

STANDARD LEASE APPLICATION: NON-DISCHARGE

1. APPLICANT CONTACT INFORMATION

Applicant	Quahog Bay Conservancy		
Contact Person	David Hunter		
Address	286 Bethel Point Rd		
City	Harpswell		
State, Zip	Maine 04079		
County	Cumberland		
Telephone	Office: (207) 522-1105 Cell: (207) 838-2578		
Email	dave@sserv.org		
Type of Application	<input checked="" type="checkbox"/> Draft Application <small>[submitted before scoping session session]</small>		<input type="checkbox"/> Final Application <small>[submitted after scoping session]</small>
Dates	Pre-Application Meeting: 06/27/22	Draft Application Submitted:	Scoping Session:
Payment Type	Draft Application: <input type="checkbox"/> Check (included) <input checked="" type="checkbox"/> Credit Card		Final Application: <input type="checkbox"/> Check (included) <input type="checkbox"/> Credit Card

Note: The email address you list here will be the primary means by which we will contact you. Please provide an email address that is checked regularly. If you do not use email, please leave this blank.

2. PROPOSED LEASE SITE INFORMATION

Location of Proposed Lease Site	
Town	Harpswell
Waterbody	Quahog Bay
General Description (e.g. south of B Island)	East of Snow Island
Lease Information	
Total acreage requested (100-acre maximum)	1.36 acres
Lease term requested (20-year maximum)	20 years
Type of culture (check all that apply)	<input type="checkbox"/> Bottom (no gear) <input checked="" type="checkbox"/> Suspended (gear in the water and/or on the bottom)
Is any portion of the proposed lease site above mean low water?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Note: If you selected yes, you need to complete the steps outlined in the section titled: “19. Landowner/Municipal Permission Requirements”.

3. GROWING AREA DESIGNATION

Directions: Information for growing area designations can be found here:
<https://www.maine.gov/dmr/shellfish-sanitation-management/closures/index.html>

Growing Area Designation (e.g. WL):	WK
Growing Area Section (e.g. "A1"):	Inset 'B'

Note: If you are proposing to grow molluscan shellfish in waters classified as anything other than open/approved, you will need to contact the Bureau of Public Health to discuss your plans at the following email: DMRPublicHealthDiv@maine.gov

4. SPECIES INFORMATION

A. Please complete the table below and add additional rows as needed.

Name of species to be cultivated (include both common and scientific names):	Name and address of the source of seed stock or juveniles	Maximum number (or biomass) of organisms you anticipate on the site at any given time
1. Eastern/American Oyster (<i>Crassostrea virginica</i>)	Muscongus Bay Aquaculture 24 Seal Ledge Lane Bremen, Maine 04551	360,000 oysters
2.		
3.		
4.		
5.		

B. Do you intend to possess, transport, or sell whole or roe-on scallops? Yes No

If you answered “yes” please contact the Bureau of Public Health to discuss your plans at the following email: DMRPublicHealthDiv@maine.gov

Note: If you are proposing to grow molluscan shellfish, this application also serves as your written operational plan as required in the National Shellfish Sanitation Program (NSSP) Model Ordinance Chapter 2 and must be maintained in your files. If you wish to submit an operational plan separate from this application, please contact: DMRPublicHealthDiv@maine.gov

5. VICINITY MAP - Please see Appendix A

Note: Please label as: 'Vicinity Map'.

Directions: Using a NOAA Chart or USGS topographic map, show the area within a minimum of one-half mile of the proposed lease site.

The map needs to display the following:

- The waters, shore lands, and lines of mean high and mean low water within the general area of the lease
- An arrow indicating true north
- A scale bar
- The approximate lease boundaries

6. BOUNDARY DRAWING - Please see Appendix A

Note: Please label as: 'Boundary Drawing'.

Directions: Depict the boundaries of the proposed lease site. Provide a drawing with all corners, directions, and distances labeled. Provide coordinates for each corner as follows:

- Coordinate Description
Provide geographic coordinates for each corner of the lease site in latitude and longitude as accurately as possible (e.g., to the nearest second or fraction of a second). Identify the datum from the map, chart, or GPS unit used to develop these coordinates. The datum will be shown on the map or chart you are using. The Coordinate Description may be provided separately from the Boundary Drawing.

7. SITE DEVELOPMENT - Please see Appendix B

Directions: If your operations require the use of cages, nets, trays, or any object (structure) other than the organism to be grown directly on the bottom or buoys to mark the corners of the lease site, you must submit gear drawings and maximum structure schematics (information below). This section is intended to provide accurate plans depicting the physical structures to be placed in the proposed area. All dimensions need to be labeled with the appropriate units (i.e. 10ft, 10in). If you are proposing a bottom lease (no gear), please skip to question “F. Marking”.

Note: You may embed the schematics within the document or attach them to the end of your application. If you attach the schematics, please label them according to the instructions provided below.

A. Gear Information

Directions: Include a drawing of an individual piece of gear for each of the gear type(s) you plan to use. Include units referenced (i.e. 10in, 10ft, etc.).

1. **Gear Drawing:** Please include the following for each gear type that will hold organisms to be cultured (e.g. polar circles, marine algae longlines, oyster cages) and label as “Gear Drawing”. This view must show the following:
 - Length, width, and height of each gear type.
2. **Gear Table:** List and describe each individual gear type that you will use in the table below. (e.g. polar circles, marine algae longline, oyster cages, moorings, mooring lines, buoys, etc.).

Specific Gear Type (e.g. soft mesh bag)	Dimensions (e.g. 16"x20"x2")	Time of year gear will be deployed (e.g. Spring, Winter, etc.)	Maximum amount of this gear type that will be deployed on the site (i.e. 200 cages, 100 lantern nets, etc.)	Species that will be grown using this gear type
OysterGro Cage	54" x 36" x 24"	Year round	240 cages	American oysters
ADPI Bags (inside cages)	34" x 18" x 3.5"	Year round	1440 ADPI bags inside cages	American oysters
Buoys (corner markers)		Year round		

B. Maximum Structure and Mooring System Schematic

Directions: Include drawings of your maximum gear layout. Include units referenced (i.e. 10in, 10ft, etc.).

1. Overhead View. Please include the following and label as “Overhead View”:
 - Maximum layout of gear, including moorings.
 - Length and width of project.
 - Approximate spacing between gear.
 - Lease boundaries and the location of proposed corner markers and any additional gear markers that would be present.

2. Cross-Section View. Please include the following and label as “Cross-Section View”:
 - The sea bottom.
 - Profile of gear in cross-section as it will be deployed.
 - Label gear with dimensions and materials.
 - Show mooring gear with mooring type, scope, hardware, and line type and size.
 - Depth of gear in relation to the water’s surface at mean low water and mean high water (if applicable).

Note: Please include an additional Cross Section View, depicting the elements listed above, if there will be seasonal changes to gear layout (i.e. over wintering).

C. On-Site Support Structures

1. Describe structures such as barges, sheds, etc., to be located on-site. Provide a schematic and indicate the dimensions, including height above sea level, materials, etc.

One 20’W x 30’L work float with a 12’W x 16’L x 9’H sorting shed will remain on site in the currently ACOE permitted location, at 43.816608 N / -69.907904 W. Work float is moored with two 1,000 lb. mooring blocks using 5/8” chain.
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2. Describe the storage and use of oil, gasoline, or other hazardous materials on site. If petroleum products are to be stored on site, provide a spill prevention plan.
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A small generator and the gasoline to power it will be stored inside the weather-tight sorting shed on the work float. The generator is secured when not in use, and the gasoline is stored in a single 5-gallon fuel can with an anti-spill nozzle. Refueling of the generator is done on the work float with oil absorbing pads on hand in case of any spills. This storage and use arrangement has been in operation for several years, with no spills or mishaps on site.

D. Gear Color

Provide the color of the gear and structures proposed to be used at the lease site.
OysterGro cages are black wire and black pontoon floats. Work float is unpainted pressure-treated lumber, and sorting shed is natural wood stained siding, with a green metal roof.

E. Equipment Layout

Provide schematic or photographic renderings of the generalized layout of the equipment as depicted from two vantage points on the water. Provide the locations of the two vantage points.

F. Marking

Will you be able to mark your site in accordance with DMR regulations, Chapter 2.80? In part, this requires marker buoys which clearly display the lease ID and the words SEA FARM to be located at each corner of the lease. Effective January 1, 2023, marker buoys need to be yellow and host reflective material. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If you answered no, explain why and suggest alternate markings.

Note: If a lease is granted, you will also be required to mark the site in accordance with appropriate US Coast Guard Regulations. If you have questions about US Coast Guard Regulations contact: 1st Coast Guard District, Aids to Navigation Office ((617)-223-3293).

8. PRODUCTION ACTIVITIES

Directions: If you are cultivating more than one species, you will need to provide the following information for each species. Please attach additional pages if needed.

A. Please explain your proposed seeding activities. What months will seeding occur and how often will you be onsite to seed during this time.

Seeding will occur in June/July, as seed becomes available from the hatchery. Seeding will occur in one to two days, at which time seed will be completely distributed in mesh bags inside OysterGro cages.

B. Please explain your proposed tending/maintenance activities.

Regular maintenance and husbandry activities will occur from April through December. Cages will be raised from the over-wintering on bottom in April, using the 28' Carolina Skiff or the 38' Landing Craft. OysterGro cages will be flipped for defouling, and oysters will be sorted, tumbled, and harvested during growing season. OysterGro cages will be sunk to bottom for over-wintering in December.

C. How frequently will you visit the site for routine tending/maintenance (i.e. flipping cages, etc.)?

OysterGro cages will be flipped for defouling on a bi-weekly basis, and oysters will be sorted, tumbled, and harvested as needed on a weekly basis, with onsite activity occurring as often as several days of the week throughout the growing season. No activity is planned on weekends, and regular activity on other days will be limited to the hours between 7am – 5pm.

D. Describe the harvesting techniques you will use. If you plan on using a drag, please provide the dimensions.

Harvest will occur by hand, from a 28' Carolina Skiff or a 38' Landing Craft.

E. How often will you be at the site during harvesting periods?

Harvesting will occur 1-2 days per week, as needed, between April and December.

F. Will gear be on the site year-round? Yes No

G. Describe any overwintering or “off season” plans for the site. For example, will you remove gear from the site and/or deploy gear in different areas within the proposed site? Please include where gear or product will be located if removed from the site.

OysterGro cages will be floating as long as there is no ice present on the site. When ice appears to be imminent, then OysterGro cages will be sunk to bottom for over-wintering.

H. Please provide details on any predator control techniques you plan to employ.

N/A

- I. Suspended culture gear can attract birds that roost on the gear and defecate, potentially creating a pollution source impacting shellfish held within the gear. In order to comply with the National Shellfish Sanitation Program (NSSP) Model Ordinance (MO), DMR is requiring that applications for the suspended culture of shellfish include a description of mitigation or deterrent measures to minimize the potential pollution impacts of birds at the proposed site. If appropriate, include sketches or photos that clearly depict those measures put into practice.

Examples may include:

- Submerging suspended gear and associated product at a depth sufficient to deter roosting for two weeks before harvest
- Attaching physical deterrents (i.e. zip ties) to gear
- The site is proposed for the culture of seed only
- The site is proposed for the culture of adductor-only scallops (i.e. no other shellfish species would be grown on the site)
- Proposed gear would always be suspended below the surface of the water at a depth sufficient to deter roosting (i.e. as is common for scallop lantern nets)

The presence of birds of prey in the area (eagles, hawks, osprey) tends to keep roosting birds away from the site. There is a “bird kite” (see pic) available to use if any roosting birds begin to appear at the site.



9. NOISE AND LIGHT

Directions: If a question does not pertain to your proposed operations, please write “**not applicable**” or “N/A”.

- A. What type of boats will be used on the site? When and how often will these vessels be on the site?

One 28’ Carolina Skiff and one 38’ Landing Craft. Each vessel will be on site as needed for raising cages, husbandry and maintenance, and sinking cages. Time on site will vary with the time of year and activity level.

B. What type of powered equipment (e.g. generator, power washer, grading equipment, barges, etc.) will be used on the site? When and how often will the equipment be used?

An electric tumbler/sorter powered by a Honda 2000 EU generator will be used on the work float as needed, typically 1 week during the growing season between April and December.

C. Specify how you intend to reduce noise levels from the boats and other powered equipment.

The boats in use are not particularly loud compared to other boats in use in the area by recreational and commercial users. The Honda 2000 EU generator is rated at 48 to 57 decibels, which is considered “quieter than a normal conversation level”.

D. Provide the number, type (whether fixtures are shielded), wattage and location of lights, other than those used for navigation or marking, that will be used at the proposed lease site.

There are no lights at the lease site.

E. Indicate under what circumstances you might work at your site beyond daylight hours.

There are no expected situations when work on the site would occur beyond daylight hours.

10. CURRENT OPERATIONS

Directions: If a question does not pertain to your proposed operations, please write “**not applicable**” or “N/A”.

A. Describe your existing aquaculture operations, including the acronyms of all active leases and/or licenses.

The proposed standard lease area covers approximately half of the current Experimental Lease QHB SIx.

B. What are your plans for any existing leases and/or Limited Purpose Aquaculture (LPA) licenses if the lease is granted? Will any existing leases and/or LPA licenses be relinquished if the lease is granted? If so, please indicate which ones.

The existing lease QHB SIx will be relinquished upon approval of this proposed lease.

11. ENVIRONMENTAL CHARACTERIZATION

Directions: Using your knowledge of the area, describe the environment of the proposed lease site. Be sure to include units of measurement in your answers (i.e. feet, cm/s).

A. What are the approximate depths at mean low water?

~ 10 ft at MLW. The western boundary of the proposed lease was shifted away from the current boundary of QHB SIx at the edges of Snow Island by several feet, in order to keep the entire site in deeper water, clearly away from any potential intertidal and/or shallow area at the edges of Snow Island.

B. What are the approximate depths at mean high water?

~ 18 ft at MHW. The western boundary of the proposed lease was shifted away from the current boundary of QHB SIx at the edges of Snow Island by several feet, in order to keep the entire site in deeper water, clearly away from any potential intertidal and/or shallow area at the edges of Snow Island.

C. Provide the approximate current speed and direction during the ebb and flow.

Current flows past the site in a north/south direction (ebbing to the south, flooding to the north) at ~ 1-2 knots.

<p>D. The following questions (D.1 through D.6) may be answered in writing or by submitting a video. If you plan to submit a video, please contact the Department prior to video collection.</p>
<p>1. What are the bottom characteristics (mud, sand, gravel, rock, ledge or some mix, etc.)?</p>
<p>Hard mud with some gravel at the western edge of the site, shifting to softer mud at the eastern edge of the site.</p>
<p>2. Describe the bottom topography (flat, steep rough, etc.).</p>
<p>Generally flat bottom, sloping slightly away from Snow Island.</p>
<p>3. Describe marine organisms by species or common names. Based on your personal observations or other sources of information, are these species abundant, common, or rare?</p>
<p>Marine life is generally rare within the boundaries of the proposed site. Occasionally see European oysters, blue mussels, bay quahogs, and green crabs in extremely low abundance.</p>
<p>4. Are there shellfish beds or fish migration routes in the surrounding area? If so, please describe.</p>
<p>None within the lease site. There are commercially harvested shellfish beds in greater Quahog Bay, more than a mile from the lease site.</p>
<p>5. Describe the presence and extent of submerged aquatic vegetation, i.e. eelgrass, within the proposed lease area. Please include the date of this observation along with the method of observation. If submerged aquatic vegetation is observed, please also describe the abundance below and sketch the limits of the beds in the vicinity map.</p>
<p>There is no eelgrass in the area. Historical mapping does not indicate any past presence, and none has been observed at the active QHB SIX site since it was granted for operation in 2019.</p>

6. Describe the general shoreline and upland characteristics (rocky shoreline, forested, residential, etc.)
The shoreline at the western edge of the proposed site is rocky ledge on a lightly forested island. The island is a summer residence for the family of the owner/president of QBC.

E. Is your proposed lease located within a Maine Department of Inland Fisheries and Wildlife designated Essential Habitat?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Note: The location of Essential Habitats in the State of Maine, along with information on how projects within these areas are reviewed, can be found here: <https://www.maine.gov/ifw/fish-wildlife/wildlife/endangered-threatened-species/essential-wildlife-habitat/index.html>

If a project is located within an Essential Habitat, applicants are strongly encouraged to contact the MDIFW Environmental Review Coordinator (John.Perry@maine.gov, phone: 207-287-5254) prior to application submission.

12. EXISTING USES

A. Describe the existing uses of the proposed area in questions A.1 through A.5 below. Please include the a) type b) time of year c) frequency and d) proximity to the lease site for each existing use.
1. Commercial Fishing
Some seasonal subtidal harvest of European oysters in the surrounding areas of Quahog Bay. Some lobstering activity in the general area. Both of these activities have continued unimpeded for the last three years under the operations of the QHB SIx lease, and the proposed lease will actually be reduced to about half the size of QHB SIx.
2. Recreational Fishing
Some seasonal recreational fishing in other areas of Quahog Bay.

3. Boating Activities (please also include the distance to any navigable channel(s) from your proposed site at low water)

Quahog Bay is a popular seasonal overnight anchorage for recreational boaters – all anchorages have been well outside of the proposed lease area, to the east and southeast of Snow Island. The proposed lease site is adjacent to a navigation channel between the islands; the existing QHB SIX lease that currently occupies more area has not interfered with the use of the channel to date.

4. Ingress and egress (i.e. coming and going) of shorefront property owners within 1,000 feet of the proposal (e.g. docks, moorings, landing boats on shore, etc.)

There are two moorings in the general vicinity of the proposed lease – one mooring ~ 100’ east of the area, and one mooring ~360’ east of the area; the existing QHB SIX lease that currently occupies more area has not interfered with the use of the moorings to date.

5. Other uses (kayaking, swimming, etc.)

Kayakers are common in Quahog Bay. There have often been curious kayakers who come over to visit the current farm, and we welcome them to paddle through the farm to learn about it.

B. Are there private docks, moorings, or other access points within 1,000 feet of the proposed lease? If yes, please include approximate distance from the proposed lease.

There are two private docks on Snow Island, both are owned by Patrick Scanlan (President of Quahog Bay Conservancy)

C. Are there public beaches, parks, docking facilities or federally, state, or municipally conserved lands within 1,000 feet of the proposed lease site? If yes, please describe and include approximate distances from proposed lease.

No

D. Are there any Limited Purpose Aquaculture (LPA) licenses or aquaculture leases within 1,000 feet of your proposed lease site? If yes, please list their acronyms below.

Current and pending aquaculture leases and active LPA licenses may be found here: <https://www.maine.gov/dmr/aquaculture/leases/index.html>

No

13. EXCLUSIVE USE

If your lease is granted, what activities would you request be excluded from occurring within the boundaries of the lease site? In your answer please address applicable commercial and recreational fishing, boating activities, and other activities you listed in the 'Existing Uses' section of this application.

QBC welcomes all commercial and recreational activities in and around the proposed lease site, including allowing divers to collect European oysters within the lease boundaries. Our only request is that no activities damage gear or directly interfere with farm operations.

14. RIPARIAN LANDOWNERS AND SITE ACCESS - Please see Appendix C

A. If your lease is within 1,000ft of shorefront land (**which extends to mean low water or 1,650 ft. from shore, whichever is less, according to NOAA charts**), the following supporting documents are required:

1. A labeled copy of a tax map(s) depicting the location of the proposed lease site and including the following elements:
 - Label the map “Tax Map: Town of (name of town).”
 - Legible scale
 - Tax lot numbers clearly displayed
 - The boundaries of the proposed lease
2. Please use the Riparian Landowner List (included on the next page) to list the name and address of every shorefront landowner within 1,000ft of the proposed lease site. Have the tax collector or clerk of the municipality certify the list. Refer to the riparian determination guidance document to ensure all riparian landowners are included:
<https://www.maine.gov/dmr/aquaculture/forms/documents/RiparianDetermination.pdf>

Note: When the application and riparian list are both ready to be submitted, you may choose to email a copy of the riparian list and proposed lease coordinates to DMRAquaculture@maine.gov for staff to verify that all required parcels are included on the list *before* having it certified by the municipality. DMR will not verify a riparian list multiple times, so please ensure there will be no additional changes to the application before emailing the riparian list for verification.

3. If any portion of the site is intertidal, you need to complete the steps outlined in the section titled: “19. Landowner/Municipal Permission Requirements”.

B. Will your access to the lease area be across riparian land?

Yes No

Note: If you selected yes, you will need to complete the landowner permission requirements included in “19. Landowner/Municipal Permission Requirements” of this application.

C. How will you access the proposed site?

QBC operates at a property with boats/docks and access at 286 Bethel Point, Harpswell.

D. How will your proposed activities affect riparian ingress and egress?

We do not foresee any impact.

RIPARIAN LANDOWNER LIST

THIS LIST MUST BE **CERTIFIED**

On this list, please show the current landowners' names and mailing addresses as listed in the municipal tax records for all riparian shorefront parcels within 1,000 feet of the proposed lease site along with the map and lot number for each parcel. **It is the applicant's responsibility to assemble the information for the Town Clerk to certify.** The Town Clerk *only* certifies that the information is correct according to the Town's records. Once you have completed the form, ask the Town Clerk to complete the certification section below. If the parcels are within more than one municipality, provide a separate, certified riparian list for each municipality.

TOWN OF: _____

MAP #	LOT #	Landowner name(s) and address(es)
		- <u>Please see Appendix C</u>

Please use additional sheets if necessary and attach hereto.

CERTIFICATION

I, _____, Town Clerk for the Town of _____ certify that the names and addresses of the property owners listed above, as well as the map and lot numbers, are those listed in the records of this municipality and are current as of this date.

SIGNED: _____ **DATE:** _____

15. TECHNICAL CAPABILITY - Please see Appendix D

Provide information regarding professional expertise. Attaching resume or documentation of practical experience necessary to accomplish the proposed project would satisfy this requirement.
The current farm operations at QHB SIx have been in place, and operating successfully as “Snow Island Oysters” for several years. Resumes for two key personnel are included in Appendix D.

16. FINANCIAL CAPABILITY - Please see Appendix D

A. Financial Capability

Please provide a letter from a financial institution indicating the applicant has an account in good standing. Note: Any financial information you submit with your application is part of the public record. Please exercise discretion when submitting financial information.
The current operations for “Snow Island Oysters” have been successful for several years. QBC has ample revenues and expertise to continue all aspects of the program. A copy of the 2021 990 tax return for QBC is attached in Appendix D.

B. Cost Estimates

Please provide cost estimates of the proposed aquaculture activities.
Operations for staff at the aquaculture activities are included in a larger QBC budget for all environmental activities under the Conservancy mission. See details in the 2021 990 tax return attached in Appendix D.

17. ESCROW ACCOUNT OR PERFORMANCE BOND

Check the category that describes your operation:

Check Here	Lease Category	Amount of Required Escrow or Performance Bond
<input type="checkbox"/>	No gear/structure, no discharge	\$500.00
<input type="checkbox"/>	No gear/structure, discharge	\$500.00
<input type="checkbox"/>	≤ 400 square feet of gear/structure, no discharge	\$1,500.00
<input checked="" type="checkbox"/>	>400 square feet of gear/structure, no discharge	\$5,000.00*
<input type="checkbox"/>	Gear/Structure, discharge	\$25,000.00

*DMR may increase the bond/escrow requirements for leases with more than 2,000 square feet of structure.

I, (*printed name of applicant*) David Hunter have read DMR Aquaculture Regulations Chapter 2.64(10) (D) and if this proposed lease is granted by DMR, I will either open an escrow account or obtain a performance bond, in the amount determined by the lease category.


Applicant Signature

9/08/2022
Date

Note: Add title if signing on behalf of a corporate applicant.

ADDITIONAL APPLICANTS: Each applicant must sign this section indicating that they will open an escrow account or obtain a performance bond. Use the space below for additional persons listed on the application. You may attach additional pages, if necessary.

I, (*printed name of applicant*) _____ have read DMR Aquaculture Regulations Chapter 2.64(10) (D) and if this proposed lease is granted by DMR, I will either open an escrow account or obtain a performance bond, in the amount determined by the lease category.

Applicant Signature

Date

Note: Add title if signing on behalf of a corporate applicant.

18. APPLICANT SIGNATURE PAGE

I hereby state that the information included in this application is true and correct. I have also read and understand the requirements of the Department's rules governing aquaculture and the application instructions pertaining to the standard lease process.

Printed name: David Hunter

Title (if corporate applicant): _____

Signature:  Date: 9/6/2022

18 U.S.C. Section 1001 provides that: Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up any trick, scheme, or disguises a material fact or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

Note:

- All applicants must sign and date this page. Please use the space below, if additional signatures are required.
- Corporate applicants, please be sure to include the title(s) (i.e. President, Treasurer, etc.) of the individual(s) signing on the company's behalf.

Additional Applicant:

Printed name: _____

Title (if corporate applicant): _____

Signature: _____ Date: _____

19. LANDOWNER/MUNCIPAL PERMISSION REQUIREMENTS (if applicable)

Directions: If any portion of the site is intertidal, you need to complete the steps outlined below.

Step I: Obtain written permission from all intertidal landowners. - N/A

Pursuant to DMR Regulations Chapter 2.10(3)(G) the Department requires *written permission of every owner of intertidal land in, on, or over which the activity will occur*. It is your responsibility to obtain written permission and include it with your application materials. Please note that the Department does not provide forms for landowner permission.

Step II: Determine if the municipality where your site is located has a shellfish conservation program. - N/A

Pursuant to 12 MRSA §6072(3) *In any municipality with a shellfish conservation program under section 6671, the Commissioner may not lease areas in the **intertidal zone** within the municipality without the consent of the municipal officers.*

If the municipality where the proposed lease site is located has a shellfish conservation program, it is your responsibility to obtain consent for the proposed lease site from the municipal officers (i.e. the selectmen or councilors of the town, or the mayor and aldermen or councilors of a city.) Consent means a majority vote of the municipal officers as recorded in a public meeting.

It is your responsibility to contact the municipality and determine if they have a shellfish conservation program. Best practices would include discussing your plans with shellfish committee members, but only the consent of municipal officers is required.

Does the municipality, where the proposed site is located, have a shellfish conservation program? Yes No - N/A

If you answered yes, please attach documentation from a public meeting demonstrating that a majority of municipal officers have consented to your proposal.

Appendix A

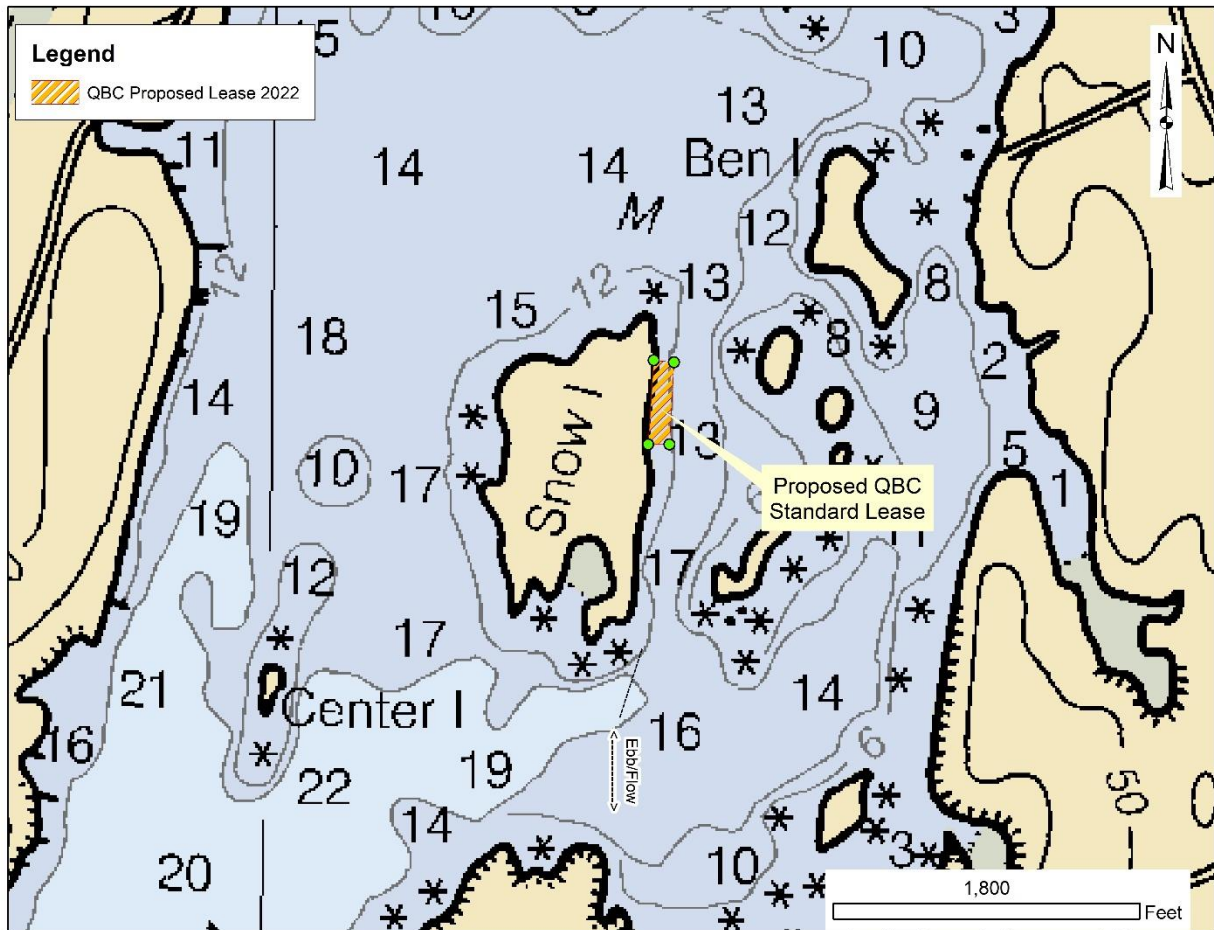
Vicinity Map - General

Boundary Drawing

Vicinity Map

QBC Proposed Lease

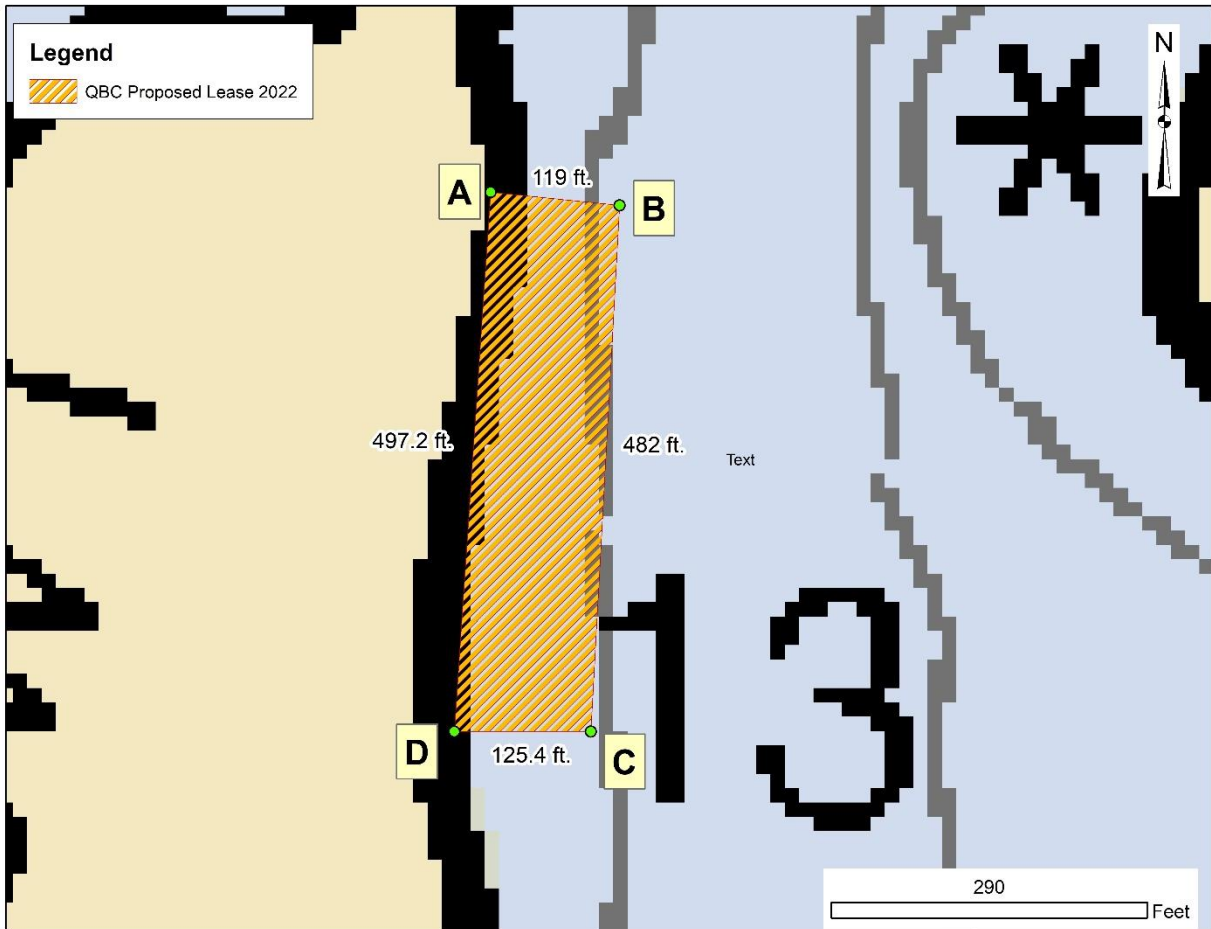
NOAA Chart 13290



Boundary Drawing

QBC Proposed Lease

NOAA Chart 13290



Coordinates

Map Datum WGS 84

A (NW Corner): 43° 49' 2.07" N / -69° 54' 29.06" W

B (NE Corner): 43° 49' 01.96" N / -69° 54' 27.44" W

C (SE Corner): 43° 48' 57.19" N / -69° 54' 27.73" W

D (SW Corner): 43° 48' 57.17" N / -69° 54' 29.44" W

A to B = easterly (95.7 degrees) for 119.0 feet

B to C = southerly (182.4 degrees) for 482.0 feet

C to D = westerly (270.3 degrees) for 125.4 feet

D to A = northerly (3.3 degrees) for 497.2 feet

Appendix B

Gear Drawing - OysterGro cages

Gear Drawing - ADPI bags

Mooring Detail Diagram - Overhead View

Full Farm - Overhead View

*Mooring Detail Diagram - Growing Season
Cross-Sectional View*

*Mooring Detail Diagram - Overwintering
Cross-Sectional View*

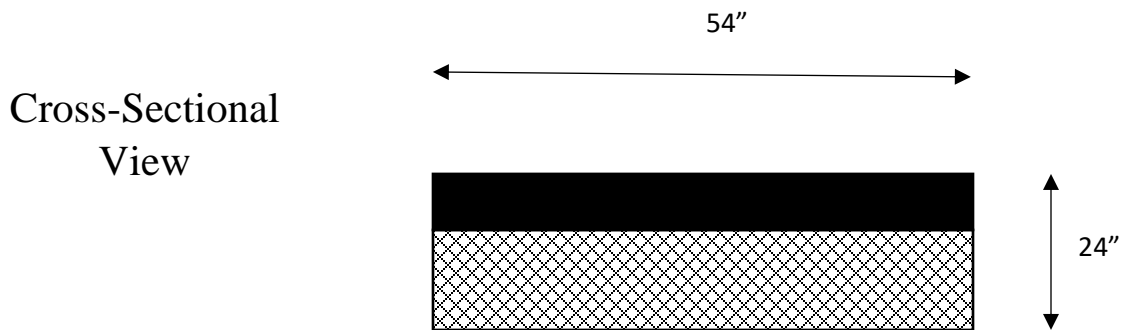
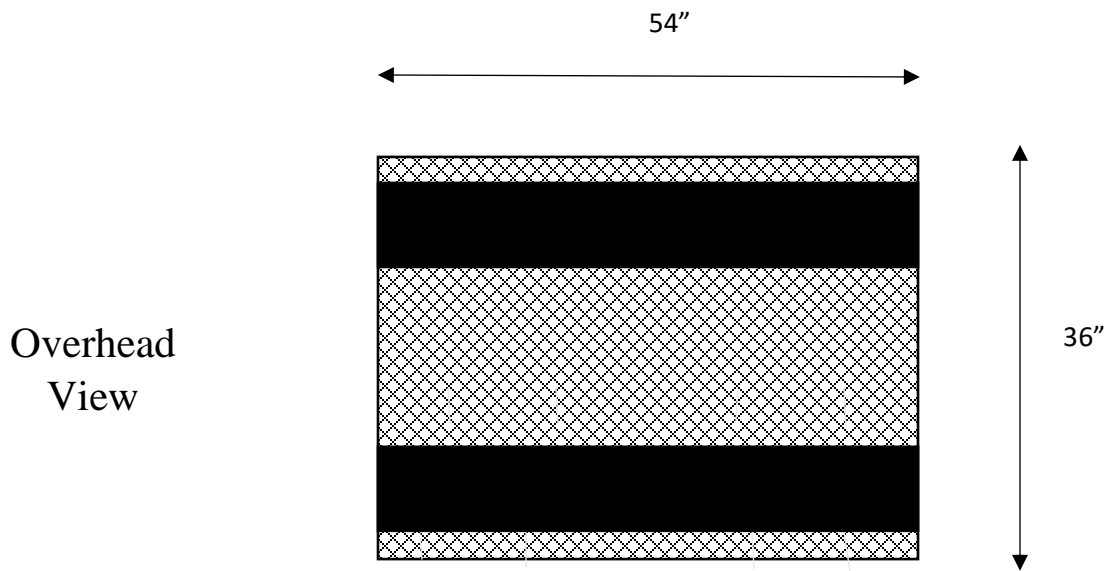
*Equipment Layout (Work Float with Sorting Shed)
Overhead View*

*Equipment Layout (Work Float with Sorting Shed)
Cross-Sectional View*

*Equipment Layout (Work Float with Sorting Shed)
Photo of current structure*

Gear Drawing – OysterGro cage

(Six ADPI bags per OysterGro cage)

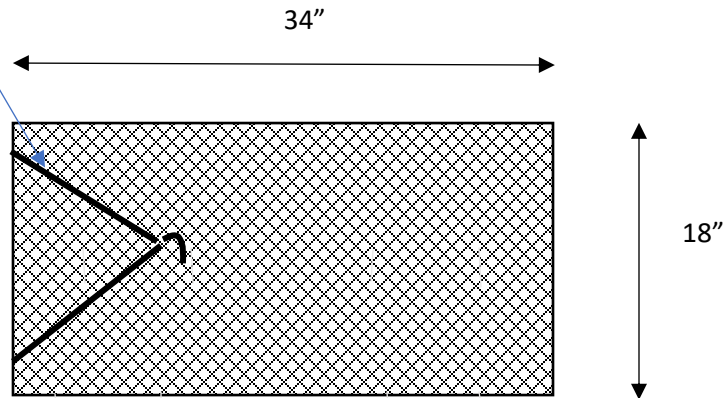


Gear Drawing – Individual ADPI bag

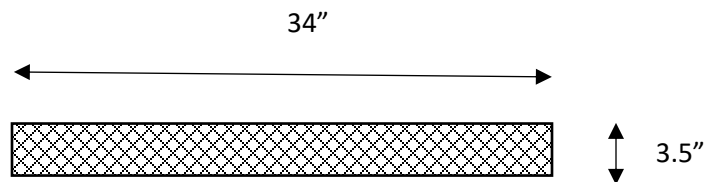
(Six ADPI bags per OysterGro cage)

30" of ¼" shock cord attached with
½" stainless steel hog rings to top
edge of bag, with a 1" stainless steel
hog ring used for closure of open end

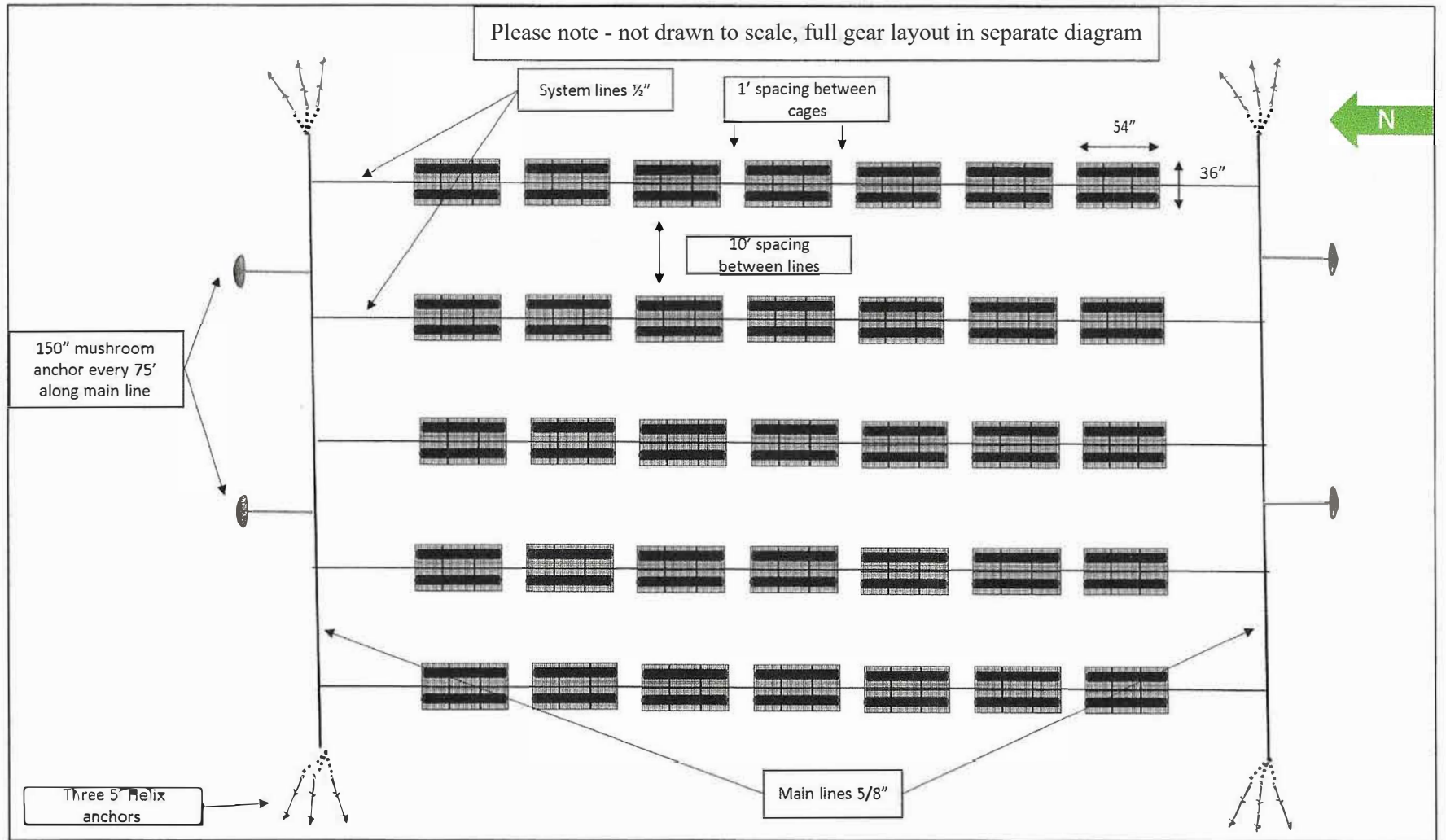
Overhead
View



Cross-Sectional
View

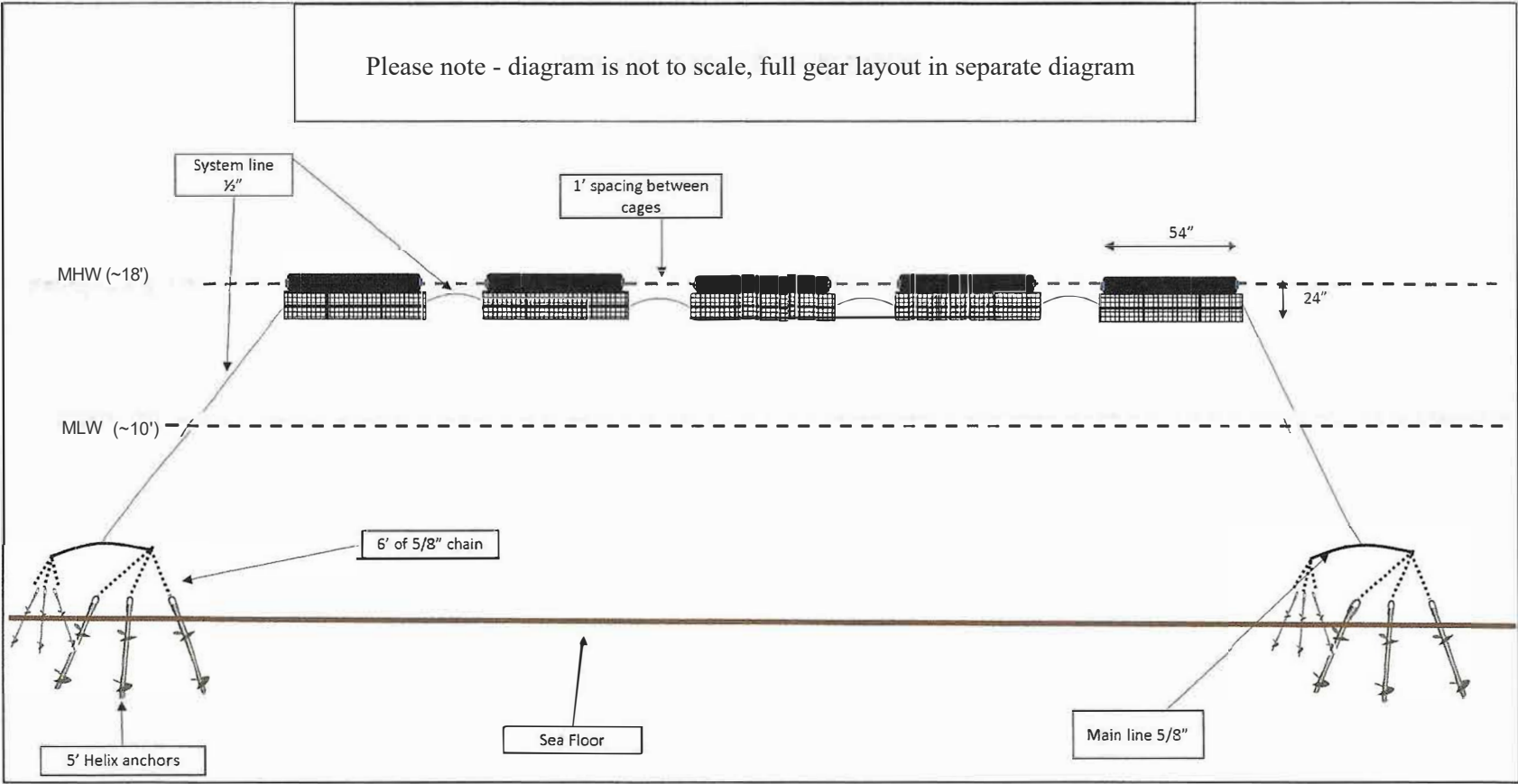


Mooring Detail Diagram OysterGro Cages Overhead View

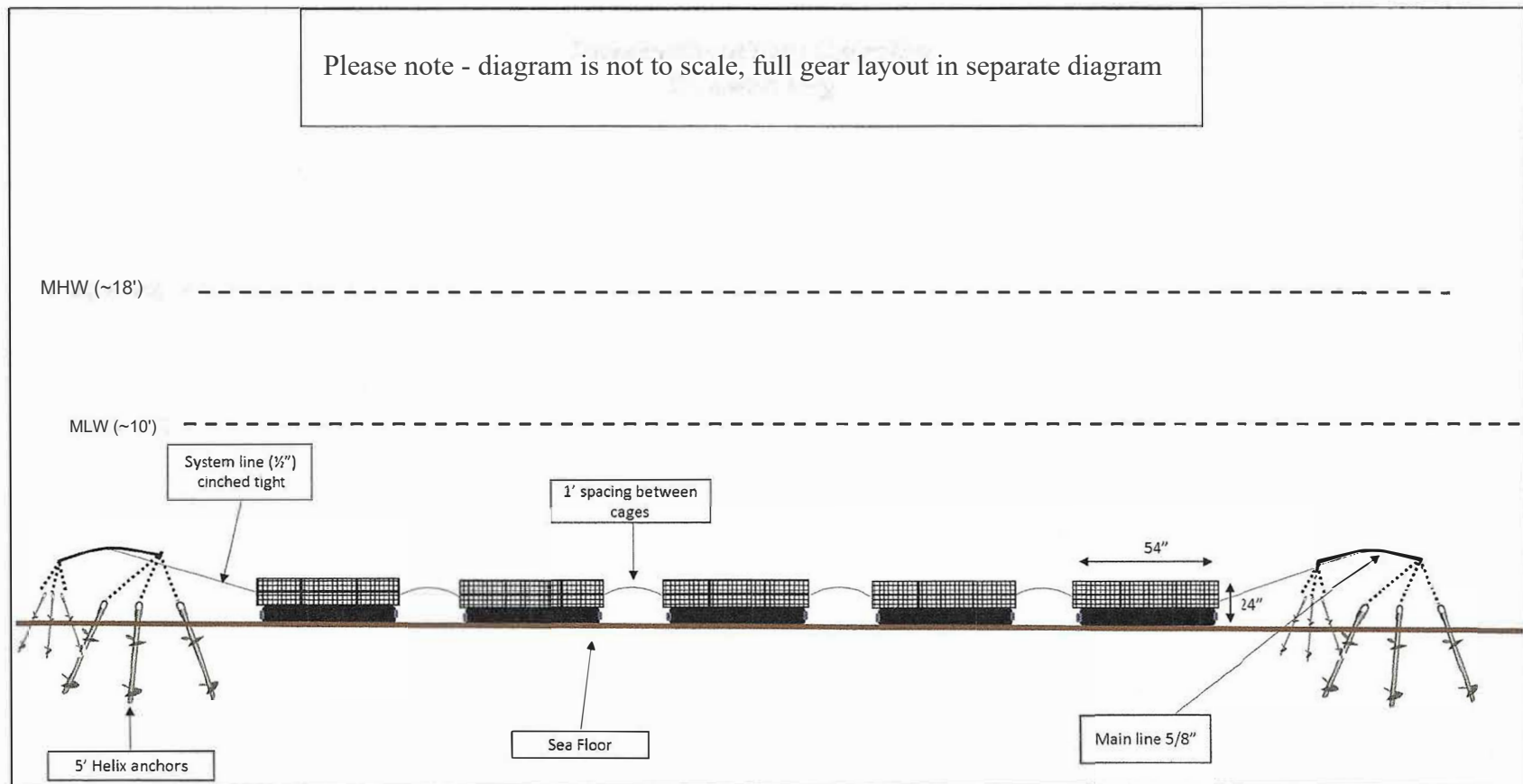




Mooring Detail Diagram
OysterGro Cages - Growing position (April - December)
Cross-Sectional View

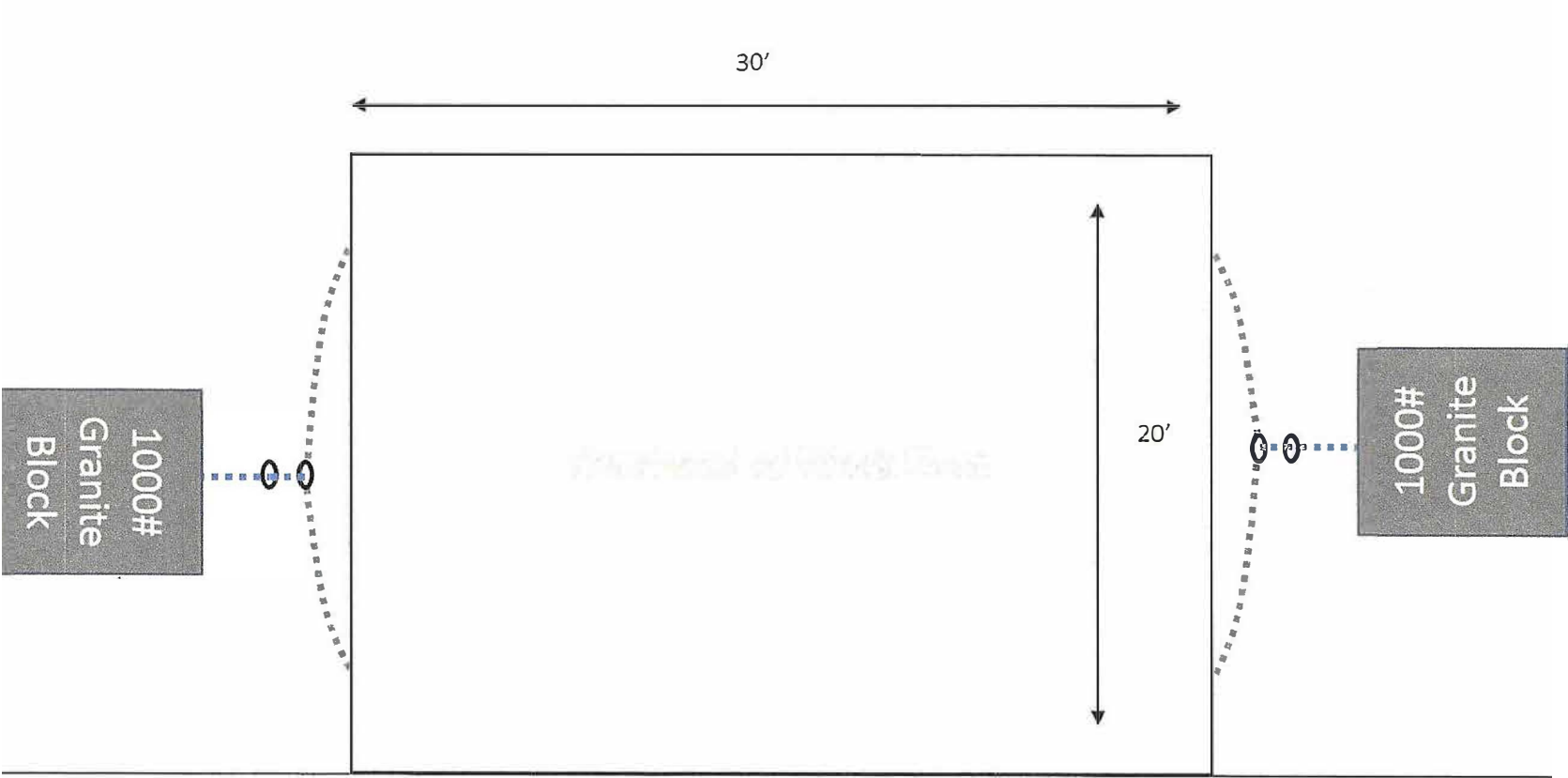


Mooring Detail Diagram
OysterGro Cages - Overwintering (December - April)
Cross-Sectional View



Work Float and Sorting Shed

Overhead View



Work Float and Sorting Shed

Cross-Sectional View

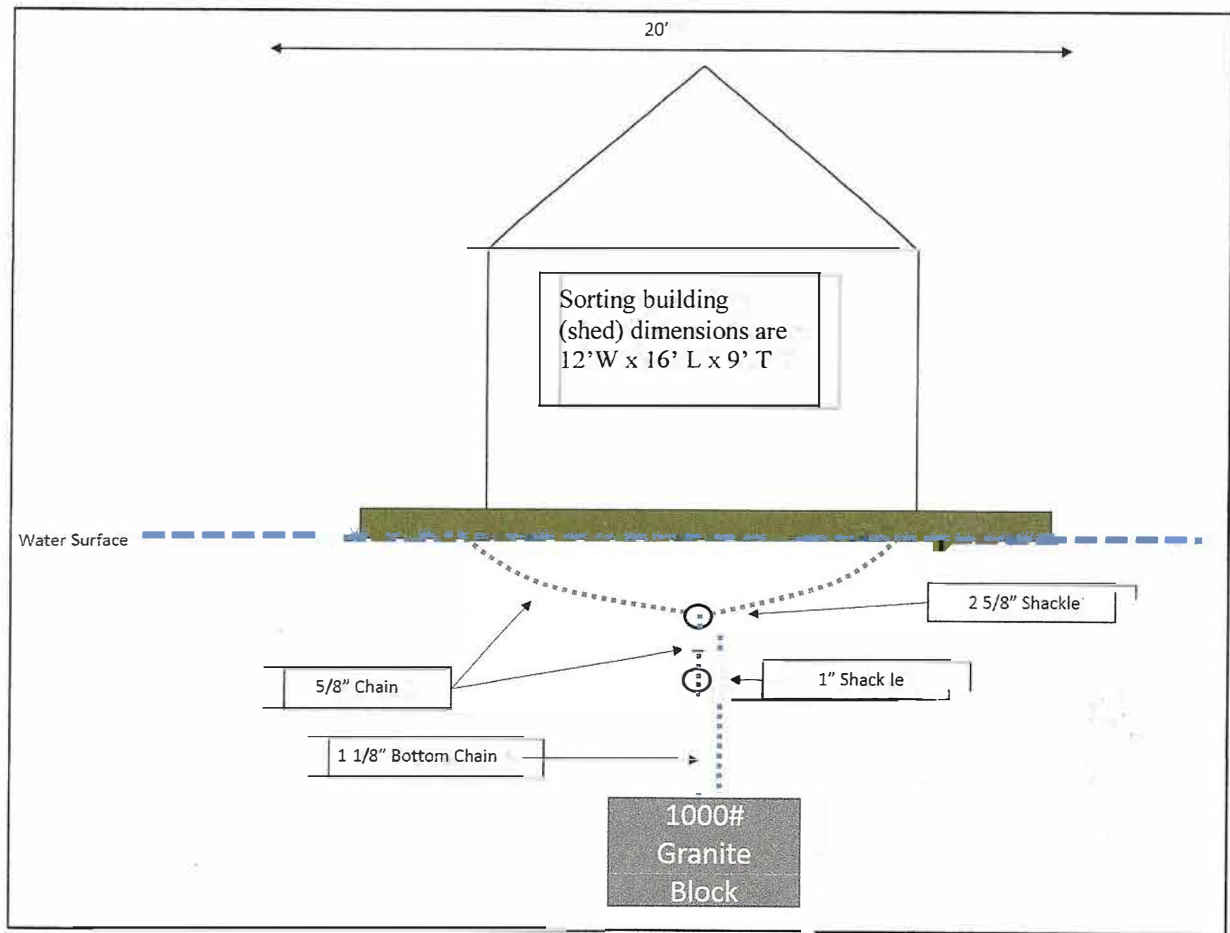
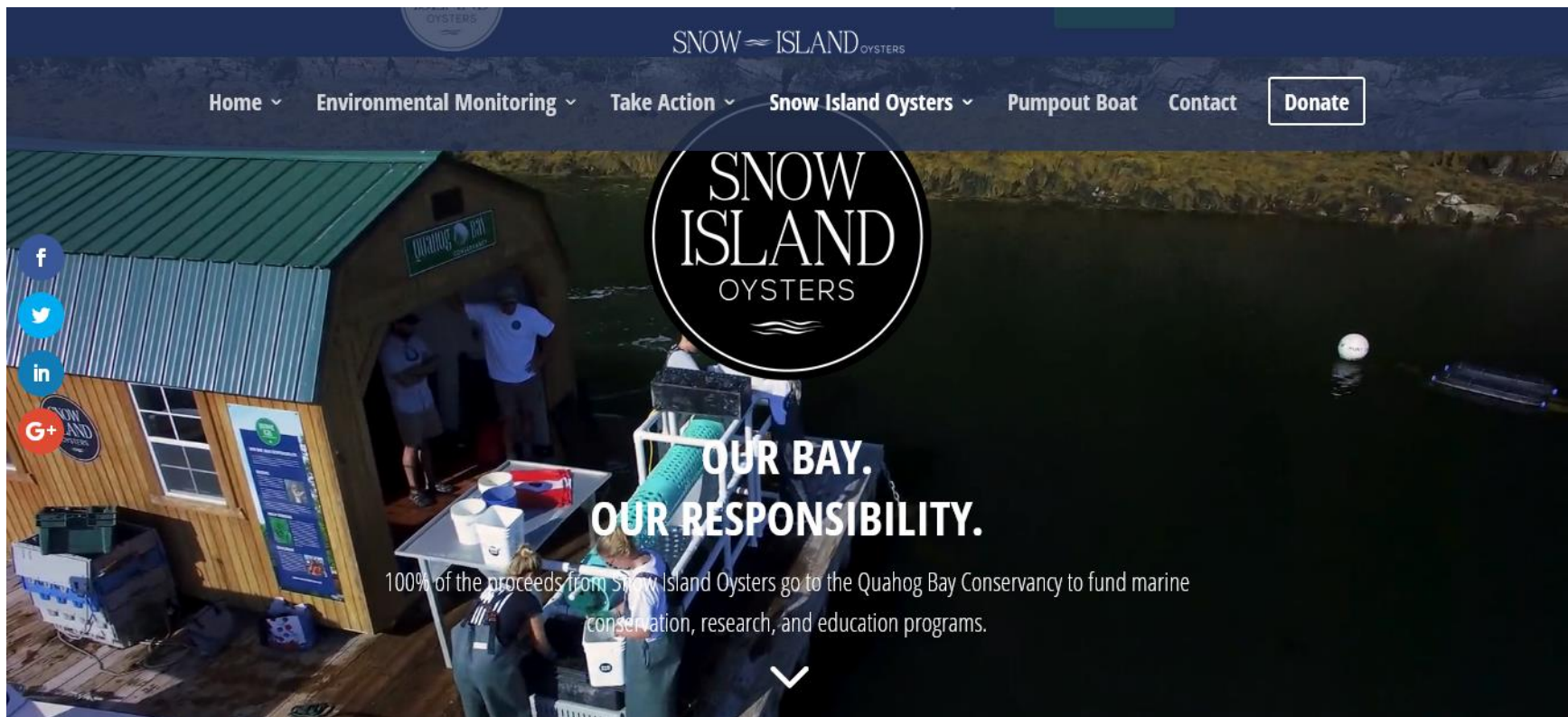


Photo of current Work Float / Sorting Shed

Additional views available at <https://quahogbay.org/snow-island-oysters/#sustainable-aquaculture>



Appendix C

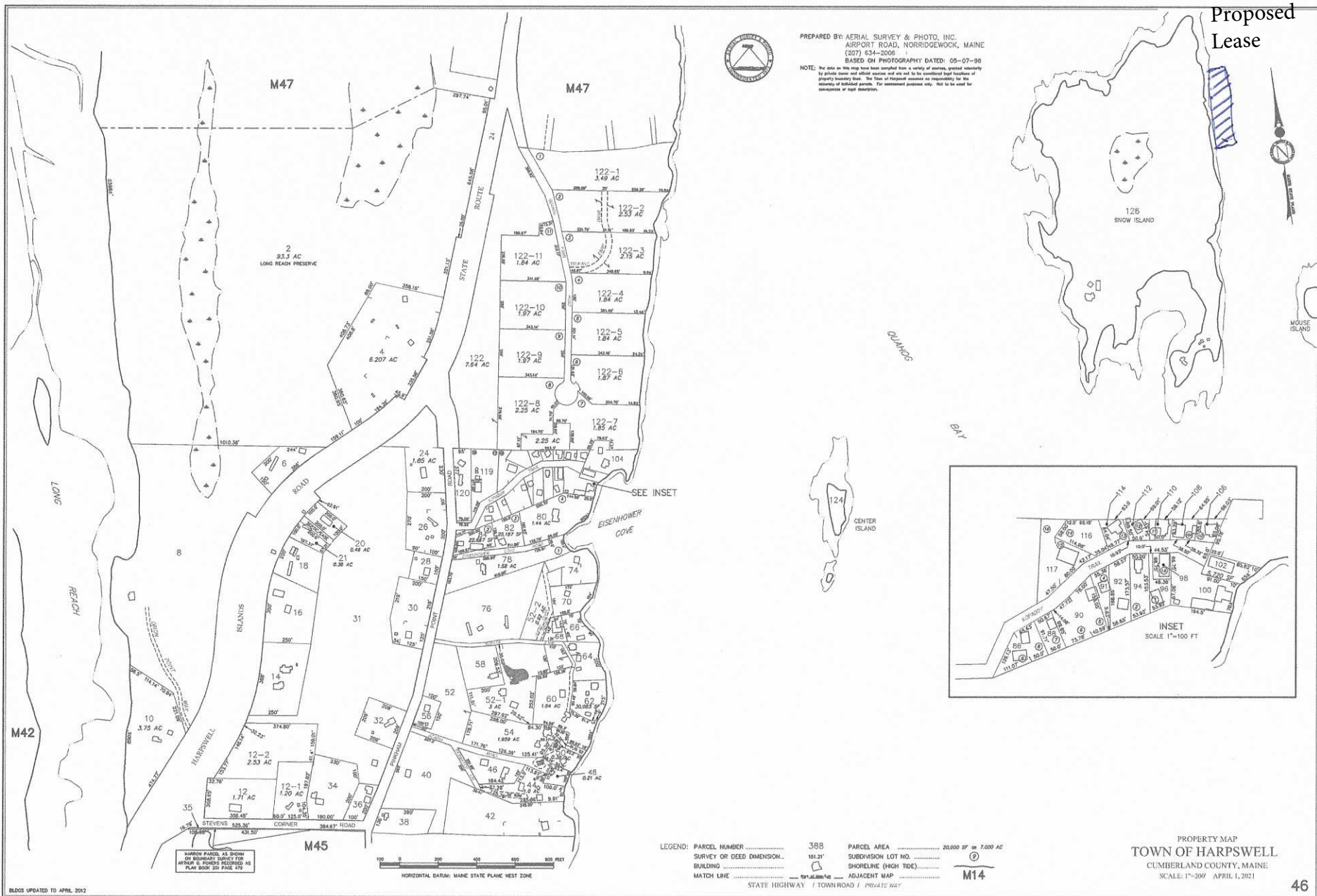
*Tax Map 46 - Town of Harpswell
Lot 126 (Snow Island)*

*Tax Map 56 - Town of Harpswell
Lot 2 (Ben Island)*

*Tax Map 58 - Town of Harpswell
Lot 2 (Potato Island)
Lot 3 (Woodsy and Nubble Islands)
Lot 4 (Mouse Island)*

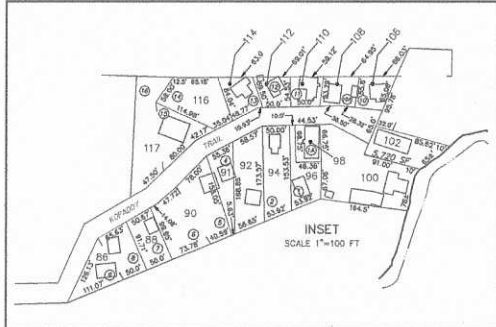
Vicinity Map with 1,000' buffer

Certified Riparian List



PREPARED BY: AERIAL SURVEY & PHOTO, INC.
 AIRPORT ROAD, NORRIDGEWOCK, MAINE
 (207) 634-2008
 BASED ON PHOTOGRAPHY DATED: 05-07-08
 NOTE: The data on this map have been compiled from a variety of sources, granted voluntarily by private owner and should not be used to be considered legal locations of property boundaries. The Town of Harpswell assumes no responsibility for the accuracy of individual parcels. For unannounced purposes only. Not to be used for consequences of legal description.

Proposed Lease



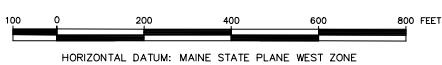
LEGEND: PARCEL NUMBER 388
 SURVEY OR DEED DIMENSION 161.21'
 BUILDING
 MATCH LINE
 STATE HIGHWAY / TOWN ROAD / PRIVATE WAY
 PARCEL AREA 20,000 SF or 7,000 AC
 SUBDIVISION LOT NO.
 SHORELINE (HIGH TIDE)
 ADJACENT MAP M14

PROPERTY MAP
 TOWN OF HARPSWELL
 CUMBERLAND COUNTY, MAINE
 SCALE: 1"=200' APRIL 1, 2012



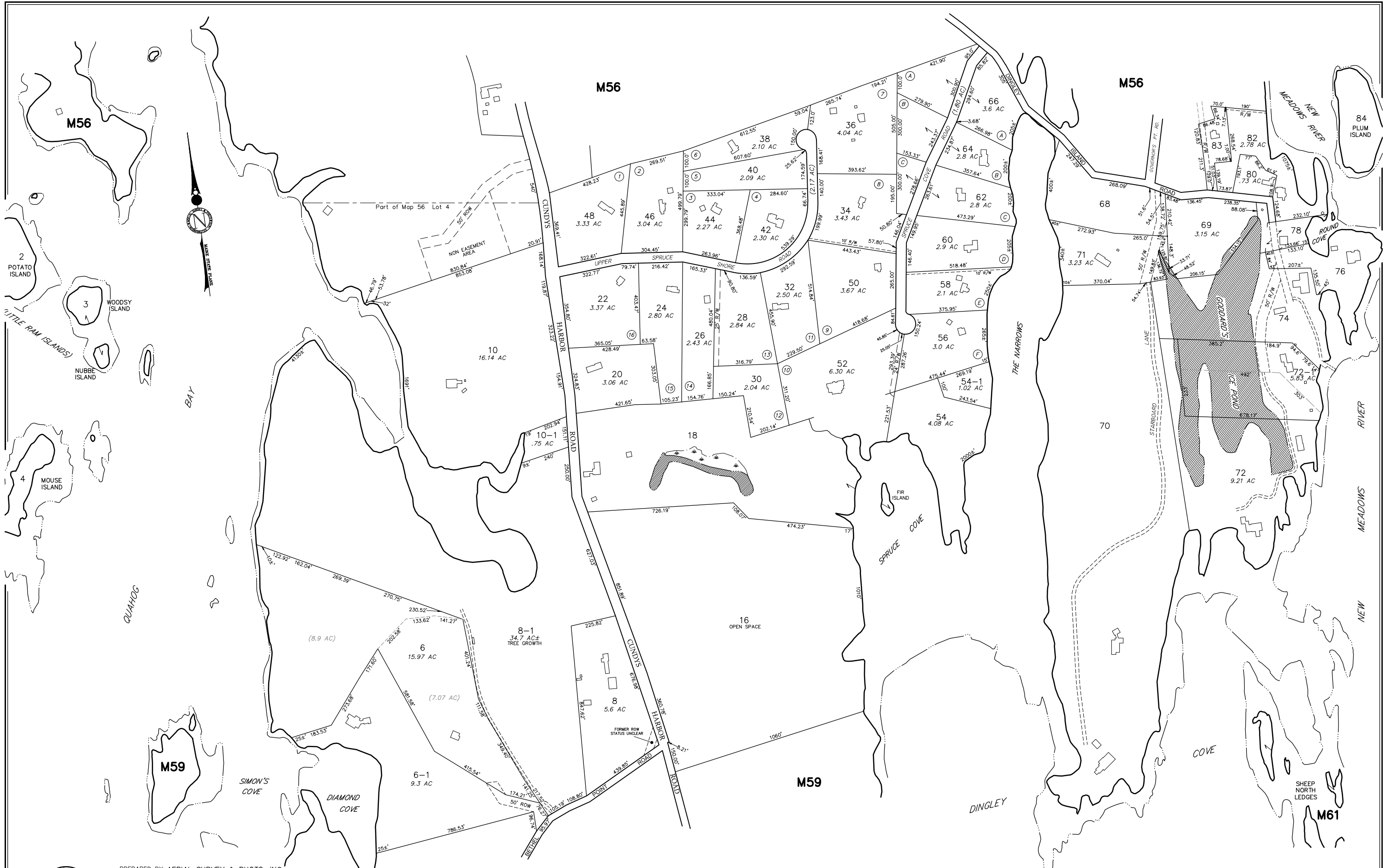
PREPARED BY: AERIAL SURVEY & PHOTO, INC.
 AIRPORT ROAD, NORRIDGEWOCK, MAINE
 (207) 634-2006
 BASED ON PHOTOGRAPHY DATED: 05-07-96
 NOTE: The data on this map have been compiled from a variety of sources, granted voluntarily by private owner and official sources and are not to be considered legal locations of property boundary lines. The Town of Harpswell assumes no responsibility for the accuracy of individual parcels. For assessment purposes only. Not to be used for conveyances or legal description.

LEGEND: PARCEL NUMBER 388
 SUBDIVISION OR DEED DIMENSION..... 161.21'
 BUILDING
 MATCH LINE
 PARCEL AREA 20,000 SF OR 7,000 AC
 SUBDIVISION LOT NO. (9)
 SHORELINE (HIGH TIDE).....
 ADJACENT MAP M14
 STATE HIGHWAY / TOWN ROAD / PRIVATE WAY



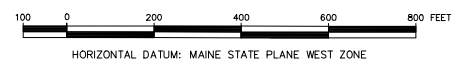
PROPERTY MAP
TOWN OF HARPSWELL
 CUMBERLAND COUNTY, MAINE
 SCALE: 1"=200' APRIL 1, 2021

BLDGs UPDATED TO APRIL 2012



PREPARED BY: AERIAL SURVEY & PHOTO, INC.
 AIRPORT ROAD, NORRIDGEWOCK, MAINE
 (207) 634-2006
 BASED ON PHOTOGRAPHY DATED: 05-07-96
 NOTE: The data on this map have been compiled from a variety of sources, granted voluntarily by private owner and official sources and are not to be considered legal locations of property boundary lines. The Town of Harpswell assumes no responsibility for the accuracy of individual parcels. For assessment purposes only. Not to be used for conveyances or legal descriptions.

LEGEND:	PARCEL NUMBER	388	PARCEL AREA	20,000 SF OR 7,000 AC
	SURVEY OR DEED DIMENSION	161.21'	SUBDIVISION LOT NO.	(9)
	BUILDING		SHORELINE (HIGH TIDE)	
	MATCH LINE		ADJACENT MAP	M14
	STATE HIGHWAY		TOWN ROAD	
			PRIVATE WAY	



PROPERTY MAP
TOWN OF HARPSWELL
 CUMBERLAND COUNTY, MAINE
 SCALE: 1"=200' APRIL 1, 2012



JANET T. MILLS
GOVERNOR

STATE OF MAINE
DEPARTMENT OF MARINE RESOURCES
21 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0021

PATRICK C. KELIHER
COMMISSIONER

- RIPARIAN OWNERS LIST -

*THIS LIST MUST BE **CERTIFIED** BY THE TOWN CLERK*

On this list, please include the map number, lot number, and the current owners' names and mailing addresses for all shorefront parcels within 1,000 feet of the lease site. It is the applicant's responsibility to assemble the information for the Town Clerk to certify. The Town Clerk *only* certifies that the information is correct according to the Town's records. Once you have completed the form, ask the Town Clerk to complete the certification section below. If riparian parcels are located within more than one municipality, provide a separate, tax map and certified riparian list for each municipality.

TOWN OF: Harpswell

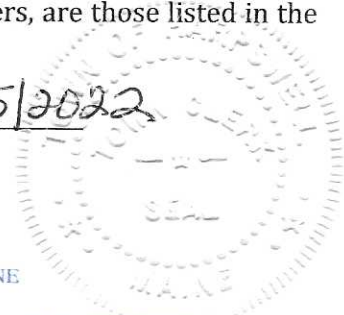
MAP #	LOT #	Landowner name(s) and address(es)
56	2 (Ben Is)	DUFFY AMANDA & EDWARD 355 WINTER STREET DUXBURY, MA 02332
58	2 (Potato Is)	BURBANK JOHN E III 106 HAVILAND RD RIDGEFIELD, CT 06877
58	3 (Woodsy & Nubble Is)	BURBANK ALAN 2138 EL ROBLE LANE BEVERLY HILLS, CA 90210
58	4 (Mouse Is)	STATE OF MAINE BUREAU OF PARKS LANDS AND COASTAL ISLANDS 22 SHS AUGUSTA, ME 04333
46	126 (Snow Is)	STELLA CLARE LLC 111 WACKER DRIVE STE 3975 CHICAGO, IL 60606

Please use additional sheets if necessary and attach hereto.

CERTIFICATION

I, Tracy H Gaudet, Town Clerk for the Town of Harpswell, certify that the names and addresses of the property owners listed above, as well as the map and lot numbers, are those listed in the records of this municipality and are current as of this date.

SIGNED: Tracy H Gaudet DATE: 7/25/2022
Deputy



OFFICES AT 32 BLOSSOM LANE, MARQUARDT BUILDING, AUGUSTA, MAINE
<http://www.Maine.gov/dmr>

PHONE: (207) 624-6550

FAX: (207) 624-6024

Appendix D

Technical Capability Resumes

Financial Capability - 2021 990 tax return

DAVID HUNTER

286 Bethel Point Road, Harpswell, ME 04079 · 2075221105

dave@sserv.org

Resume for application for Snow Island standard lease

EXPERIENCE

2013 – PRESENT

DIRECTOR OF OPERATIONS, QUAHOG BAY CONSERVANCY

Managing day to day operations, Snow Island Oyster farm Manager including a standard lease and experimental lease.

1998 – PRESENT

FIRE FIGHTER/ADVANCED EMT, BRUNSWICK FIRE DEPARTMENT

Hazards response, EMS response, fire control and rescue.

1993 – 1998

LOBSTER STERNMEN,

All aspects of commercial harvest of lobstering

EDUCATION

2014

CAPTAIN'S LICENCE, ATLANTIC CAPTAIN'S ACADEMY

OUPV licensed with towing endorsement

2016

AQUACULTURE INTRO, SHARED WATERS

1996-1998

FIRE SCIENCE, SOUTHERN MAINE TECH COLLEGE

Associates degree in Fire Science

1994-1996

CONSERVATION LAW, UNITY COLLEGE, UNITY MAINE

SKILLS

- Boat handling
- SCUB, nitrox, dry suit, and advanced diver certification
- Fished in multiple commercial fisheries

ALEC BOLLINGER

286 Bethel Point Road, Harpswell, ME 04079 · 207-522-1105

alec@sserv.org

Resume for application of Snow Island standard lease

EXPERIENCE

2015 – PRESENT

OYSTER FARM MANAGER, SNOW ISLAND OYSTERS/QBC

Responsible for all operations of Snow Island oysters

2008 – 2015

STERNMAN, PETE DORAN, HENRY BARNES

Lobster trap repair, boat work, all aspects of lobster commercial fishing

EDUCATION

2020

CAPTAIN'S LICENCE, ATLANTIC CAPTAIN'S ACADEMY

OUPV licensed Captain with towing endorsement.

2013

COLLEGE PREP, ST. DOMINICS ACADEMY

High honors, 2 Letter varsity sport player

2014

ABLE SEAMAN, DOWNEAST MARITIME ACADEMY

SKILLS

- Knowledge of working waterfront
- Boat handling
- Oyster farm management
- SCBA, Nitrox, Dry Suite certifications

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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

A For the **2021** calendar year, or tax year beginning , **2021**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C QUAHOG BAY CONSERVATION 286 BETHEL POINT ROAD HARPSWELL, ME 04079	D Employer identification number 46-5144401	E Telephone number (207) 522-1105
F Name and address of principal officer: PATRICK SCANLAN SAME AS C ABOVE		G Gross receipts \$ 923,066. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. See instructions.</small>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.QUAHOGBAY.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 2014		M State of legal domicile: ME	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>THE GOAL OF QUAHOG BAY CONSERVATION IS TO RETURN THE ECOSYSTEM OF THE QUAHOG BAY, WITHIN THE TOWN OF HARPSWELL, MAINE, TO A STATE OF HEALTH FOR ALL USERS. THIS WILL BE TANGIBLY MEASURED THROUGH IMPROVED WATER QUALITY, REMOVAL OF INVASIVE SPECIES, AND THE RESTORATION (CONT P.2)</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	5
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	5
9	Program service revenue (Part VIII, line 2g)	9	5
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	4
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	4
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	5
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	5
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	5
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	5
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	5
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	16b	5
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	5
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	5
19	Revenue less expenses. Subtract line 18 from line 12	19	5
20	Total assets (Part X, line 16)	20	5
21	Total liabilities (Part X, line 26)	21	5
22	Net assets or fund balances. Subtract line 21 from line 20	22	5

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 PATRICK SCANLAN	Date PRESIDENT	
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS W. REGALIA	Preparer's signature DOUGLAS W. REGALIA	Date Check <input type="checkbox"/> if self-employed PTIN P00186389
	Firm's name REGALIA & ASSOCIATES CPAS		Firm's EIN ▶ 68-0260103
	Firm's address 103 TOWN & COUNTRY DR STE K DANVILLE, CA 94526		Phone no. (925) 314-0390

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III. []

1 Briefly describe the organization's mission:

OF SAFE SHELLFISH HARVESTING OPPORTUNITIES FOR BOTH COMMERCIAL AND RECREATIONAL USERS. QBC HAS ESTABLISHED A SERIES OF SPECIFIC ACTIVITIES WHICH WILL ATTEMPTS TO: MITIGATE THE NEGATIVE IMPACTS OF THE BAY AND EDUCATE PUBLIC USERS TO PROTECT THE BAY.

2 Did the organization undertake any significant program services during the year which 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 conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 150,028. including grants of \$ 4,000.) (Revenue \$ 233,906.)

MITIGATION ACTIVITIES - QBC IS INVOLVED WITH MANY DIFFERENT AQUATIC POLLUTION AND INVASIVE SPECIES MITIGATION PROJECTS.

FIRST: QBC HAS BEEN REMOVING, AND WILL CONTINUE TO REMOVE, TRASH AT THE SURFACE BY BOAT, AND TRASH AND DEBRIS BELOW THE SURFACE BY SCUBA DIVERS. THIS WILL IMPROVE THE WATER QUALITY IN THIS AREA.

SECOND: QBC MAINTAINS AND OPERATES A SEPTIC PUMP OUT BOAT, WHICH PROVIDES A FREE SERVICE FOR TRAVELING BOAT CRUISERS, GIVING THEM THE OPPORTUNITY TO HAVE THEIR SEPTIC HOLDING TANKS PUMPED RATHER THAN BLOWING THEM OUT AT SEA.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

THIRD: QBC IS ONE OF MAINE'S LARGEST INVASIVE GREEN CRAB TRAPPERS. QBC TRAPS APPROXIMATELY 10,000 LBS. OF INVASIVE GREEN CRABS OUT OF QUAHOG BAY YEARLY.

FOURTH: QBC ROUTINELY PERFORMS STATIONARY WATER SAMPLING WITHIN QUAHOG BAY. THESE SAMPLES ARE TESTED FOR POLLUTANTS, DATA IS DOCUMENTED AND SHARED WITH THE STATE OF MAINE MARINE RESEARCH GROUPS.

FIFTH: QBC HAS LAUNCHED AN OYSTER FARM WITHIN QUAHOG BAY. EACH OYSTER FILTERS 50 GALLONS OF BAY WATER PER DAY AND WHEN THEY REACH MATURITY, WILL BE SOLD AND PROFITS GO DIRECTLY BACK INTO QBC. THIS YEAR QBC, WORKING WITH LOCAL AUTHORITIES, WILL ENGAGE IN A SOFT SHELL CLAM REINTRODUCTION PROJECT.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

OVER THE YEARS THE LOCAL SOFT SHELL CLAM POPULATION HAS BEEN DECIMATED DUE TO POLLUTION AND INVASIVE SPECIES (GREEN CRAB) PREDICATION.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 150,028.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>		X
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? <i>If 'Yes,' complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>		X
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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
10 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>		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i>		X
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? <i>If 'Yes,' complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i>		X
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)? <i>If 'Yes,' complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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 valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>		X
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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>		X
17 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		X
18 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>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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>		X
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>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b	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>		X
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>		X
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>		X
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):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV</i>	X	
28b	A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>	X	
28c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	X	
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
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>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
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>		X
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>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
1 b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	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		X
b	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).		
a	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? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h	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.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders. 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	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. 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
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		X
If 'Yes,' see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17		
If 'Yes,' complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1 a 5 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.		
b	Enter the number of voting members included on line 1a, above, who are independent. 1 b 5		
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6	Did the organization have members or stockholders? 6		X
7 a	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? 7 a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? 8 a	X	
b	Each committee with authority to act on behalf of the governing body? 8 b	X	
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? If 'Yes,' provide the names and addresses on Schedule O. 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates? 10 a		X
b	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? 10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O 12 c	X	
13	Did the organization have a written whistleblower policy? 13	X	
14	Did the organization have a written document retention and destruction policy? 14	X	
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 SCHEDULE O 15 a	X	
b	Other officers or key employees of the organization SEE SCHEDULE O 15 b	X	
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
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 organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CO ME
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
 BOXWOOD VENTURES INC. 111 SOUTH WACKER DRIVE #3975 CHICAGO IL 60606 312-262-2074

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

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the 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, 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK SCANLAN PRESIDENT	2 0	X		X				0.	0.	0.
(2) MARGARET FOLGA TREASURER	2 0	X		X				0.	0.	0.
(3) DAVID HUNTER SECRETARY	2 0	X		X				0.	0.	0.
(4) STEVE ROWE BOARD MEMBER	2 0	X						0.	0.	0.
(5) STEPHANIE ROWE BOARD MEMBER	2 0	X						0.	0.	0.
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										

1 b Subtotal	0.	0.	0.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above.	1 f 678,548.					
	g Noncash contributions included in lines 1a-1f	1 g 81,841.					
	h Total. Add lines 1a-1f. ▶	678,548.					
Program Service Revenue	2 a <u>OYSTERS</u>		Business Code				
			110000	233,827.	233,827.		
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
g Total. Add lines 2a-2f. ▶	233,827.						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,612.		10,612.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents			(i) Real		(ii) Personal	
		6 a					
		b Less: rental expenses	6 b				
		c Rental income or (loss)	6 c				
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory			(i) Securities		(ii) Other	
		7 a					
		b Less: cost or other basis and sales expenses	7 b				
		c Gain or (loss)	7 c				
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8 a					
b Less: direct expenses		8 b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19							
	9 a						
	b Less: direct expenses	9 b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
	10 a						
	b Less: cost of goods sold	10 b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a <u>OTHER INCOME</u>		Business Code				
			110000	79.	79.		
	b -----						
	c -----						
	d All other revenue						
	e Total. Add lines 11a-11d. ▶	79.					
12 Total revenue. See instructions. ▶		923,066.	233,906.	0.	10,612.		

Part IX Statement of Functional Expenses

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. X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	4,000.	4,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6 Compensation not included above to 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.	72,205.	47,322.	24,883.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	8,724.	5,718.	3,006.	
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	1,330.		1,330.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O, SCH O.)	61,882.	61,882.		
12 Advertising and promotion.				
13 Office expenses.	7,996.		7,996.	
14 Information technology.	18,274.		18,274.	
15 Royalties.				
16 Occupancy.	12,000.		12,000.	
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	5,287.	5,287.		
23 Insurance.	14,631.		14,631.	
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.)				
a CONSERVATION PROJECTS	24,484.	24,484.		
b FEES	8,182.		8,182.	
c CONTRIBUTION	1,000.	1,000.		
d POSTAGE AND SHIPPING	603.		603.	
e All other expenses.	606.	335.	271.	
25 Total functional expenses. Add lines 1 through 24e.	241,204.	150,028.	91,176.	0.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	458,115.	1	302,870.
	2 Savings and temporary cash investments		2	
	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	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,721.		
	b Less: accumulated depreciation	10b 5,287.		
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11	158,990.	12	969,663.
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	617,105.	16	1,298,967.	
Liabilities	17 Accounts payable and accrued expenses		17	
	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	
	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 D ..		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	617,105.	27	1,298,967.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 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	
	32 Total net assets or fund balances	617,105.	32	1,298,967.
33 Total liabilities and net assets/fund balances	617,105.	33	1,298,967.	

Part 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	923,066.
2	Total expenses (must equal Part IX, column (A), line 25)	2	241,204.
3	Revenue less expenses. Subtract line 2 from line 1	3	681,862.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	617,105.
5	Net unrealized gains (losses) on investments	5	
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, column (B))	10	1,298,967.

Part 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2 c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3 b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization QUAHOG BAY CONSERVATION	Employer identification number 46-5144401
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(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

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 33-1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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 A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	285,439.	296,564.	294,408.	219,260.	678,548.	1,774,219.
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.	39,688.	49,484.	31,085.	38,110.	233,827.	392,194.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	325,127.	346,048.	325,493.	257,370.	912,375.	2,166,413.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	50,000.	125,000.	0.	0.	350,061.	525,061.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	50,000.	125,000.	0.	0.	350,061.	525,061.
8 Public support. (Subtract line 7c from line 6.)						1,641,352.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.	325,127.	346,048.	325,493.	257,370.	912,375.	2,166,413.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.				365.	10,612.	10,977.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	0.	365.	10,612.	10,977.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI.					79.	79.
13 Total support. (Add lines 9, 10c, 11, and 12.)	325,127.	346,048.	325,493.	257,735.	923,066.	2,177,469.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	75.38 %
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	82.59 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	0.50 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	0.02 %

19a 33-1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
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>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>		
b 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? <i>If 'Yes,' provide detail in Part VI.</i>		
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? <i>If 'Yes,' provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part 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	
b A family member of a person described on line 11a above?	11b	
c 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	

Section B. Type I Supporting Organizations

	Yes	No
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(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

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? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described 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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete **line 2** below.
 - The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - 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.**

	Yes	No
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.	2a	
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.	2b	

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 .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 temporary reduction (see instructions).	6	

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

BAA

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2021	2020	2019	2018	2017
OTHER INCOME	\$ 79.				
TOTAL	<u>\$ 79.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

QUAHOG BAY CONSERVATION

Employer identification number

46-5144401

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate value of contributions to (during year).....		
3 Aggregate value of grants from (during year).....		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2 a
b Total acreage restricted by conservation easements.....	2 b
c Number of conservation easements on a certified historic structure included in (a).....	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.....	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1..... ▶ \$ _____

(ii) Assets included in Form 990, Part X..... ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1..... ▶ \$ _____

b Assets included in Form 990, Part X..... ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment	31,721.		5,287.	26,434.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 26,434.

BAA

Schedule D (Form 990) 2021

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other <u>FIDELITY CASH RESERVES</u>	33.	COST
(A) <u>VANGUARD HIGH YIELD</u>	88,090.	COST
(B) <u>VANGUARD LIMITED TERM TAX</u>	347,918.	COST
(C) <u>INVESCO EXCH TRADED FUND</u>	85,679.	COST
(D) <u>PIMCO INTERMEDIATE BOND</u>	86,670.	COST
(E) <u>VANGUARD SHORT TERM INVEST</u>	361,273.	COST
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	969,663.	

Part VIII Investments – Program Related.

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	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. 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	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
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	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.)	2 d		
	e Add lines 2a through 2d		2 e	
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	4 a		
	b Other (Describe in Part XIII.)	4 b		
	c Add lines 4a and 4b		4 c	
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.

**SCHEDULE L
(Form 990)**

Transactions With Interested Persons

OMB No. 1545-0047

2021

**Open To Public
Inspection**

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 - ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

QUAHOG BAY CONSERVATION

Employer identification number

46-5144401

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2021

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SCANLAN SERVICES	BOARD PRESIDENT	58,838.	SERVICES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

QUAHOG BAY CONSERVATION

46-5144401

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	1	81,841.	FMV
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

QUAHOG BAY CONSERVATION

Employer identification number

46-5144401

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS PREPARED BY AN OUTSIDE TAX PROFESSIONAL. THE FORM IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND A MEMBER OF THE BOARD OF DIRECTORS. AFTER A FULL REVIEW, THE FINAL VERSION OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S VOTING BODY. A REPRESENTATIVE OF MANAGEMENT OR THE BOARD AUTHORIZES THE FINAL FORM 990 WHICH IS THEN E-FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

MEMBERS OF THE BOARD OF DIRECTORS REVIEW ALL POTENTIAL CONFLICTS OF INTEREST AT LEAST ANNUALLY. ALL PERSONNEL AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE (IN WRITING) POTENTIAL CONFLICTS AND ANY RELATED PARTY AFFILIATIONS. THE ORGANIZATION SEEKS FULL TRANSPARENCY ON ALL RELATIONSHIPS. ANY POTENTIAL CONFLICTS (IN FACT OR APPEARANCE) ARE DISCUSSED OPENLY AND RESOLVED IN ACCORDANCE WITH IRS AND THE ORGANIZATION'S POLICIES AND PROCEDURES.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE ORGANIZATION'S ONLY PAID EMPLOYEES ARE INTERNS. ALL OF THE MANAGEMENT ACTIVITIES OF QUAHOG BAY CONSERVATION ARE CARRIED OUT BY AN ALL-VOLUNTEER FORCE.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE ORGANIZATION'S ONLY PAID EMPLOYEES ARE INTERNS. ALL OF THE MANAGEMENT ACTIVITIES OF QUAHOG BAY CONSERVATION ARE CARRIED OUT BY AN ALL-VOLUNTEER FORCE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND OTHER LEGAL FILINGS ARE MAINTAINED IN A SECURE ENVIRONMENT AND HELD AVAILABLE FOR INSPECTION BY TAX AUTHORITIES AND THE GENERAL PUBLIC. TAX RETURNS ARE POSTED ANNUALLY TO WWW.GUIDESTAR.ORG. THEY ARE ALSO AVAILABLE BY REQUEST FROM THE ORGANIZATION'S OFFICE.

Name of the organization

Employer identification number

QUAHOG BAY CONSERVATION

46-5144401

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
OTHER PROFESSIONAL FEES	61,882.	61,882.		
TOTAL	<u>\$ 61,882.</u>	<u>\$ 61,882.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

EIN or SSN

QUAHOG BAY CONSERVATION

46-5144401

Name and title of officer or person subject to tax

PATRICK SCANLAN PRESIDENT

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here.	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>923,066.</u>
2a Form 990-EZ check here.	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here.	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	_____
5a Form 8868 check here.	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here.	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here.	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here.	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a Form 5330 check here.	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here.	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize REGALIA & ASSOCIATES CPAS to enter my PIN 20162 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68620568504

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ DOUGLAS W. REGALIA

Date ▶

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**