to ca	rry out the purpose
	Che	ck the bo	x in lines 12a thr	ough 12d that de	ons described in sect escribes the type of su	pporting (organizatı	on and complete lini	es 12e, 121, and 12g
а		the supp	orted organizatio	n(s) the power to	d, supervised, or conti o regularly appoint or d lete Part IV, Sections	elect a ma	ajority of t	rted organization(s), the directors or trust	typically by giving tees of the
þ		control o	r management of	the supporting i	sed or controlled in co organization vested in IV, Sections A and C	the same	with its s e persons	supported organizat that control or man	ion(s), by having lage the supported
С					rting organization ope ons) You must comp				ally integrated with,
d		that is no	t functionally inte	grated. The orga	upporting organization anization generally mu complete Part IV, Sec	st satisfy	a distribu	ition requirement ar	orted organization(s nd an attentiveness
е		Check thi functiona	s box if the orga lly integrated, or	nization received Type III non-fund	l a written determination	on from t pporting	he IRS th organizat	at it is a Type I, Typ ion	e II, Type III
f			per of supported						
					ported organization(s)	,			
(i	i) Namo	of supporte	d organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	Lated in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
	ne Coa		ds National		Government				20243
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otal									20243
	onwork	k Reduction	n Act Notice, see	the Instructions (or Form 990 or 990-EZ.	Cal	No 11285	F Schedule A IF	rm 990 or 990-EZ) 2017

		1 1 1 2 2 2 2	0.000		1 12 22 2	7 1 2247	10 ±
are 1	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				ļ	 /-	ļ
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						
•	line 1 that exceeds 2% of the amount shown on line 11, column (f)				_/	/	
6 ect	Public support. Subtract line 5 from line 4 ion B. Total Support		<u> </u>		1 /]	<u> </u>
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			/			
11	Total support Add lines 7 through 10			/			
12	Gross receipts from related activities, etc First five years. If the Form 990 is for the organization, check this box and stop he	ne organization re	n's first, secon	d, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
14	on C. Computation of Public Suppor Public support percentage for 2017 (line to			1 column (fi)		14	%
5 6a	Public support percentage from 2016 Sch 331/3% support test—2017. If the organi	nedule A. Part zation did not	II, line 14 check the box	c on line 13, ar		15	%
b	box and stop here. The organization qua 331/2% support test—2016. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16		is 33¹a% or m	nare, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization".	ets the "facts	-and-circumst	ances" test, ch	eck this box	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ion meets th	e "facts-and-d	proumstances'	' test, check	this box and :	stop here.
8	Private foundation. If the organization du instructions	d not check a	box on line 13	, 16a, 16b, 17a	i, or 17b, chec	k this box and	see . ▶ □
					Sch	nedulo A (Farm 99	0 or 990-EZ) 2017

Page 3

(Complete only if you checked the box on line 10 of Part for if the organization failed to qualify under Part II. If the organization faile to qualify under the tests issted below, please complete Part III. If the organization faile to qualify under the tests issted below, please complete Part III. Calendary are for fiscal year beginning in) ► 1 Gits, grants contributions, and membershy less received (for or fiscal year beginning in) ► 2 Gross recepts from admissions, merchandes soci or services performed, or I scalless furnished in any scilivity that is related to the services performed, or I scalless furnished in any scilivity that is related to the an unrelated trade or bissenses under section 513 4 Tax revenues level (in the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf in the organization's behalf and either paid to or expended on its behalf in the properties of the properti) Eli	Support Schedule for Organiza	ations Descr	ibed in Sect	on 509(a)(2)			
Section A. Public Support Calendary var (or fiscal year beginning in)								der Part II.
Calendary year (or fiscal year beginning in) Pa 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 (fist, gains combibilists, and embetshy lies in services of Directinized an "urusal quantic") Section Control of the property of the	Sact		under the te	sts listed belo	ow, please co	mpiete Part	!! }	
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received (0x ct include am 'unusual graits.') 2 Gross receipts from admissions, merchandes sold or services performed, or facilities furnished in any sellow) that is related to the organization's lax-exempt purpose . 3 Gross receipts from admission that are not an unrelated frade or business under section 513 4 Tax revenues lewed for the organization's benefit and either paid to or expended on its behalf and either paid to or expended on its behalf are the organization's brenefit and either paid to or expended on its behalf are the organization without charge turnished by a governmental unit to the organization without charge 5 5 The value of services or facilities furnished by a governmental unit to the organization without charge 5 6 Total Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons are received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of 1% of the amount on line 13 for the year of 2 to 10 to 0 to 0 to 0 to 0 to 0 to 0 to			(a) 2013	(0) 2014	(0) 2015	(0) 2010	(0) 2017	(I) TOTAL
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Section B. Total Support Calendar year (or fiscal year beginning in)	8							
Calendar year (or fiscal year beginning in) 9	Sant		ļ	i				551604
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line 18 is not more than 33%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 📝	b	331/a% support tests - 2016. If the organiz	ation did not ch	eck a box on l	ne 14 or line 19	98, and line 16	is more than 33	31/8%, and
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨 🗌		line 18 is not more than 331/2%, check this b	ox and stop he	re. The organiz	ation qualifies	as a publicly su	pported organiz	eation 🕨 📝
	20	Private foundation. If the organization did	not check a b	ox on line 14,	19a, or 19b, cl	neck this box a	and see instruc	tions 🕨 🔲

_	tie y (Form Aan et aan-Et) sous			Page 4
Part	7.			
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			A
	and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c			
-	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete F	art V	.)	
Sect	ion A. All Supporting Organizations		10	l Ni -
1	Are all at the economic supported economics hated by name in the economics are enumerical	<u> </u>	res	No
•	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	ł		
	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			l
	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	3a		
ь	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	ļ	<u> </u>
E	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	_		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
70	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	_	
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	70		
	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	<u> </u>	1
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	ł		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes	4c	ļ	.,
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,		ł	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	ľ	}	
	was accomplished (such as by amendment to the organizing document)	5a		<u> </u>
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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	ļ.		
	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.	Ĭ <u> </u>	<u> </u>	نـــا
7	· · · · · · · · · · · · · · · · · · ·	6		ļ
•	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	ļ:		
	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?			1
	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	\vdash		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	<u></u>	_	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	L		ــــا
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b	<u> </u>	ļ.,
c	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.	<u> </u>	_	اـــــا
102	Was the organization subject to the excess business holdings rules of section 4943 because of section	9c		
. 56	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	i l		1
	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	198		
	determine whether the organization had excess business holdings)	10b		

Sched	Jia A (Form 990 or 990-EZ) 2017		1	Page 5
Part	Supporting Organizations (continued)			,
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? 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?	11a	_	
ь	A family member of a person described in (a) above?	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		
	ion B. Type I Supporting Organizations			
			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	ĺ		
	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			i I
	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	ļ		
	VI how providing such benefit camed out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization			
Cont	ion C. Type II Supporting Organizations	2	L	L
3000	ion C. Type if 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	į	165	110
	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	Ĺ		
	the supported organization(s)	1		
Sect	on D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1		
	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	ŀ.		
	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		L
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ļ		
	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	i .		
	supported organizations played in this regard	3		اســا
Sect	on E. Type III Functionally Integrated Supporting Organizations			Ь
1	Chock the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	neter	ction	e).
а	☐ The organization satisfied the Activities Test. Complete line 2 below			-,.
ь	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 (soo in.	etruct	ions)
2	Activities Test Answer (a) and (b) below.		Van	Ma
a			Yes	No
•	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	20		
ь	Oid the activities described in (a) constitute activities that, but for the organization's involvement, one or more			Ī
	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	<u> </u>	<u> </u>	
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		
o a				
_	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	<u> </u>		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	_	
	Schedule A (Form	990 or	120.EZ	1 2017

Schedula A (Form 990 or 980-EZ) 2017			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	ganı	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			lain in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net snort-term capital gain	1		
2 Recovenes 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)	<u> </u>		
a Average monthly value of securities	1a		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	10		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	21		· · · · · · · · · · · · · · · · · · ·
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 Recovenes of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	, ,		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	11		
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	П		
emergency temporary reduction (see instructions)	6	i.	
7 Check here if the current year is the organization's first as a non-functional	y Int	egrated Type III support	ing organization (see

Schedulo A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-LZ) 2017 Page 7 PartV Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 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 the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required - explain in Part VI) See instructions Excess distributions carryover, if any, to 2017 b From 2013 c From 2014 d From 2015 From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder, Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018 Add lines 3| and 4c Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Page 8 ons required by Part II, line 10, Part II, line 17a or 17b; Part	Supplemental Information. Provide the
, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, dditional information (See instructions)	 B, lines 1 and 2, Part IV, Section C, line 1;
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Schedule A (Form 990 or 990-EZ) 2017	

SCHEDULE O (Farm 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.

▶ Attach to Form 990 or 990-EZ

OMB No 1545-0047

2017

Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ ► Go to www.irs gov/Form990 for the latest information.	Open to Public Inspection
Name of the organization		Employer identification number
nends of Maine Coast	al Islands National Wildlife Refuge	\$5-0809874
	/	***************************************
art I - Line #10 - Donat	ion to National Wildlife Refuge Association	
ine #16: Marketing & P	romation	· ·
lebsite Development		
ffice Expenses		
censos & Fees		
	onege ,	
		******* *******************************
ne #20 Adjustment to	o carrying value of fixed assets	
ine #24. Furnishings &	equipment	

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	n Act Notice, see the Instructions for Form 990 or 990-EZ. Cal No 51056	K Schodule O (Form 990 or 990-EZ) (201'