MTA ACCOUNTING PA 71 HIGH ST BELFAST, ME 04915 (207) 338-5012

July 29, 2024

Monhegan Historical & Cultural Museum Association 1 Lighthouse Hill Monhegan, ME 04852

Dear Board of Directors:

Your 2023 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Kali T McCarthy, CPA



2023 Federal Exempt Organi Monhegan Historical & Associa	& Cultural Museum	Page 1 22-2572864	
REVENUE	2023	2022	Diff
Contributions and grants Investment income. Other revenue.	308,832 133,327 24,965	288,806 117,531 9,213	20,026 15,796 15,752
Total revenue	467,124	415,550	51,574
EXPENSES Salaries, other compen., emp. benefits Other expenses Total expenses	180,234 196,163 376,397	141,860 332,896 474,756	38,374 -136,733 -98,359
NET ASSETS OR FUND BALANCES Revenue less expenses Total assets at end of year Total liabilities at end of year Net assets/fund balances at end of year.	90,727 7,722,193 266,552 7,455,641	-59,206 6,745,252 7,511 6,737,741	149,933 976,941 259,041 717,900



2023	Federal Worksheets	Page 1
	Monhegan Historical & Cultural Museum Association	22-2572864
Rental Income Worksheet Form 990		
Curator & Sullivan Cottages	\$	13,736.
Cleaning and Maint Utilities	enance	3,064. 2,077. 5,141.
	Net Rental Income or Loss <u>\$</u>	8,595.
Computation of Cost of Goods 1. Inventory at start of	e year	0.
 Cost of labor Additional 263A costs 	5	18,666. 0. 0.
 Total (Add lines 1 th Inventory at end of y 	nrough 5)	18,666. 0. 18,666.
Form 990, Part III, Line 4e Program Services Totals	Draft	
	Program Services <u>Total Form 990</u> <u>Source</u>	
Total Expenses Grants Revenue	348,156. 348,156. Part IX, Line 25, Col 0. 0. Part IX, Lines 1-3, Col 0. 0. Part VIII, Line 2, Col	ol. B
Form 990, Part IX, Line 11g Other Fees For Services		
Other rees ror Services	(A) (B) (C) Program Management	(D) Fund-
Consulting and Professic	<u> </u>	raising 0.

2023

Federal Worksheets

Monhegan Historical & Cultural Museum Association

22-2572864

Page 2

Form 990, Part IX, Line 24e Other Expenses

		(A)	(B) Brogram	(C) Management	(D)
		Total	Program <u>Services</u>	Management & General	Fundraising
Art Frames and Restoration Bank Fees		3,200. 2,482.	3,200.	2,482.	
Dues & Subscriptions Exhibition Expense		1,847. 804.	1,847. 804.	·	
Fitzgerald Legacy Expenses		3,403.	2,651.		752.
License, Fees & Permits Postage and Shipping		55. 4,458.	55. 4,458.		
Printing and Publications Professional Development		991. 600.	991. 600.		
Supplies & Administrative	Total \$	1,203. 19,043. \$	1,203. 15,809.	\$ 2,482.	<u>\$ 752.</u>
	10tai <u>ş</u>	<u> </u>	15,009.	<u>γ</u> 2,402.	γ 1JZ.



Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

OMB No. 1545-0047

2023

A For the 2023 calendaryear, or tax year beginning , 2023, and ending , 20 B Creace, it application: C D Employer identification number Anse change 1. Lighthouse Hill Monhegan, ME 04852 E Telephone number Image teaching 3. World Trade Center 55th FL New York, NY 10007 G crease meetings 5 1, 814, 796. Image teaching Monhegan, ME 04852 F Name and address of proceed officer: Address of proceed officer: Address of proceed officer: Image teaching Norld Trade Center 55th FL New York, NY 10007 Hol bits a cross officer for subordinates: Hys. Bits a cross officer for subordi	Depa Inter	artment o nal Reve	of the Treasury nue Service		Do not en Go to www.	ter social security numbers .irs.gov/Form990 for instru	on this form as it actions and the	may be made e latest info	public.			Inspection
Autrons carge Monthagan Historical & Cultural Museum 22-272864 International Internation International Internation Internation International Internation International Internation International Internatinternatine International Internation Interational Inter	A	For th	e 2023 calen	ıdar ye							,	20
Image compares in the control of the processing of the procesing of the processing of the processing of the	В	Check if	applicable:	С						D Employ	er identi	fication number
Image compares in the control of th		Add	dress change	Mon	hegan Histori	cal & Cultural	Museum			22-2	25728	864
Monheigan, ME 04852 Control of the segment of the		Nar	me change	Ass	ociation				-	E Telepho	ne numb	ber
		Init	ial return							(20	7) 59	96-7003
Application provided F Name and stores of promped other Main Blumenthal I Tak-elempt status X Sincid Trade Center 651 Yes X Bio J WebSite: X/A Main Blumenthal Main Status Sta		Fina	al return/terminated	Mon	negan, ME 048	352			-			
1 Tax-event Halts: Xiii (Xii) (X		Am	nended return							G Gross re	eceipts	\$ 1,814,796.
1 Tax-event Halts: Xiii (Xii) (X		App	plication pending	F Na	me and address of princip	^{al officer:} Adam Blument	hal	H	I(a) Is this a	group returi	n for sub	ordinates? Yes X No
Takesemptistatus: [X]00(c(2) [01(c) () (c) (creat m.) [44/2(q)) for [27] (c) Group exemption number Website: N/A (c) Group exemption number (c) Group exemption number Part I Summary (c) Group exemption number (c) Group exemption number I Benify describe the organization's mission or most significant activities: Monhegan Museum of Art & History I Benify describe the organization's mission or most significant activities: Monhegan Museum of Art & History I Benify describe the organization discontinued its operations or disposed of more than 25% of its net assets. I Number of voting members of the governing body (Part VI, line 1b). 3 16 4 Number of voting members of the governing body (Part VI, line 1b). 5 12 G Total number of voting members of the governing body (Part VI, line 1b). 7a 0. 5 Total number of voting members of the governing body (Part VI, line 1b). 7a 0. 6 1330 166 9a 17a 0. 7 0. 7a 0. 7a 0. 8 Corrinbutions and grants (P								ŀ	H(b) Are all s	subordinates	included	1? Yes No
Form of regulation X Composition Trust Association Other L Year of formation 1984 M State of legal domination Part Summary State of legal dominations The state of legal dominations Mission of most significant activities: Monthegan Musseum of Art & History I Briefly describe the organization's mission or most significant activities: Monthegan Musseum of Art & History Association 2 Check this box If the organization's mission or most significant activities: Monthegan Musseum of Art & History 2 Check this box If the organization's mission or most significant activities: Monthegan Musseum of Art & History 3 Mumber of volunteers If the organization's mission or most significant activities: Monthegan Musseum of Art & History 4 Number of volunteers cestimate if necessary) 3 16 3 16 5 Total unrelated business revenue (more MVIII, ine 20) 7a 10 7a 0.0 8 Contributions and grants (Part VIII, ine 20) 288, 806. 308, 832. 117, 551. 1333, 327. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 260. 117, 551. 1333, 327. 133. 267.	I	Tax-e	exempt status:	X 50	1(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527	n no,	attach a list.	000 1113	
Part I Summary I Brefy describe the organization's mission or most significant activities: Monhegan Museum of Art & History stewards and shares the cultural memory of the Island to connect people to this place, its history and each other. 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a). 3 4 15 5 Total number of independent voting members of the governing body (Part VI, line 2a). 6 6 Total number of nucleator years revewe (Part VII, Icolumn (C), line 12. 7 7 Total number of nucleator years revewe (Part VIII, column (A), lines 3, 4, and 20, and 117, 531. 133, 327. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 20, and 117, 531. 133, 327. 10 Investment income (Part VIII, column (A), lines 3, 4, and 20, and 117, 531. 133, 327. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 20, and 117, 531. 133, 327. 11 Other revenue (Part VIII, column (A), lines 4. 117, 531. 133, 327. 12 Total revenue - add lines 8 through 11 (must equal Part Wiccolumn (A), line 12. 9, 213. 24, 965. 12 Total revenue - add lines 8 through 11 (must eq	J	Web	osite: N/	'A				ŀ	H(c) Group e	exemption nu	mber	
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4 Number of independent voting members of the governing body (Part V, line 1b)	ģ						<u>v of the </u>	Island 1	<u>to con</u>	<u>nect p</u>	eopl	<u>le to this</u>
4 Number of independent voting members of the governing body (Part V, line 1b)	anc		<u>place, i</u>	l <u>ts</u> i	<u>nistory and e</u>	ach other.						
4 Number of independent voting members of the governing body (Part V, line 1b)	lern											
4 Number of independent voting members of the governing body (Part V, line 1b)	ğ	3										
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b Net unrelated business taxable income from Form 990-T, Part I, line 11	ties	5	Total number	r of ind	dividuals employed i	n calendar year 2023 (F	Part V, line 2a)	· • • • • • • • • • • • •			5	
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Prior Year Current Year 9 Program service revenue (Part VIII, line 1p)	Ac										-	
8 Contributions and grants (Part VIII, line 1h)		b	Net unrelated	d busir	ness taxable income	from Form 990-1, Part	I, line 11				7b	
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12 Total revenue – add lines 8 through 11 (must equal Part Var column (A), line 12)	Re											
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)								ne 12)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 141,860. 180,234. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 5752. 332,896. 196,163. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 332,896. 196,163. 474,756. 376,397. 19 Revenue less expenses. Subtract line 18 from line 12 -59,206. 90,727. -59,206. 90,727. 20 Total assets (Part X, line 16) -59,206. 90,727. Beginning of Current Year End of Year 21 Total assets (Part X, line 26) -7,511. 266,552. 7,722,193. 22 Net assets or fund balances. Subtract line 21 from line 20 6,737,741. 7,455,641. Part II Signature Block		13	Grants and s	imilar	amounts paid (Part	IX, column (A), lines 1	.3)					,
Ifea Professional fundraising fees (Part IX, column (A), line 11e)		14	Benefits paid to or for members (Part IX, column (A), line 4)									
Ida Professional fundraising fees (Part IX, column (A), line 11e)	~	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						141,8	60.	180,234.	
17 Other expenses (Part X, column (A), lines TIA-110, TIT-240, TIA-10, T	ses	16a	Professional	fundra	aising fees (Part IX,	column (A), line 11e)						
17 Other expenses (Part X, column (A), lines TIa-110, TT-240, TT	per	b	Total fundrai	sing ex	xpenses (Part IX, co	olumn (D), line 25)		752				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	й	17		-		· · · –				332.8	96	196 163
19 Revenue less expenses. Subtract line 18 from line 12												
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 6,745,252. 7,722,193. 21 Total liabilities (Part X, line 26) 7,511. 266,552. 22 Net assets or fund balances. Subtract line 21 from line 20 6,737,741. 7,455,641. Part II Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date Signature of officer Date Susan Bateson Vice President Type or print name and title Print/Type preparer's name Preparer's signature Paid Firm's name MTA Accounting PA Firm's EIN 47-2433079 Belfast, ME 04915 Phone no. (207) 338-5012 May the IRS discuss this return with the preparer shown above? See instructions X Yes No						•						•
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date Signature of officer Date Paid Preparer Print/Type or print name and title Paid Preparer Print/Type preparer's name Preparer's signature Paid Preparer MTA Accounting PA Firm's name MTA Accounting PA Firm's address Firm's EIN 47-2433079 Phone no. (207) 338-5012 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	۶ő								Beginning			
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date Signature of officer Date Paid Preparer Print/Type or print name and title Paid Preparer Print/Type preparer's name Preparer's signature Firm's name MTA Accounting PA Firm's address Firm's EIN 47-2433079 Phone no. (207) 338-5012 May the IRS discuss this return with the preparer shown above? See instructions Phone no. X	ets lanc	20	Total assets	(Part)	X, line 16)							7,722,193.
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature of officer Date Signature of officer Date Paid Preparer Print/Type or print name and title Paid Preparer Print/Type preparer's name Preparer's signature Firm's name MTA Accounting PA Firm's address Firm's EIN 47-2433079 Phone no. (207) 338-5012 May the IRS discuss this return with the preparer shown above? See instructions Phone no. X	Aee ABa	21	Total liabilitie	es (Pai	rt X, line 26)							
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Sign Here Signature of officer Date Susan Bateson Type or print name and title Vice President Paid Preparer Use Only Print/Type preparer's name Kali T McCarthy, CPA Preparer's signature Date Check if print Firm's name Firm's name MTA Accounting PA 71 High St Paid Firm's EIN 47-2433079 Belfast, ME 04915 Phone no. (207) 338-5012 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	Pa	art II	Signatu	re Blo	ock					, ,		, ,
Sign Here Signature of officer Date Susan Bateson Type or print name and title Vice President Paid Preparer Use Only Print/Type preparer's name Kali T McCarthy, CPA Preparer's signature Date Check if print Firm's name Firm's name MTA Accounting PA 71 High St Paid Firm's EIN 47-2433079 Belfast, ME 04915 Phone no. (207) 338-5012 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	Unde	er penalti	ies of perjury, I d	eclare th	at I have examined this rel	turn, including accompanying so	hedules and staten	nents, and to th	ne best of my	/ knowledge	and belie	ef, it is true, correct, and
Sign Here Susan Bateson Vice President Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if PTIN Firm's name MTA Accounting PA Prim's EIN 47-2433079 Prim's EIN 47-2433079 Belfast, ME 04915 Phone no. (207) 338-5012 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	com	plete. De	claration of prepa	arer (oth	er than officer) is based or	all information of which prepar	er has any knowled	ige.				
Sign Here Susan Bateson Vice President Type or print name and title Print/Type preparer's name Preparer's signature Date Check if PTIN Paid Preparer Use Only Mili T McCarthy, CPA Preparer's signature Date Check if PTIN Firm's name MTA Accounting PA Firm's EIN 47-2433079 Phone no. (207) 338-5012 May the IRS discuss this return with the preparer shown above? See instructions X Yes No			Circusture of						Data			
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Preparer Use Only Firm's name Firm's address MTA Accounting PA 71 High St Belfast, ME 04915 Firm's EIN 47-2433079 May the IRS discuss this return with the preparer shown above? See instructions Phone no. (207) 338-5012	-									L	_ "	
Use Only Firm's address 71 High St Firm's EIN 47-2433079 Belfast, ME 04915 Phone no. (207) 338-5012 May the IRS discuss this return with the preparer shown above? See instructions X Yes No										self-employe	d.	201069497
Belfast, ME 04915 Phone no. (207) 338-5012 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	Pro Lle	epare	r Firm's nam			ng PA				Firm's EIN	4 77	2422070
May the IRS discuss this return with the preparer shown above? See instructions X Yes No	03	U UII	י y ⊢ırm's addr	ess		04015						
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Form	990 (2023) Monhegan Hist	orical & Cultural Museum	22-2	572864 Page 2
Par	t III Statement of Program	Service Accomplishments as a response or note to any line in this Par	+ 111	
1	Briefly describe the organization's		u mu	
•		& History stewards and sha	ares the cultural memo	ry of the
		ble to this place, its histo		
2	Did the organization undertake any sig	gnificant program services during the year whic	h were not listed on the prior	
	Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services	on Schedule O.		
3	Did the organization cease conduct	ing, or make significant changes in how it o	conducts, any program services?	Yes X No
	If "Yes," describe these changes on S	chedule O.		
4	Describe the organization's program	n service accomplishments for each of its t	nree largest program services, as r	neasured by expenses.
	Section 501(c)(3) and 501(c)(4) org and revenue, if any, for each progr	panizations are required to report the amount amount and service reported.	nt of grants and allocations to othe	rs, the total expenses,
4a	(Code:) (Expenses \$	348,156. including grants of \$) (Revenue	\$)
		& History stewards and sha		ry of the
		ole to this place, its histo		
			·	
4b	(Code:) (Expenses \$	including grants of) (Revenue	\$)
4c	(Code:) (Expenses \$	including grants of) (Revenue	\$)
4d	Other program services (Describe o			ζ.
	(Expenses \$	including grants of \$) (Revenue \$)
	Total program service expenses	348,156.		Earm 000 (2023)

Form 990 (2023) Monhegan Historical & Cultural Museum

 Part IV
 Checklist of Required Schedules

	antiv Oneckiist of Required Schedules		Yes	No
1	I Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.		X	NO
2	2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Х	
3	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part I	es		Х
4	4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) in effect during the tax year? If "Yes," complete Schedule C, Part II.	election 4		Х
5	5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Patternet Schedule C, Patt	art III 5		Х
6	5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the rig to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedul Part 1.	ht e D, 6		Х
7	7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>			Х
8	3 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	n 9		х
10	D Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>			Х
11	I If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, I or X, as applicable.	Х,		
а	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Sched	lule 11a	Х	
b	b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its t assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	otal 11k	1	Х
С	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	total 11c		Х
d	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	ed 11c		Х
е	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes," complete Schedule D, H	Part X 11e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D	9, Part X 11f		Х
12a	2a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," an if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	nd 12 t	1	Х
13	3 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	4a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valu at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	ed 14 Ł		Х
15	5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to foreign organization? If "Yes," complete Schedule F, Parts II and IV.	or for any 15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	o 16		Х
17	7 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions			Х
18	B Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>			Х
19	9 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Da Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			Х
b	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
21	1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			Х

Form 990 (2023)

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 Form 990 (2023)
 Monhegan Historical & Cultural Museum

 Part IV
 Checklist of Required Schedules (continued)

1 41			Vee	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	23 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par		_		
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10		165	110
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form	orm 990 (2023) Monhegan Historical & Cultural Museum 22-2572864									
Part	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 12									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 3a		Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0.	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u> </u>						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5u 5b		X						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7u 7b		<u> </u>						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring									
	organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12									
	Initiation fees and capital contributions included on Part VIII, line 12									
	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would									
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17								

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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b b a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions.			d for
	Check if Schedule O contains a response or note to any line in this Part VI.			. Х
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Image: Enter the number of voting members of the governing body at the end of the tax year 1a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1a 16			
Ł	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?See.Schedule.0	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule. O	7a	Х	
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a		Х
Ł	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
Ł	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	• Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	: Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> SeeSchedule.Q	12c	Х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official See . Schedule0	15a	Х	
b	Other officers or key employees of the organizationSee .Schedule.0	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10		
Sac	organization's exempt status with respect to such arrangements?	16b		
<u>5ec</u> 17	List the states with which a copy of this Form 990 is required to be filed None			
		1(~)(
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50 available for public inspection. Indicate how you made these available. Check all that apply.) (C)(C	os on	iy)
10		bla to		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. See Schedule O	เมเซ เ0		

Jennifer Pye 1 Lighthouse Hill Monhegan ME_04852 (207) 596-7003

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.								

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

		(C)								
(A)	(B)	(do	Position (do not check more than one box, unless person is both an			ne	(D)	(E)	(F)	
Name and title	Average hours	offic	er an	dåd			× 1	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (list any	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Forr	the organization (W-2/1099-	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization
	hours for related	irect	tutio	er	em	1est Iloye	ner	MISC/1099-NEC)	WISC/1099-INEC)	and related organizations
	organiza- tions	al tr	onal		oloy	corr ie				
	below dotted	uste	trus		ee	lpen				
	line)	õ	tee			Highest compensated employee				
(1) Dan Broeckelmann	1					đ				
Trustee	0	Х						12,203.	0.	0.
(2) Adam Blumenthal	12									
President	0	Х		Х		G	7	0.	0.	0.
(3) Susan Bateson	16						5			
Vice President	0	X		х	0			0.	0.	0.
(4) Elena Henry	3									
Treasurer	0	Х		Х				0.	0.	0.
(5) Will Coleman	1									
Trustee	0	Х						0.	0.	0.
(6) Stacie Crocetti	1									
Trustee	0	Х						0.	0.	0.
(7) Susan Danly	1									
Trustee	0	Х						0.	0.	0.
(8) Laureen Gaston	1									
Trustee	0	Х						0.	0.	0.
(9) Alexander Krause	1									
Trustee	0	Х						0.	0.	0.
(10) Jan Kornbluth	1									
Trustee	0	Х						0.	0.	0.
(11) Mary Kordak	1									
Trustee	0	Х						0.	0.	0.
(12) Mandy Sabine Metrano	1									
Secretary	0	Х		Х				0.	0.	0.
(13) Jessica Nicoll	1									_
Trustee	0	Х						0.	0.	0.
(14) Laura Ligouri	1							_	_	-
Trustee	0	Х						0.	0.	0.
ВАА	TEEA0	107L	08/23	3/23						Form 990 (2023)

i ai	TVI Section A. Onicers, Directors, Th	51005,1			•	c)	U J,	ant				(contai	nucuj
	(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	box,	unles er and	Posi neck i ss per	ition more rson i irecto	than contract Highest compensated	an ee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-21099- MISC/1099-NEC)	compe the c an	(F) ated amo of other organizati d related anization	from ion
(15)	Elizabeth Bischof	1	v						0	0			0
(16)	Trustee Earle Shettleworth Jr.	0	Х						0.	0.			0.
(17)	Trustee	0	X						0.	0.			0.
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)						0	F	Ľ					
(25)				\mathcal{D}		C							
	Subtotal								12,203.	0.			0.
	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c).								0. 12,203.	0.			0.
2	Total number of individuals (including but not limited from the organization Ω	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
	5 0										_	Yes	No
3	Did the organization list any former officer, direct on line 1a? If "Yes, "complete Schedule J for such	tor, truste h <i>individu</i>	ee, ke al	ey er	mplo	oyee	e, or	high	nest compensated	employee	. 3		Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual				ensa <i>If</i> "\	ition Yes,	and " <i>cor</i>	oth nple	er compensation ete Schedule J for	from	. 4		Х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	e compen s," comple	isatio e <i>te</i> S	on fre	om dule	any 9 <i>J fe</i>	unre or su	late ch p	d organization or	individual	. 5		Х
Sector 1	tion B. Independent Contractors Complete this table for your five highest compense	sated inde	epen	dent	t cor	ntra	ctors	tha	t received more th	nan \$100.000 of	•		
	compensation from the organization. Report compen-	sation for	the c	alen	dar	year	endi	ng v	vith or within the or (B)	ganization's tax year		<u></u>	
	(A) Name and business addr	ess							Description of	of services	() Compe	ensatio	n
2	Total number of independent contractors (including b \$100,000 of compensation from the organization	ut not limi	ited t	o thc	ose I	isteo	d abo	ve)	who received more	than			

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					(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
						function	revenue	under section 512-514
ŝ	1a	Federated campaigns	1a			Tevenue		512-514
and Other Similar Amounts		Membership dues	1b					
		Fundraising events	1c					
ar A	d	Related organizations	1d					
Ē	е	Government grants (contributions)	1e					
ž		All other contributions, gifts, grants, and	- 11					
Ĕ		similar amounts not included above Noncash contributions included in	1f	308,832.				
P	9	lines 1a-1f.	1g					
	h	Total. Add lines 1a-1f			308,832.			
, j	2-		ŀ	Business Code				
	2a b							
	c U							+
	d							
	e							+
	f	All other program service revenu	ıe					
		Total. Add lines 2a-2f	-					
_	3	Investment income (including divid	ends, ir	nterest, and				
		other similar amounts)			194,587.	85,557.		109,0
		Income from investment of tax-e						
	5	Royalties						
	62	Gross rents 6a 13		(ii) Personal				
		10	<u>,736</u> ,141	•				
			<u>, 141</u> , 595	•				
		Net rental income or (loss)			8,595.			8,5
		Gross amount from (i) Sect		(ii) Other	07333.			0,5
		sales of assets	C05					
	h	other than inventory Less: cost or other basis	,605	•				
	-	and sales expenses 7b 1, 323	,865	•				
			,260	•				
	d	Net gain or (loss)			-61,260.			-61,2
		Gross income from fundraising events						
		(not including \$ of contributions reported on line 1c).	—					
		See Part IV, line 18	82					
		Less: direct expenses	81					
		Net income or (loss) from fundra						
		Gross income from gaming activities.						
	Ja	See Part IV, line 19.	9a	1				
	b	Less: direct expenses	9t					
	С	Net income or (loss) from gamin	g activ	ities				
1	0a	Gross sales of inventory, less returns and allowances						
			10	00/0001				
		Less: cost of goods sold	101 of invo	10,000.	16 070			16.0
+	С	Net income or (loss) from sales	u inve	Business Code	16,370.			16,3
	1a			Busiless oue				
	b							+
D N	С							1
		All other revenue						+
Ē	a							

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (A) (B) (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Δ Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 0. 0. 12,203. 12,203 Compensation not included above to 6 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0 0 0 0. 7 Other salaries and wages 151,096 151,096 Pension plan accruals and contributions 8 (include section 401(k) and 403(b) employer contributions) 3,149 3,149 <u>2,2</u>27 9 Other employee benefits 2,227 Payroll taxes 10 11,559 11,559 11 Fees for services (nonemployees): a Management **b** Legal c Accounting..... 3,530 3,530 d Lobbying..... e Professional fundraising services. See Part IV, line 17... f Investment management fees 21,477 21,477. Other. (If line 11g amount exceeds 10% of line 25, column q 23,056 3,056 (A), amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion. 7,735 7,735. 13 Office expenses 5,562. 5,562 Information technology..... 14 15 Royalties..... Occupancy..... 41,983. 41,983. 16 17 Travel 2,952 2,952 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 20 Interest 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization.... 23 Insurance 29,756. 29,756 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.). а Publications & Catalogs 24,967 24,967 b 5,672 5,672 <u>Software & Computer Exp</u> 5,539 5,539 c Miscellaneous_____ 4,891 d Program and Event Exp. 4,891 752 19,043. 15,809 2,482 e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . . 27,489 376,397. 348,156 752. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720).....

		ice Sheet	mibcorrour	ŭ	ourcurur	Habball
Form 990 (2023)	Monhegan	Historical	&	Cultural	Museum

22-2572864	
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Page 11

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	. 212,133.	1	215,683
2	Savings and temporary cash investments		2	25,321
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net.		7	
-	Inventories for sale or use		8	
8 9	Prepaid expenses and deferred charges		9	
1 0 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		-	
k	Less: accumulated depreciation	2,285,905.	10c	2,388,035
11	Investments – publicly traded securities.		11	5,093,153
12	Investments – other securities. See Part IV, line 11		12	0,000,200
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets.		14	
15	Other assets. See Part IV, line 11		15	1
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	7,722,193
17	Accounts payable and accrued expenses	7,511.	17	9,879
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule I		25	256,673
26	Total liabilities. Add lines 17 through 25.		26	266,552
_	Organizations that follow FASB ASC 958, check here	.,		,
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions		27	6,175,957
28	Net assets with donor restrictions	1,279,684.	28	1,279,684
27 28	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29 30 31 32 33	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
1	Total net assets or fund balances		32	7,455,641
32				

Forn	1990 (2023) Monhegan Historical & Cultural Museum 2	2-25728	64	Pa	age 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	67,1	L24.
2	Total expenses (must equal Part IX, column (A), line 25).	2			397.
3	Revenue less expenses. Subtract line 2 from line 1	3			727.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			741.
5	Net unrealized gains (losses) on investments	5		-	L73.
6	Donated services and use of facilities	6		_ / -	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				<u> </u>
	column (B))	10	7,4	55,6	541.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both.	iewed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both.	parate			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Guidance, 2 C.F.R. Part 200, Subpart F?		3 a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 08/23/23		Form	99 0	(2023)

		Public Chari	ty Status and P	ublic	Supr	ort	OMB No. 1545-0047
SCHEDULE A (Form 990)	Com	plete if the organizat	tion is a section 501(c) (1) nonexempt charita	(3) orgai	nization		2023
		Attac	h to Form 990 or Form	1 99 0-EZ			Open to Public
Department of the Treasury Internal Revenue Service	Go	o to www.irs.gov/For	m990 for instructions a	and the I	atest in	formation.	Inspection
Name of the organization	lonhegan Hi	istorical & Cu	ıltural Museum			Employer identific	ation number
1	Associatio	n				22-257286	
Part I Reason for	or Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See instru	ctions.
<u> </u>		`	For lines 1 through 12,		,	,	
			nurches described in sec		b)(1)(A)	i).	
			ach Schedule E (Form ization described in se e		0/6//1//		
	•		unction with a hospital				- nter the hospital's
name, city, a	-						
5 An organizat	ion operated for b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	l or oper	ated by	a governmental unit d	escribed in
	ate, or local gov	ernment or governme	ental unit described in s	section 1	1 70(b)(1))(A)(v).	
7 An organization in section 17	on that normally r ' 0(b)(1)(A)(vi). (eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pu	blic described
8 A community	r trust described	in section 170(b)(1)(A)(vi). (Complete Part	II.)			
			tion 170(b)(1)(A)(ix) oper (see instructions). Ente				
investment i	ncome and unre	y receives (1) more the exempt functions, sub lated business taxable 509(a)(2). (Complete F	e income (less section	port from ons; and 511 tax)	n contrib (2) no r) from b	outions, membership fe nore than 33-1/3% of usinesses acquired by	ees, and gross receipts its support from gross the organization after
			ly to test for public saf	ety. See	section	n 509(a)(4).	
12 An organizat	ion organized a	nd operated exclusive	ely for the benefit of, to	perform	the fur	ctions of, or to carry o	out the purposes of one
or more publ	icly supported o ough 12d that de	rganizations describe	d in section 509(a)(1) a upporting organization	or sectio and corr	o n 509(a polete li)(2). See section 509(a nes 12e, 12f, and 12g,	a)(3). Check the box on
a Type I. A support organization(s		on operated, supervise gularly appoint or elect	d, or controlled by its su a majority of the directo				
b Type II. A su management	,	ation supervised or c organization vested in	ontrolled in connection the same persons that c	i with its control or	support manage	ed organization(s), by the supported organiza	having control or tion(s). You
			ion operated in connectio	on with, ai A, D, an	nd functi d E.	onally integrated with, its	supported
d Type III non-f functionally i	unctionally integ ntegrated. The c	rated. A supporting org	anization operated in con must satisfy a distribution s A and D. and Part V.	nnection Ition reg	with its :	supported organization(s	s) that is not
e Check this b	ox if the organiz	ation received a writte	en determination from supporting organization	the IRS	that it is	s a Type I, Type II, Typ	e III functionally
f Enter the numb	er of supported	organizations					
5	5	n about the supported	3 ()	1			1
(i) Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
<u>(D)</u>							
(E)							
Total							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	tion A. I ublic Support						
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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	Public support.Subtract line 5from line 4						
Sec	tion B. Total Support						
begi	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			ft			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		D	rai			
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 activ	vities, etc. (see ins	structions)			12	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization of the stop here	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	Percentage				
	Public support percentage for 20						%
15	Public support percentage from	2022 Schedule A,	Part II, line 14			15	%
16a	33-1/3% support test-2023. If t and stop here. The organization						
b	33-1/3% support test—2022. If the and stop here. The organization	ne organization die qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this I	box and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a d-circumstances to	nd-circumstances est. The organiza	s test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in Part d organization	VI how the
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions

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.)

Section	Δ	Public Support

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,122,993.	1,299,106.	721,147.	288,806.	308,832.	3,740,884.
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		9,531.	25,354.	18,522.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	<u>26,073.</u> 16,000.	9,531.	25,354.	18,522.	35,036.	114,516.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	10,000.					0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	1,165,066.	1,308,637. 0.	746,501.	<u>307,328.</u> 0.	<u>343,868.</u> 0.	<u>3,871,400.</u> 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 upper					0	
_	for the year.	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)			<u>c</u> +			3,871,400.
	tion B. Total Support	T			rr		
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 6	1,165,066.	1,308,637.	746,501.	307,328.	343,868.	3,871,400.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	01 504	157 700	120 475	120 124	100 020	COE 012
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	81,584.	157,700.	128,475.	129,124.	109,030.	<u>605,913.</u> 0.
с	Add lines 10a and 10b	81,584.	157,700.	128,475.	129,124.	109,030.	605,913.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12	gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,246,650.	1,466,337.	874,976.	436,452.	452,898.	4,477,313.
14	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a s	section 501(c)(3)	
Sec	tion C. Computation of Pu						
	Public support percentage for 20			ne 13, column (f))	15	86.47 %
	Public support percentage from	•			,		88.45 %
Sec	tion D. Computation of Inv	vestment Incor	ne Percentage	9		II	
17	Investment income percentage f				umn (f))	17	13.53 %
18	Investment income percentage f	-		-			11.55 %
19a	33-1/3% support tests—2023. If is not more than 33-1/3%, check	the organization o	lid not check the b	box on line 14, ar	nd line 15 is more	than 33-1/3%, an	d line 17
b	33-1/3% support tests—2022. If line 18 is not more than 33-1/3%	the organization d	id not check a bo	x on line 14 or lin	ie 19a, and line 16	5 is more than 33	-1/3%, and
20	Private foundation. If the organi						
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 Part IV
 Supporting Organizations

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

Section A. All Supporting Organizations

			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	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
ł	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		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4 a	a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
Ł	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		
c	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that	40		
	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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the			
	authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
Ł	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 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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	a 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		
Ł	 Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 	9b		
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 <i>a</i>	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	1 0 a		
Ł	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.)	1 0 b		

			0
Pa	t IV Supporting Organizations (continued)	_	_
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,		
	the governing body of a supported organization? 11a		
ł	A family member of a person described on line 11a above? 11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . 11c		

Monhegan Historical & Cultural Museum

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2023

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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.*

Section C. Type II Supporting Organizations

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

Section 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 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

22-2572864

Page 5

Yes

Yes

No

1

2

1

No

Schedule A (Form 990) 2023 Monhegan Historical & Cultural Museum Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

			n Part VI). See through E.	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 gros income or for management, conservation, or maintenance of property held for production of income (see instructions)	6 S			
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 she tax year or assets held for part of year):	ort			
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 0.015 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 0.035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C – Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, column A)	1			
2 Enter 0.85 of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency				

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

BAA

Schedule A (Form 990) 2023

Monhegan Historical & Cultural Museum

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organiza	itions (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of	of supported organization	S,		
	in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization	on is responsive (provide	details		
	in Part VI). See instructions.			8	
	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ons	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
	From 2021				
e	From 2022				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	101			
4	Distributions for 2023 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
k	Excess from 2020				
C	Excess from 2021				
c	Excess from 2022				
e	Excess from 2023				

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Schedule A (Form 990) 2023

Schedule A (For	rm 990) 2023	Monhegan His	storical	& Cultural	Museum	22-2572864	Page 8
Part VI	B, lines 1 and 2; Part 3a, and 3b; Part V, lin	: IV, Section C, line 1; I	Part IV, Section , line 1e; Part '	n D, lines 2 and 3 V, Section D, line	; Part IV, Sec s 5, 6, and 8;	; Part II, line 17a or 17b; Part 11c; Part IV, Section ction E, lines 1c, 2a, 2b, and Part V, Section E, 1s.)	



Schedule **B** (F

OMB No. 1545-0047

(Form 990)	Schedule of Contributors		2023	
Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to <i>www.irs.gov/Form990</i> for the latest information	Attach to Form 990, 990-EZ, or 990-PF. Go to <i>www.irs.gov/Form</i> 990 for the latest information.		
Name of the organization MO	nhegan Historical & Cultural Museum	Employer iden	tification number	
As	sociation	22-2572	864	
Organization type (che	ck one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 Х or more (in money or property) from any one contributor. Complete Parts I and It. See instructions for determining a contributor's total contributions.



Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year..... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)	1	1	Page 3
Name of organization	Employer identif	fication nur	nber
Monhegan Historical & Cultural Museum	22-25728	64	

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

art II Noncash	Property (see instructions). Use duplicate copies of Part II if addition	nal space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>N/A</u>			
		\$ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		⁹	L

	B (Form 990) (2023)		1 1 Page 4					
Name of orga			Employer identification number					
	an Historical & Cultural Muse		22-2572864					
Part III			ations described in section 501(c)(7), (8),					
	the following line entry. For organizations co	or the year from any one co	ntributor. Complete columns (a) through (e) and					
	contributions of \$1,000 or less for the year. (
	Use duplicate copies of Part III if additional	space is needed.	+UXA					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
from Part I	(b) i dipose oi gitt	(c) use of gift	(d) Description of now gift is new					
Faiti	NT / 7							
	N/A		+					
			+					
			+					
	I	(e) Transfer of gift						
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee					
	L							
	L							
(a) No.								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
			+					
	┝╶╾╾╾╾╾╾╾╾╾╾╾╾┥╾╾╾╾╾╾╾╾╾╴╴╴╴╴╴							
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
			I					
		(e) Transfer of gift						
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee					
	 							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
_			1					
		(e) Transfer of gift						
	Transferee's name, address							
		·	Relationship of transferor to transferee					
	 							
	 							
	<u> </u>	<u></u>						
BVV		TEEA0704L 08/09/23	Schedule B (Form 990) (2023)					

SCHEDULE D Supplemental Financial Statements			OMB No. 1545-0047		
	rm 990)	2023			
Intern	tment of the Treasury al Revenue Service	Go to www.irs.	Attach to Form 990. gov/Form990 for instructions and the I	atest information.	Open to Public Inspection
	of the organization				Employer identification number
Ass	sociation	rical & Cultural M			22-2572864
Par	Comple	zations Maintaining Do te if the organization a	nor Advised Funds or Other Sinswered "Yes" on Form 990, Pa	milar Funds or A art IV. line 6.	ccounts
	compro		(a) Donor advised funds		unds and other accounts
1	Total number at e	end of year			
2	55 5	ntributions to (during year)			
3		ants from (during year)			
4 5		at end of year		ald in denot advised	funda
	are the organizati	ion's property, subject to the	nor advisors in writing that the assets h organization's exclusive legal control?		Yes No
6	for charitable pur	ion inform all grantees, donc poses and not for the benefi	rs, and donor advisors in writing that g t of the donor or donor advisor, or for a	rant funds can be use any other purpose con	ed only ferring
			·		Yes No
Par		vation Easements te if the organization at	nswered "Yes" on Form 990, Pa	art IV line 7	
1			y the organization (check all that apply		
	Preservation o	of land for public use (for exam	ple, recreation or education)	reservation of a histor	rically important land area
		natural habitat	P	reservation of a certif	ied historic structure
•		of open space			
2	last day of the tax		neld a qualified conservation contribution i	in the form of a conserv	ation easement on the
					eld at the End of the Tax Year
			·····	_	
			ments fied historic structure included on line 2		
			on line 2c acquired after July 25, 2006,		
	a historic structur	e listed in the National Regis	ster	2d	
3	Number of conserv tax year	vation easements modified, trai	nsferred, released, extinguished, or termin	ated by the organizatio	n during the
4			onservation easement is located		
5			garding the periodic monitoring, inspected in the periodic monitoring in the periodic monitoring in the periodi		
6			inspecting, handling of violations, and enf		
7	Amount of expense	es incurred in monitoring, inspe	ecting, handling of violations, and enforcin	g conservation easeme	ents during the year
8	Does each conse and section 170(h	rvation easement reported o	n line 2d above satisfy the requirement	s of section 170(h)(4)	(B)(i)
9	In Part XIII, desci include, if applica	ribe how the organization rep able, the text of the footnote	ports conservation easements in its rev to the organization's financial statemer	enue and expense sta	atement and balance sheet, and
Par	t III Organiz		llections of Art, Historical Trea	sures, or Other S	imilar Assets
1-		-	r FASB ASC 958, not to report in its re		
Ta	historical treasure	es, or other similar assets he	Id for public exhibition, education, or re il statements that describes these item	esearch in furtherance	e of public service, provide in
b	following amounts	s relating to these items.	r FASB ASC 958, to report in its reven or public exhibition, education, or research		
	(i) Revenue inclu	uded on Form 990, Part VIII,	line 1		\$
~					
2	It the organization amounts required	received or held works of art, I I to be reported under FASB	nistorical treasures, or other similar assets ASC 958 relating to these items.	s tor financial gain, prov	vide the following
а	Revenue included	d on Form 990, Part VIII, line	1		\$
b	Assets included in	n Form 990, Part X			\$
BAA	For Paperwork R	eduction Act Notice, see the	e Instructions for Form 990.	EEA3301L 07/20/23	Schedule D (Form 990) 2023

Schedule D (Form 990) 2023				22-257	
Part III Organizations	Maintaining Co	llections of Art, His	storical Treasures,	or Other Similar A	ssets (continued)
3 Using the organization's acq items (check all that apply	uisition, accession, a).	nd other records, check a	ny of the following that m	nake significant use of its	collection
a X Public exhibition		d Loan	or exchange program		
b X Scholarly research		e Other			
c X Preservation for future	egenerations	_			
4 Provide a description of the Part XIII. See Part	organization's collect XIII	ions and explain how they	y further the organization	s exempt purpose in	
5 During the year, did the or to be sold to raise funds raise	ganization solicit or ather than to be ma	receive donations of ar intained as part of the c	t, historical treasures, c organization's collection	or other similar assets ?	Yes X No
Part IV Escrow and Conception Complete if the Form 990, Part		ements nswered "Yes" on F	Form 990, Part IV, I	ine 9, or reported a	an amount on
1a is the organization an age	nt. trustee, custodia	n, or other intermediary	/ for contributions or oth	ner assets not included	
on Form 990, Part X? b If "Yes," explain the arrange					Yes
b II fes, explain the arrange		complete the following ta	idle.		Amount
c Beginning balance				1c	Amount
d Additions during the year.					
e Distributions during the year.					
f Ending balance					
2a Did the organization includ					Yes No
b If "Yes," explain the arran					
	gement in Fart An.		ination has been provid		· · · · · · · · · · · · · · ·
Part V Endowment Fi	inds				
		nswered "Yes" on F	Form 990 Part IV I	ine 10	
	i				-i
	(a) Current	year (b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, o	gains,				
and losses					
d Grants or scholarships			2		
e Other expenditures for fac					
and programs f Administrative expenses .					
g End of year balance		unt and an and the design of the	- 1		
2 Provide the estimated per	-	•	ne ig, column (a)) neid	as:	
a Board designated or quasi		00			
b Permanent endowment					
c Term endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
The percentages on lines 2a	a, 2b, and 2c should e	equal 100%.			
3a Are there endowment funds	not in the possessior	of the organization that a	are held and administered	d for the	
organization by:					Yes No
(i) Unrelated organization					. 3a(i)
(ii) Related organizations					3a(ii)
b If "Yes" on line 3a(ii), are	-	•			. 3b
4 Describe in Part XIII the in			ent funds.		
	is, and Equipme				
Complete if the org	anization answered	"Yes" on Form 990, Part	IV, line 11a. See Form 9	90, Part X, line 10.	
Description of pro	operty	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land			122,500.		122,500.
b Buildings			1,125,260.		1,125,260.
c Leasehold improvements.			1,140,275.		1,140,275.
d Equipment			, , , , , , , , , , , , , , , , , , , ,		. , , , , , , , , , , , , , , , , , , ,
e Other					
Total. Add lines 1a through 1e.	(Column (d) must e	qual Form 990, Part X.	line 10c, column (B))		2,388,035.
BAA		,			ule D (Form 990) 2023

Schedule D (Form 990) 2023	Monhegan	Historical	&	Cultural	Museum
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Complete if the organization answered "Yes" on Form 390, Part X, line 12. (c) Metrical derivatives. (c) Metrical derivatives. (c) Description addition could ready survey and the value of the organization answered "Yes" on Form 390, Part X, line 12. (c) Metrical derivatives. (c) Metrical derivatives. (c) Output (c) Metrical derivatives. (c) Metrical derivatives. (c) Metrical derivatives. (c) Output (c) Metrical derivatives. (c) Metrical derivatives. (c) Metrical derivatives. (c) Output (c) Metrical derivatives. (c) Metrical derivatives. (c) Metrical derivatives. (c) Output (c) Metrical derivatives. (c) Metrical derivatives. (c) Metrical derivatives. (c) Output (c) Metrical derivatives. (c) Metrical derivatives. (c) Metrical derivatives. (c) Output (c) Metrical derivatives. (c) Metrical derivatives. (c) Metrical derivatives. (c) Output (c) Metrical derivatives. (c) Metrical derivatives. (c) Metrical derivatives. (c) Output (c) Metrical derivatives. (c) Metrical derivatives. (c) Metrical derivatives. (c) Output (c) Metrical derivatives. (c) Metrical derivatives. (c) Metrical derivatives. <t< th=""><th>Part VII</th><th></th><th>- Other Securities</th><th></th><th>N/A</th><th></th></t<>	Part VII		- Other Securities		N/A	
(2) Closely held equity interests	••	, , ,		(D) BOOK Value	(C) Method of valuation: Cost of end	1-of-year market value
3) Other 4) 5) 4) 6) 7)						
(A) Image: Constraint of the second seco		neiu equity interest	5			
(5) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	-					
Column (b) must equal from 90, Part X, line 12, column (8) N/A Part VIII N/A Complete if the organization answered Yes" on Form 990, Part IV, line 11c, See Form 990, Part X, line 13. N/A (a) Description of investment (b) Book value N/A (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (d) (d) Method of valuation: Cost or end-of-year market value (d) (d) Method of valuation: Cost or end-of-year market value (d) (d) Method of valuation: Cost or end-of-year market value (e) (f) (f) (f) <				-		
(b) (c) (-		
(b) (c) (c) (-		
Complete if the organization answered "Yes" on Form 900, Part X, line 12. Column (b) must equal Form 900, Part X, line 13, column (b) must equal Form 900, Part X, line 13, column (b) must equal Form 900, Part X, line 13, column (b) must equal Form 900, Part X, line 13, column (c) must equal Form 900, Part X, line 13, column (c) must equal Form 900, Part X, line 13, column (c) must equal Form 900, Part X, line 13, column (c) must equal Form 900, Part X, line 13, column (c) must equal Form 900, Part X, line 13, column (c) must equal Form 900, Part X, line 13, column (c) must equal Form 900, Part X, line 13, column (c) must equal Form 900, Part X, line 15, column (c) must equal Form 900, Part X, line 25, column (c) must equal Form 900, Part X, line 25, column (c) must equal Form 900, Part X, line 25, column (c) must equal Form 900, Part X, line 25, column (c) must equal Form 900, Part X, line 25, column (c) must equal Form 900, Part X, line 25, column (c) must equal Form 900, Part X, line 25, column (c) must equal Form 900, Part X, line 25, column				-		
(G) Investments - Program Related Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) (b) Book value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) (d) (c) (e) (c) (f) (c) <td< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td></td<>				-		
the image of the constraint of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. N/A (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) (c) Method of value (c) Method of value (c) Method of value (d) (c) Method of value (c) Method of value (c) Method of value (d) (c) Method of value (c) Method of value (c) Method of value (d) (c) Method of value (c) Method of value (c) Method of value				-		
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Schedule D (Form 990) 2023 Monhegan Historical & Cultural Museum 22	2-2572864	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn N/A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1.	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return N/A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments	-	
c Other losses.	-	
d Other (Describe in Part XIII.)	-	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III, Line 1a - F/S Footnote For Art, Treasures, Etc.

The organization chooses not to capitalize the value of the art collection by

consciously choosing to protect the public collection by removing it from the

financial picture of the organization's ongoing operations and upholding their

fiduciary responsibility to maintain the public's interest.

Part III, Line 4 - Description Of Organization Collections & How Furthers Exempt Purpose

The organization's collection includes works depicting Monhegan and Maine and works

done by Maine artists. This collection is meant to preserve and display the history
BAA
Schedule D (Form 990) 2023

Part III, Line 4 - Description Of Organization Collections & How Furthers Exempt Purpose (continued)

of Monhegan.

Part V, Line 4 - Intended Uses Of Endowment Fund

The use of endowments funds will only be used to ensure the continuance of the museum and preservation of its collection.



Department of the Treasury Internal Revenue Service

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Monhegan Historical & Cultural Museum	Employer identification number
Association	22-2572864

Form 990. Part VI. Line 6 - Explanation of Classes of Members or Shareholder

The museum has approximately 300 members who pay an annual fee which includes

admission to the museum for the year.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The members are invited to the annual meeting. Each member in good standing receives

one vote to elect the trustees.

Form 990, Part VI, Line 11b - Form 990 Review Process

The form 990 is made available at the annual meeting to any member of the governing body that is interested.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization has a written code of ethics which is reviewed annually by the board.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The organization reviews comparable compensation from surveys.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The secretary records the minutes from the compensation review meetings.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization through the administrative offices has made available the organization's documents should anyone show an interest in examining them.

Schedule M Line 1-Donated Art

2023 Art Accessions

Fuller, Alfred (1899-1980). Monhegan Headland, oil on canvas board, Bequest of Jacqueline Kay

(Mersfelder, Ade (1919-2014). Untitled (Fish House Interior), graphite on paper,

Gift of Ted Arnn

Mersfelder, Ade (1919-2014). Across the Harbor, graphite on paper, Gift of Edward L. Schedule O (Form 990) 2023 BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. TEEA4901L 07/24/23

Schedule O (Form 990) 2023	Page 2
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Moseley, Helen (1883-1928). Monhegan Rocks, 1902, oil on canvas, Gift of Edward L. Deci Rosenthal, Susan (1905-1997). Untitled, 1985, watercolor on paper, gift of Wiliam H. Brown Simon, Arline (1927-2020). The Drexler House, acrylic on paper adhered to canvas, Gift of Emily Oberman Stone, Don (1929-2015). Monhegan Fisherman, oil on canvas, Gift of TD Bank Tam, Reuben (1916-1991). From Gul Cove, ink and graphite on paper, Gift of the Estate of Anne and Edgar Hubert Tam, Reuben (1916-1991). Red Tide at Sunset, acrylic on canvas, Gift of Susan Bateson and Stephen S. Fuller

Part VII Section A

Compensated Employees

MMAH Interim Vice President / Chair of the James Fitzgerald Legacy Committee, Daniel Broecklemann received payments totaling \$12,203 in 2023 for contracted professional services rendered to the Monhegan Museum of Art & History in the form of building maintenance and curatorial services for which the museum does not currently have sufficient staff or contractors to perform this work. Dan is uniquely qualified to perform this work, having assisted the MMAH Donor, Anne M. Hubert, who bequeathed the James Fitzgerald estate, including the Kent-Fitzgerald-Hubert house and studio on Monhegan Island and the Hubert Collection of watercolors, oils, monochromes, and drawings by James Fitzgerald, for many years before the donor's bequest was received and before Dan was elected to the MMAH Board of Trustees. This payment is allowable under the MMAH's Code of Ethics, approved by the Board of Trustees on May 20, 2021, Section 2.b. Conflict of Interest: Specific to Trustees, which states:

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Name of the organization Monhegan Historical & Cultural Museum	Employer identification number	
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"Members of the Board may render professional services, advice, or representation to the Museum and Board, provided such trustee does not vote on any resolution of the Board related to such services, advice, or representation, including the Museum's engagement of such trustee to perform services. Any trustee who is engaged by the Museum to render professional services, advice, or representation may receive fair market compensation from the Museum for such services, and the receipt of such compensation shall not be deemed to be a conflict of interest."

For purposes of transparency, the payment was discussed and approved unanimously by the MMAH's Executive Committee at the time Dan was originally proposed as a trustee candidate in 2016 and again prior to being appointed as Interim Vice President / Chair of the James Fitzgerald Legacy Committee. Dan was not present at either meeting and not a part of the discussion or vote.

