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2020
\Box

For	990- ⊤	j E	Extended TO Exempt Organization Bu	sines	ss Income 1	29393 ax Returi	15	10,0,2,0,4,5
			(and proxy tax un	aer sec	ction boss(e))	Ju	1001	2010
	•	For ca	lendar year 2018 or other tax year beginning $\underline{\mathtt{JUL}}$ 1				<u> 19</u>	ZU 10
	partment of the Treasury ernal Revenue Service	▶	► Go to www.irs gov/Form990T for Do not enter SSN numbers on this form as it ma					pen to Public Inspection for 11(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Check box if name	changed a	and see instructions.)		D Employ (Employ instruct	rer identification number yees' trust, see tions)
	Éxempt under section	Print	ISLAND INSTITUTE				22	2-2786731
	X 501(c√3_)	or	Number, street, and room or suite no. If a P.O. b	ox, see ins	structions.			ed business activity code
	408(e)220(e)	Type	386 MAIN STREET, P.O.	BOX	648		(500	indenons ,
\ \ \ [408A530(a)		City or town, state or province, country, and ZIP	or foreign	postal code		1	
N L	529(a)		ROCKLAND, ME 04841				5418	00
	Book value of all assets at end of year		F Group exemption number (See instructions.)	•				
, <u> </u>	34,723,0	97.	G Check organization type ► X 501(c) co	rporation	501(c) trust	401(a) trust	Other trust
HE	Enter the number of the c	organiza	tion's unrelated trades or businesses.	2	Describe	the only (or first) ur	related	
tr	rade or business here 🕨	► <u>S</u> E	EE STATEMENT 1		If only one,	complete Parts I-V.	If more th	han one,
d	lescribe the first in the bl	ank spa	ce at the end of the previous sentence, complete F	Parts I and	III, complete a Schedule	M for each addition	nal trade d	or
b	usiness, then complete I	Parts III	-V					
I C	During the tax year, was t	the corp	oration a subsidiary in an affiliated group or a pare	ent-subsid	liary controlled group?	▶ [Yes	X No
1	f "Yes," enter the name ar	nd ident	ifying number of the parent corporation.					
J T	The books are in care of	► F	PETER RAND		Teleph	one number 🕨 2	07-5	94-9209
P	art I Unrelated	Trac	le or Business Income		(A) Income	(B) Expenses	<u> </u>	(C) Net
1 a	Gross receipts or sales	s		T +			l	
b	Less returns and allow	ances	c Balance	1c				
2	Cost of goods sold (So	chedule	A, line 7)	2				
3	Gross profit. Subtract	line 2 fre	om line 1c	3	RF	CFIVED		
4 a	Capital gain net incom-	e (attacl	n Schedule D)	4a		OLIVED	10	
b	Net gain (loss) (Form 4	4797, Pa	art II, line 17) (attach Form 4797)	4b	83	. 0 0	Š	
С	: Capital loss deduction	for trus	ts	4c	MA S	R 0 2 2020		
5	Income (loss) from a p	artners	hip or an S corporation (attach statement)	5	M		<u>E</u>	
6	Rent income (Scheduli	e C)		6	OG.	DEVI LIT		
7	Unrelated debt-finance	d incom	ne (Schedule E)	7		DEIV, C		
8	Interest, annuities, roya	alties, ai	nd rents from a controlled organization (Schedule F)	8				
9	Investment income of	a sectio	n 501(c)(7), (9), or (17) organization (Schedule G) 9				
10	Exploited exempt activ	ity incor	ne (Schedule I)	10				
11	Advertising income (So	chedule	J)	11	70,211.			70,211.
12	Other income (See inst	tructions	s; attach schedule)	12				
13	Total. Combine lines 3			13	70,211.			70,211.
Pa			t Taken Elsewhere (See instructions for					
	(Except for co	ontribu	tions, deductions must be directly connecte	d with th	e unrelated business	income.)		
14	Compensation of office	ers, dire	ectors, and trustees (Schedule K)				14	
15	Salaries and wages						15	
16	Repairs and maintena	nce					16	
17	Bad debts						17	
18	Interest (attach sched	ule) (se	e instructions)				18	
19	Taxes and licenses						19	
20	Charitable contribution	ns (See	instructions for limitation rules)				20	
21	Depreciation (attach F	orm 456	62)		21			
22	Less depreciation clair	med on	Schedule A and elsewhere on return		22a		22b	<u> </u>
23	Depletion						23	
24	Contributions to defer	red com	pensation plans				24	
25	Employee benefit prog	rams					25	
26	Excess exempt expens	ses (Sch	nedule I)			[26	<u></u>
27	Excess readership cos	its (Scho	edule J)			{	27	70,211.
28	Other deductions (atta	ch sche	dule)			ا مد	28	
29	Total deductions. Add	lines 1	4 through 28			28	29	70,211.
30	Unrelated business tax	kable ind	ome before net operating loss deduction. Subtrac	ct line 29 f	rom line 13		30	0.
31	Deduction for net oper	ating lo	ss arising in tax years beginning on or after Janua	ry 1, 2018	3 (see instructions)		3)	
<u>32</u>	Unrelated business tax	cable inc	ome. Subtract line 31 from line 30				32	0.
82370	01 01-09-19 LHA For	Paperw	ork Reduction Act Notice, see instructions		<u> </u>		1	Form 990-T (2018)

Form 990-	TODIALD TRIBITIONS			22-27	786731	Page
Part	II Total Unrelated Business Taxa	ble Income				
33,	Total of unrelated business taxable income comput	ted from all unrelated trades or business	es (see instructions)	33	0.
34	Amounts paid for disallowed fringes				34	
35	Deduction for net operating loss arising in tax years	s beginning before January 1, 2018 (see	instructions) S	TMT 2	35	0.
36	Total of unrelated business taxable income before s	specific deduction. Subtract line 35 from	the sum of			
	lines 33 and 34			4.	. 36	
37	Specific deduction (Generally \$1,000, but see line 3	37 instructions for exceptions)		450	87	1,000.
38	Unrelated business taxable income Subtract line		line 36,			
	enter the smaller of zero or line 36	, and the second	•		38	0.
Part I	V Tax Computation					
39	Organizations Taxable as Corporations Multiply II	ine 38 by 21% (0.21)			> 39	0.
40	Trusts Taxable at Trust Rates See instructions for		ount on line 38 from	۱۰.		
	Tax rate schedule or Schedule D (For	•			40	
41	Proxy tax. See instructions	13 11,			- 41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See Instruct	tions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whi				44	_ 0.
Part \		спечет арриез			1 44	
	Foreign tax credit (corporations attach Form 1118; I	tructo attach Form 1116)	45a			
	Other credits (see instructions)	ilusis allacii Foliii 1110)				
b	, ,		45b		-	
C	General business credit. Attach Form 3800	4 0007)	45c		 	
đ	Credit for prior year minimum tax (attach Form 880	1 Of 8827)	45d		┥,,,	
	Total credits Add lines 45a through 45d				45e	
46	Subtract line 45e from line 44	5 0044	- 0000 - 045-		46	0.
		Form 8611 Form 8697 Forn	n 8866 L Other	(attach schedule)		
	Total tax Add lines 46 and 47 (see instructions)				48	0.
	2018 net 965 tax liability paid from Form 965-A or F	form 965-B, Part II, column (k), line 2	1 1		49	0.
	Payments: A 2017 overpayment credited to 2018		50a		4	
	2018 estimated tax payments		50b	·- <u>-</u>	⊣	
	Tax deposited with Form 8868		50c		⊣	
d	Foreign organizations: Tax paid or withheld at sourc	e (see instructions)	50d			
	Backup withholding (see instructions)		50e		_	
f	Credit for small employer health insurance premium		50f		_	
9		rm 2439			1 1	
	Form 4136 Oth	ner Total	► [50g		⊣ 1	
	Total payments. Add lines 50a through 50g				51	
52	Estimated tax penalty (see instructions). Check if Foi	rm 2220 is attached 🕨 📖			52	
53	Tax due. If line 51 is less than the total of lines 48, 4	9, and 52, enter amount owed		•	53	
	Overpayment If line 51 is larger than the total of line		,	>	54	
	Enter the amount of line 54 you want: Credited to 20			efunded 📗 📂	55	
Part V	Statements Regarding Certain A	Activities and Other Inform	ation (see instru	uctions)		
56	At any time during the 2018 calendar year, did the oi	rganization have an interest in or a signa	ture or other author	nty		Yes No
	over a financial account (bank, securities, or other) ii	n a foreign country? If "Yes," the organiza	ation may have to fi	le		
1	FinCEN Form 114, Report of Foreign Bank and Finan	cial Accounts. If "Yes," enter the name of	the foreign country	<i>(</i>		
	nere >		<u></u>			_ X
57	During the tax year, did the organization receive a dis	stribution from, or was it the grantor of, o	or transferor to, a fo	reign trust?		x
	f "Yes," see instructions for other forms the organiza	ation may have to file.				
58	nter the amount of tax-exempt interest received or a	accrued during the tax year 📂 \$				
	Under penalties of perjury, I declare that I have examined to correct, and complete Declaration of preparer (other than				owledge and belief	, it is true,
Sign	correct, and complete Declaration of preparer (other than t	taxpayer) is based on all information of which pr	eparer has any knowle	•	Mary the IDO desire	a Alice and company to
Here	1	Date CFO Title			May the IRS discus he preparer shown	
_	Signature of officer	Date! Title			nstructions)?	, ' -
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid		1		self- employed		
Prepar	THOMAS EMERY	Jan	1/28/20	F = 7 = -	1	32592
Use O	C + DIDTION KED COL	EEN OUELLETTE		Firm's EIN		440155
USE UI	20 LONG CRE				_ 	
	Firm's address ► SOUTH PORTI			Phone no.	207 <u>-</u> 773	-2986
23711 01-0				<u> </u>		990-T (2018)

Schedule A - Cost of Good	ds Sold. Ente	r method of inve	entory valuation N/A	<u></u>				
1 Inventory at beginning of year	Inventory at beginning of year 1			ar		6		
2 Purchases	2		7 Cost of goods sold S	7 Cost of goods sold Subtract line 6			_	
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4 a Additional section 263A costs			line 2			<u> </u>		
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or	acquire	d for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					Ь
Schedule C - Rent Income (see instructions)	(From Rea	Property ar	nd Personal Property	Leas	ed With Real Pro	pert	(y) 	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	red or accrued			0/12		-A	
(a) From personal property (if the property is most for personal property is most 10% but not more than 50%	re than	` 'of rent for	and personal property (if the percent personal property exceeds 50% or if ent is based on profit or income)	tage f	3(a) Deductions directly columns 2(a) a	d 2(b) (cted with the income i (attach schedule)	ın
(1)								
(2)								
(3)								
_(4)					l			
Total	0.	Total		0.	1			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, colum	n (A)			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated De	bt-Financed	l Income (see	instructions)					
			2. Gross income from		 Deductions directly conto debt-finance 			
1. Description of debt-f	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	is
(1)			 			1-		
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property ischedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(8 Allocable deductr column 6 x total of col 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, art i, line 7, column (A)		inter here and on page Part I, line 7, column (l	
Totals			•		0			0.
Total dividends-received deductions in	cluded in column	8	•		<u> </u>			0.

Form 990-T (2018)

	1		Exempt	Controlled O	rganızatı	ons		,		
1 Name of controlled organiz	ıde	Employer ntification number		nrelated income ie instructions)		tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
_(1)										
(2)										
_(3)										
_(4)			<u> </u>							
Nonexempt Controlled Organ	nizations									
7 Taxable Income	8 Net unrelated in (see instruct		9 Total	of specified payr made	nents	10 Part of column in the controlling gross in	organization's		eductions directly connected in the conn	
(1)										
(2)			ļ					ļ <u> </u>		
_(3)	ļ		 _					ļ		
_(4)										
						Add column Enter here and or line 8, col	n page 1, Part I,		dd columns 8 and 11 here and on page 1, Part I, fine 8, column (8)	
Totals	_				▶		0.		0	
Schedule G - Investme		a Section	n 501(c)((7), (9), or (17) Or	ganization			-	
	cription of income			2 Amount of	ncome	3 Deductions directly connected	ed 4 Set	-asides schedule)	5 Total deductions and set-asides	
						(attach schedule	9) (4.120.1		(col 3 plus col 4)	
(1) (2)				-	-	-			 	
(2)										
(3)										
(4)				Enter here and o Part I, line 9, coli					Enter here and on page Part I, line 9, column (B)	
lotals			•		0.				0	
Schedule I - Exploited	=	ty Incom	ne, Othe	r Than Ad	vertisii	ng Income				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	openses connected roduction related ss income	4 Net income from unrelated business (col- minus column gain, compute through 7	trade or umn 2 3) If a cols 5	5. Gross income from activity that is not unrelated business income	attribu	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		 								
(2)		1								
(3)		-				- · · · - · · · · · · ·				
(4)		<u> </u>								
	Enter here and on page 1, Part I, line 10, col (A)	page :	re and on 1, Part I, , col (B)				·······		Enter here and on page 1, Part II, line 26	
otals -	0		0.						0	
Schedule J - Advertisi										
Part I Income From	Periodicals Re	ported o	n a Con	solidated	Basis					
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advertis or (loss) (col col 3) If a gail cols 5 thre	2 minus 1, compute	5 Circulation income	6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) VARIOUS	70,21	11.	0	•		1,05	8. 164,	241.		
		_								
(2)				┪						
(2) (3)		1		ł		ł	1	- 1		
(3)				-{		<u> </u>	- - -			
										

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7 Excess readership 2. Gross advertising income 6 Readership costs 5. Circulation income 3 Direct costs (column 6 minus column 5, but not more 1. Name of periodical advertising costs than column 4) (1) (2) (3) (4) Totals from Part I 70,211 0 70,211. Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) on page 1, Part II, line 27 70,211 70,211. Totals, Part II (lines 1-5)

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
_(1)		%	
(2)		%	
_(3)		%	
_(4)		%	
Total Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

ADVERTISING IN THE ORGANIZATION'S WORKING WATER FRONT PUBLICATION.

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16 06/30/16	1,013. 15,382.	0.	1,013. 15,382.	1,013. 15,382.
06/30/17 06/30/17	412. 4,208.	0.	412. 4,208.	412. 4,208.
06/30/18	3,421.	0.	3,421.	3,421.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	24,436.	24,436.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

ENTITY

OMB No 1545-0687

2

Department of the Treasury Internal Revenue Service (99) Name of the organization

ISLAND INSTITUTE

Employer identification number 22-2786731

Unrelated business activity code (see instructions) 310000 Describe the unrelated trade or business ► S-CORPORATION K-1 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 10 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach -3.111 -3,111. STATEMENT 3 statement) 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12 Total, Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-3,111.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-3,111.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5