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Form	J	J	U

** PUBLIC DISCLOSURE COPY **

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

Α	For th	e 2015 calendar year, or tax year beginning and	ending		
В	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	GULF OF MAINE RESEARCH INSTITUTE			
	Name			01-0	504905
	Initial		Room/suite	E Telephone number	
	Final	350 COMMERCIAL SUBFED			772-2321
	termi			G Gross receipts \$	13,356,540.
	Amer			H(a) Is this a group re	
	Appli tion		JR	for subordinates	
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	
1	Tax-ex	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 📃 527	1	list. (see instructions)
J	Websi	te: WWW.GMRI.ORG		H(c) Group exemption	n number 🕨
ĸ	Form o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other ►	L Year (State of legal domicile: ME
Pa	art I				
e	1	Briefly describe the organization's mission or most significant activities: THE C	GULF O	F MAINE RES	EARCH
Governance		INSTITUTE IS A NOT-FOR-PROFIT CORPORATION	N COMM	ITTED TO (I	
ern (2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Ň	3	Number of voting members of the governing body (Part VI, line 1a)		3	18
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
es	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			78
iviti	6	Total number of volunteers (estimate if necessary)		6	22
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		6,847,803.	10,030,169.
Revenue	9	Program service revenue (Part VIII, line 2g)		443,919.	241,029.
Bev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,876.	145,967.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		98,689.	111,120.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,407,287.	10,528,285.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,587,183.	5,005,111.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		141,852.	72,639.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 1,246,2		2 940 021	
_	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,849,031. 7,578,066.	2,636,595. 7,714,345.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	-170,779.	2,813,940.
	19	Revenue less expenses. Subtract line 18 from line 12			
Fund Balances				ginning of Current Year 11,224,552.	End of Year 13,742,473.
Bals	20	Total assets (Part X, line 16)		708,757.	946,787.
let / ind	21	Total liabilities (Part X, line 26)		10,515,795.	12,795,686.
	art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		10, 313, 193.	14,195,000.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	e and etatam	ante and to the heet of m	knowledge and belief, it is
UIIU	ioi hell	and or perjury, reconcreant and renave examined and return, including accompanying schedules	s and statem	onto, and to the best of my	y Knowieuye and Dellei, It is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date
Here	DONALD W. PERKINS, JR, Type or print name and title	PRESIDENT	
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	PETER MONTANO	PETER MONTANO	11/15/16 ^{if} self-employed P01200943
Preparer	Firm's name MACPAGE LLC		Firm's EIN ► 01-0242373
Use Only	Firm's address 30 LONG CREEK DF	RIVE	
	SOUTH PORTLAND,	ME 04106	Phone no. 207 – 774 – 5701
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)	X Yes No
532001 12-1	6-15 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2015)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	ENT CONTINUATION

	990 (2015) GULF OF t III Statement of Program Ser	MAINE RESEARCH		01-050 4 905 Pa
Fai		-	this Part III	
1	Briefly describe the organization's mission SEE SCHEDULE O.	•		
2	Did the organization undertake any signifither the prior Form 990 or 990-EZ?			Yes X
	If "Yes," describe these new services on a	Schedule O.		
3	Did the organization cease conducting, o If "Yes," describe these changes on Sche		n how it conducts, any program serv	ices?Yes X
4	Describe the organization's program serv Section 501(c)(3) and 501(c)(4) organization	ions are required to report th		
4a	revenue, if any, for each program service (Code:) (Expenses \$ 1,4 EDUCATE K-12 STUDENTS	498,711. including gran	and a construction of the second seco	(Revenue \$ MAINE BIOREGION.
		882,284. including gram		(Revenue \$ 75,80
	MANAGE AND CONDUCT MA MAINE BIOREGION, WITH ECOSYSTEMS.			TO THE GULF OF ATED TO OTHER OCE
4c	(Code:) (Expenses \$ 1, 5 PROVIDE PROGRAMS FOR AND CONVENING FOR STA		HNICAL ASSISTANCE,	
	EMERGING CHALLENGES H	PRIMARILY RELAT	TED TO THE GULF OF	MAINE BIOREGION,
	WITH A MINOR AMOUNT OR REGIONS.	OF COLLABORATIV	VE PROGRAM DEVELOPN	MENT IN OTHER OCE
4d	Other program services (Describe in Sche	edule O.)		
	(Expenses \$	including grants of \$ 6,159,292.) (Revenue \$)
	Total program service expenses	0,109,494.		Form 990 (
32002 2-16-	15		C	
71	115 251239 079915	2015.05000	2 GULF OF MAINE RES	EARCH INST 07991

Form	aan	(201	5)

Pa	rt 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	л	<u> </u>
f	5	11f	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>		21	<u> </u>
IZa		120		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u> </u>
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		x
13 14a		14a		X
b		1 10		<u> </u>
2	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form **990** (2015)

532003 12-16-15

	Form 990 (2	2015)	GULF	OF	MAINE	RESE
ĺ	Part IV	Checklist of	f Required	Sch	edules (co.	ntinued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete		37	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
-1	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		24	х	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
		JOA	21	
D	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</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2015)

532004 12-16-15

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Chick It Schedule Collinate a regulate of their cluit in the Talk PV velocity Yee No 1a Enter the number of Forms V205 Included in the Scher AD- if not applicable 1a 45 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with or Van, Taramittal of Wage and Tax Statements. 2a 78 2a Tert the number of forms V205 Instance on Form V3. Taramittal of Wage and Tax Statements. 2a 78 3b If at least one is reported on fine 2a, did the organization file all required to 64% estimation in Schedule O 3a 3a 3b If "Ves," in the file of a Form 990 T for this year/? If No, 'no line 3b, provide an explanation in Schedule O 3a 3a 3c If "Ves," in the the name of the foreign contry.' 3a 3b 3b 3b 3c If "Ves," in the name of the regarization that it was or is a party to a prohibite tax shellor transaction? 4a X 3b If "Ves," in the a horing courtry Even the regarization in the mass structure, or other francable account? 5b X 3c If wes, 'to in a she account, if the organization in the Regin court.' 5c X 3c If wes, 'to in a she account, if the organization for the mass struce contring the mass account (FBAR). 5a </th <th>Par</th> <th>t 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</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Par	t 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					
a Enter the number of pers V-20 Cincideal in the 1 Enter -6 in rot applicable 11 10 0 c Difference 11 0		הופטת זו סטוופטעוב ט טטווגמוזה מ ופקטווהב טו ווטנב נט מוזץ וווופ ווו נווה דמונ ע					
b Enter the number of Forms W20 included in line 1a. Enter 0-If not applicable Image: The number of Portable gamma 2 Differe the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a The The number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 78 2 Differe the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 78 2 Differe the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a X Note. If the sum of line 3 can 3d Line organization file all required federal employment tax returns? 3a X 3 Did the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 4 Atary time during the calendary year, dd the organization have an interest in, or a signature or other authority over, a financial accounts (FBAR). 5a X 5 Was the organization have any to a portholited tax shelter transaction at any time during the tax year? 5a X 6 Did any taxable party notify the organization there mere 8861 °C. 5c C 6 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible rem 88861 °C. 7a </th <th>1a</th> <th>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</th> <th>1a</th> <th>45</th> <th></th> <th>res</th> <th>INO</th>	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	45		res	INO
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gamming fragming within wroms? 1 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, the for the calondar year onling with or within the year covered by this return 2a X 2b If at least on is reported on in the 2, dit the organization file all equiped federal employment tax returns? 2b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-Me (see instructions) 3a X b If Yes; 'nsai tiled a form 900-T for this year? If Y/ho," to fine 3b, provide an explenation in Schedule O 3b X b If Yes; 'nsai tiled a form 900-T for the year? If Y/ho," to fine 3b, provide an explenation in Schedule O 3a X b If Yes; 'nsai tiled a form 900-T for the year? If Y/ho," to fine 3b, provide an explenation in Schedule O 3b X b If Yes; 'nsai tiled a form 900-T for the year? If Y/ho," to fine 3b, provide an explenation in Schedule O 3b X b If Yes; 'nsai tiled a park) to a prohibited tax sheler transaction at any time during the tax sheler transaction? 5e X b Did any taxition have mort tax deciductible as charther transaction? 5e X b If Yes; 'to line faor 5b, did the organization have an explenation on the state sheler transaction? 5e X b If Yes; 'did the or							
Image: Comparison of a major parameter of a mage and the organization from W-3, Transmittal of Wage and Tax Statements, Image: Comparison of Comparison			-	ble gaming			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 78 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3b Did the organization have unstated business greas income of 31,000 or more during the great result of the sum of lines 2b, provide an explanation in Schedule O 3a X b If "Yes," that iffield a form 900.1 for this year? If "No," to line 3b, provide an explanation in Schedule O 3a X b If "Yes," that iffield a foreign country (such as a bank account, securities account)? 4a X b If "Yes," to line 5a or 5b, did the organization that and insection at any time during the tax year? 5a X 5a Dod sen yotaxeline party to a prohibited tax shelter transaction? 5b X 5a Did tary planation have ennual greas receipts that are normally greater than \$100,000, and did the organization solicit any contributions that are yocalization naide accounts? 5a X b If "Yes," to line 6a orb, did the organization that was or is a party to a prohibited tax shelter transacton? 5a X	-				1c	Х	
b If at least one is reported on line 2a, did the organization file all required to derife (see instructions) 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to derife (see instructions) 3a X b If the regularization have undiride to builts gross income of 15, 1000 or more dowing the year? 3a X b If Yes, "hast filed a form 900-17 or this year? If 'Wo," to line 3b, provide an explanation in Schedule O 3a X b If Yes, "hast filed a form 900-17 or this year? If 'Wo," to line 3b, provide an explanation on the signature or other authority over, a 4a X b If Yes," that the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yes," to line 6a or 5b, did the organization file Form 8886-17 5a X c If Yes," to line 6a or 5b, did the organization file Form 8886-17 5a X d b order signatization sectors that are normally greater than \$100,000, and did the organization solet any contributions that were not tax deductible as charitable contributions? 6a X d b If Yes," did the organization file Form 8828-17 5a X d To organization neve engits that are normally greater than \$100,000, and did the organization solet any contributions of griss that are normally greater than \$100,000, and did the organization solet any contreliation recelve any multip of solet any sonthwint and pathy for	2a						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b Dit Tws; here it file a Germ 080-10 roth is year? 3a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account? 4a 5c Tws; here the name of the foreign country. 5a 5c X 5b 5c it Tws; here the name of the foreign country. 5a 5c X 5b X 5c it Tws; to line 5a or 5b, dif the organization that t was or is a party to a prohibited tax shelter transaction? 5a X 5c Cost sho organization have annual gross receipts that are normally greater than \$100,000, and dif the organization solitit any contributions that were not tax deductible? 5a X 7 Organization receive a payment in excess of \$7 made parity as contributions and parity for goods and services provided to the parity? 7a X 6 Dit the organization necleve a payment measures of \$75 made parity as contribution and parity for goods and services provided to the parity? 7a X 7 Tys; ridicate the number of Forms 8282? 7c		filed for the calendar year ending with or within the year covered by this return	2a	78			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, 'has if lide a form 990-T for this year? If No, 'fo line 3b, provide an explanation in Schedule 0 3b X a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a time the name of the foreign country (such as a bark account, securities account, or other inancial accounts (FBAR). X b If Yes, 'the inte the name of the foreign country is a park to a prohibited tax shelter transaction? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X b Did any taxable party notify the organization that was normally greater than \$100,000, and did the organization solid any contributions include with every solicitation an express statement that such contributions or gifts 5a X b If Yes, 'i did the organization notiky with educro of the value of the gods or services provided? 7a X c Did the organization selve a payment in excess of \$75 made party as a contribution and party for gods and services provided to the paraization network exchange, or otherwise dispose of tangible personal benefit contract? 7a X d If Yes, 'i did the organization netw exel a contribution of undirey to indirecty, to paypreniums on a personal benefit contract?	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	irns?		2b	Х	
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10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 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 c Enter the amount of reserves on hand 13a 13b 13b 13c 14a X	a ⊾						<u> </u>
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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: 11a 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 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 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 13b c Enter the amount of reserves on hand 13c 14a X			102				
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 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 13b c Enter the amount of reserves on hand 13c 14a X			11a				
amounts due or received from them.) 11b 12a 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 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b 14a 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 13c 14a							
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 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 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. 13b 13b 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 13b c Enter the amount of reserves on hand 13c 14a X			11b				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 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. 13a 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	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 [°]	?	12a		
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. Image: Display the states in which the organization is licensed to issue qualified health plans 13b 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 13c c Enter the amount of reserves on hand 13c 14a X							
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 c Enter the amount of reserves on hand 13c 13c 14a X	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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 13b c Enter the amount of reserves on hand 13c 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X							
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b			1			
14a Did the organization receive any payments for indoor tanning services during the tax year?							
		Enter the amount of reserves on hand	13c				v
D IT TYES, Thas It flied a Form 720 to report these payments? IT TVO, provide an explanation in Schedule O							
Form 990 (2015)	Ø	TE res, "has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu.	юU			990	(2015)

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Form 990 (2015)

Form 990 (2	015)
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Check if Schedule O contains a response or note to any line in this Part VI

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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 in Schedule O. See instructions.

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	3		
	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 in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1'	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			Γ
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Γ
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		
6	Did the organization have members or stockholders?			6		
	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					Γ
	persons other than the governing body?			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by th	e following:			
	The governing body?	-	-	8a	х	Ι
	Each committee with authority to act on behalf of the governing body?			8b	Х	Γ
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					Γ
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
					Yes	
0a	Did the organization have local chapters, branches, or affiliates?			10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					Ι
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		l
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	Γ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					Γ
				12a	Х	Γ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	Γ
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					Γ
	in Schedule O how this was done			12c	Х	
	Did the organization have a written whistleblower policy?			13	Х	Γ
	Did the organization have a written document retention and destruction policy?			14	Х	Γ
	Did the process for determining compensation of the following persons include a review and approva					Γ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	Γ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	/ith a			
	taxable entity during the year?			16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					Γ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's			
	exempt status with respect to such arrangements?	<u></u>	<u></u>	16b		
	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ME					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	in Scł	nedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	nd finan	cial	
	statements available to the public during the tax year.	-	, ,,			
~	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records:			
0	DONALD W. PERKINS, JR - 207-772-2321					
0						
U	350 COMMERCIAL STREET, PORTLAND, ME 04101					
	350 COMMERCIAL STREET, PORTLAND, ME 04101			Form	1 990	()

Part VII	Compensation of Officers	s, Directors, Trustees	, Key Employees,	Highest Compen	sated
	Employees, and Independ	dent Contractors			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending 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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)		211120		C)	npei	iout	(D)	(E)	(F)
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated
	hours per		not c , unle					compensation	compensation	amount of
	week	offi	cer an	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or din	e			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		Ð	pens		(W-2/1099-MISC)		organization
	organizations below	ual tru	onal		ploye	t com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) ANDREW F. BAROWSKY	1.00	=	드	5	ž	Ξə	2			
DIRECTOR	1000	x						0.	0.	0.
(2) C. ANTHONY MCDONALD	1.00									
DIRECTOR		x						0.	0.	0.
(3) CHARLES E. MILLER	1.00								•••	
DIRECTOR		x						0.	0.	0.
(4) CORSON ELLIS	2.00									
CHAIR	1.00	x		x				0.	0.	0.
(5) DAVID T. LAWRENCE	1.00									
DIRECTOR	1.00	x						0.	0.	0.
(6) DONALD W. PERKINS, JR.	40.00									
PRESIDENT	5.00	X		x				326,661.	0.	66,721.
(7) ELIZABETH R. BUTLER	2.00									
SECRETARY	2.00	X		X				0.	0.	0.
(8) FRANK BLAIR	1.00									
DIRECTOR		Х						0.	0.	0.
(9) GERALD C. KNECHT	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JOSHUA B. BRODER	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(11) KATHERINE S. POPE	1.00									
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(12) MATTHEW E. RUBEL	1.00									
DIRECTOR		Х						0.	0.	0.
(13) SAMUEL A. LADD	2.00									
TREASURER	2.00	Х		X				0.	0.	0.
(14) STEVEN X. CADRIN	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MICHAEL L. MEYERS	1.00									
DIRECTOR		Х						0.	0.	0.
(16) FRANK GOVERNALI	1.00								_	
DIRECTOR		X						0.	0.	0.
(17) ROBIN SAWYER	1.00	1							_	<u>^</u>
DIRECTOR		X						0.	0.	0.
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Form 990 (2	015)
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01-0504905 Page 8

Part VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	/ees	, ar	nd H	ighe	st C	Compensated Employe	es (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	Average Position			one	Reportable	Reportable	Estimated		
	hours per	(do not check more than one box, unless person is both ar officer and a director/trustee)				is bot	th an		compensation	amount of
	week		cer ar	iu a i	direct	or/trus	iee)	from	from related	other
	(list any hours for	Individual trustee or director		1				the	organizations (W-2/1099-MISC)	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-1015C)	from the organization
	organizations	truste	al trus		/ee	mpen		(10271000111100)		and related
	below	id ual 1	Institutional trustee	5	nploy	est co o yee	er			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			-
(18) ELIZABETH SHISSLER	1.00									
DIRECTOR		Х						0.	0.	0.
(19) ANDREW PERSHING	40.00									
CHIEF SCIENTIFIC OFFICER						X		129,550.	0.	29,967.
(20) BLAINE GRIMES	40.00							155 050		
CHIEF DEVELOPMENT OFFICER	10.00			<u> </u>	_	X		155,872.	0.	21,995.
(21) JENNY SUN	40.00	4						121 200	0	10 005
RESOURCE SCIENTIST	10 00	<u> </u>		<u> </u>	_	X	<u> </u>	131,306.	0.	18,995.
(22) ELLEN GRANT	40.00	-				x		120 005	0	21 526
CHIEF OPERATING OFFICER (23) LEIGH PEAKE	40.00		-					130,885.	0.	21,526.
(23) LEIGH PEAKE CHIEF EDUCATION OFFICER	40.00	-				x		132,825.	0.	9,749.
CHIEF EDUCATION OFFICER		-		┢	-		-	152,025.	0.	5,745.
		1								
		1								
1b Sub-total								1,007,099.	0.	168,953.
c Total from continuation sheets to Part								0.	0.	
d Total (add lines 1b and 1c)								1,007,099.	0.	168,953.
2 Total number of individuals (including but	not limited to th	nose	e liste	ed a	abov	ve) wl	ho r	received more than \$100	,000 of reportable	
compensation from the organization										7
										Yes No
3 Did the organization list any former office	r, director, or tru	uste	e, ke	ey e	mple	oyee	, or	highest compensated e	mployee on	
line 1a? If "Yes," complete Schedule J for	such individual									3 X
4 For any individual listed on line 1a, is the								-	-	
and related organizations greater than \$1										4 X
5 Did any person listed on line 1a receive or						-		•		
rendered to the organization? If "Yes," co.	mplete Schedul	e J i	for s	uch	per	son				5 X
Section B. Independent Contractors									*	
1 Complete this table for your five highest of	-								· · · ·	sation from
the organization. Report compensation fo	r the calendar y	ear	ena	ing	with	or w	/itnii		year.	(0)
(A) Name and busines	s address							(B) Description of s	ervices	(C) Compensation
CUSTOM COACH AND LIMOUSI							_			
19 BARTLETT RD., GORHAM,		38						BUS TRANSPOR	TATION	173,643.
2 Total number of independent contractors	(including but r	not li	mite	ed to	o the	ose li	stee	d above) who received m	nore than	
\$100,000 of compensation from the organ	nization 🕨					1				
532008										Form 990 (2015)
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Form 990 (20			F OF
Part VIII	Statemer	nt of Re	venue

		Check if Schedule O cont	ains a response	or note to any lin	e 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
ts ts	1 a	Federated campaigns	1a					012 014
nu		Membership dues						
۲ ۳ ۳		Fundraising events						
ar /		Related organizations						
s, G		Government grants (contributi		2,458,759.				
r Si		All other contributions, gifts, grant						
but		similar amounts not included abov		7,571,410.				
dit	g	Noncash contributions included in lines		366,565.				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		►	10,030,169.			
				Business Code				
e	2 a	CONTRACT INCOME		900099	129,430.	129,430.		
ervi	b	CONSULTING INCOME		900099	111,599.	111,599.		
Program Service Revenue	с							
ran ?ev	d							
D D	е							
٩	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►	241,029.			
	3	Investment income (including						
		other similar amounts)			44,261.			44,261.
	4	Income from investment of tax		· · · ·				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents	13,335.					
		Less: rental expenses	5,862.					
		Rental income or (loss)	7,473.		E 453			E 452
					7,473.			7,473.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	2,924,099.					
	D	Less: cost or other basis	2 820 203	2 1 9 0				
		and sales expenses		2,190. -2,190.				
		Gain or (loss)			101,706.			101,706.
		Net gain or (loss) Gross income from fundraising			101,700.			101,700.
nue	0 a	including \$	of					
eve		contributions reported on line						
Å,		Part IV, line 18						
Other Reven	b	Less: direct expenses						
0		Net income or (loss) from fund		>				
		Gross income from gaming ac		-				
		Part IV, line 19						
	b	Less: direct expenses						
	с	Net income or (loss) from gam	ing activities	►				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold b						
ļ	с	Net income or (loss) from sale	s of inventory	►				
		Miscellaneous Revenu		Business Code				
	11 a	PROPERTY MANAGEMENT FE	E	900099	95,388.	95,388.		ļ
	b	OTHER		900099	8,259.	8,259.		ļ
	С							
		All other revenue						
		Total. Add lines 11a-11d			103,647.			
	12	Total revenue. See instructions.		▶	10,528,285.	344,676.	0	
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Part IX Statement of Functional Expenses

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~	Check if Schedule O contains a response	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
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,	400 500		400 500	
	trustees, and key employees	420,508.		420,508.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 214 007	0 000 000	620 047	404 500
7	Other salaries and wages	3,314,907.	2,200,280.	630,047.	484,580
8	Pension plan accruals and contributions (include	110 007	70 005		15 407
	section 401(k) and 403(b) employer contributions)	110,207. 876,870.	72,235. 570,626.	22,545. 202,092.	<u>15,427</u> 104,152
9	Other employee benefits	282,619.	188,102.	54,218.	40,299
0	Payroll taxes	202,019.	100,102.	54,210.	40,299
1	Fees for services (non-employees):				
a	F	4,244.		4,244.	
b	F	17,075.		17,075.	
	Accounting	17,075.		17,075.	
d	, o H	72,639.			72 639
e	, , , , , , , , , , , , , , , , , , ,	15,497.			72,639 15,497
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	13,1970			10,407
g	column (A) amount, list line 11g expenses on Sch 0.)	374,217.	379,612.	-5,395.	
2	Advertising and promotion				
13	Office expenses	254,677.	111,458.	97,042.	46,177
4	Information technology	7,404.	4,276.	2,920.	208
5	Royalties	37.			37
6	Occupancy	519,951.		519,951.	
17	Travel	357,111.	236,185.	77,822.	43,104
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 111	16 204	555.	1 965
9	Conferences, conventions, and meetings	18,114. 13,149.	16,294.		1,265
20		13,149.		13,149.	
21	Payments to affiliates	202,209.		202,209.	
2	Depreciation, depletion, and amortization	56,631.	2,951.	53,680.	
3	Insurance Other expenses. Itemize expenses not covered	JU, UJI.	2,331.	55,000.	
24	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER SPECIAL COSTS	577,432.	499,495.		77,937
b	SUBCONTRACTED VESSELS	129,169.	129,169.		.,,
c	STAFF DEVELOPMENT	42,860.	4,089.	37,832.	939
d	DUES AND SUBSCRIPTIONS	21,846.	4,815.	9,340.	7,691
e		24,972.	1,739,705.	-2,051,018.	336,285
.5	Total functional expenses. Add lines 1 through 24e	7,714,345.	6,159,292.	308,816.	1,246,237
26	Joint costs. Complete this line only if the organization	, , ,	, -,		, , , .
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2015)

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11 2015.05000 GULF OF MAINE RESEARCH INST 079915_1

a	נא	Dalance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X \dots			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	353,723.	1	411,520.
	2	Savings and temporary cash investments	698,993.	2	2,253,151.
	3	Pledges and grants receivable, net		3	2,930,546.
	4	Accounts receivable, net	100 011	4	593,308.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined unde			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributir	g		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	10 070	9	17,844.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6, 263, 185	5.		
	b	Less: accumulated depreciation 10b 2,208,766	4,567,885.	10c	4,054,419. 2,613,546.
	11	Investments - publicly traded securities	3,144,241.	11	2,613,546.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	745,011.	15	868,139.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,224,552.	16	13,742,473.
	17	Accounts payable and accrued expenses	268,927.	17	520,076.
	18	Grants payable		18	
	19	Deferred revenue		19	1,000.
	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 current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	404 804
	23	Secured mortgages and notes payable to unrelated third parties		23	424,731.
	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	240		0.00
		Schedule D	249.	25	980. 946,787.
_	26	Total liabilities. Add lines 17 through 25		26	940,707.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
	07	complete lines 27 through 29, and lines 33 and 34.	8,035,379.	07	7,475,018.
	27	Unrestricted net assets		27	3,153,315.
	28	Temporarily restricted net assets	1 002 000	28	2,167,353.
	29	Permanently restricted net assets	±,005,099•	29	2,107,333.
		Organizations that do not follow SFAS 117 (ASC 958), check here			
	20	and complete lines 30 through 34.		20	
	30 21	Capital stock or trust principal, or current funds		30	
	31 22	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
	32 22	Retained earnings, endowment, accumulated income, or other funds		32 33	12,795,686.
	33 24	Total net assets or fund balances		<u>33</u> 34	13,742,473.
	34	Total liabilities and net assets/fund balances	,227,332.	34	

Form 990 (2015)

Form 990 (2015) Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

Part XI Reconciliation of Net Assets Check if Schedule 0 contains a response or note to any line in this Part XI I 1 Total revenue (must equal Part VII, column (A), line 12) 1 10, 528, 285, 285, 285, 285, 285, 285, 285	Form	1990 (2015) GULF OF MAINE RESEARCH INSTITUTE	01-0	504905	Pag	e 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 10, 528, 285. 2 Total expenses (must equal Part IX, column (A), line 25) 2 7, 714, 345. 3 Revenue less expenses. Subtract line 2 from line 1 3 2, 813, 940. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 10, 515, 7955. 5 Net unrealized gains (losses) on investments 6 7 6 7 Investment expenses 6 7 Investment expenses 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 -382, 814. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 12, 795, 686. Part XII Financial Statements and Reporting 1 12, 795, 686. Check If Schedule O contains a response or note to any line in this Part XII 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 7,714,345. 3 Revenue less expenses. Subtract line 2 from line 1 3 2,813,940. 4 10,515,795. Net unrealized gains (losses) on investments 5 -151,235. 5 Donated services and use of facilities 6 -151,235. 6 Donated services and use of facilities 6 7 Investment expenses 7 -382,814. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 -382,814. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 12,795,686. Part XII Financial Statements and Reporting - - - Check if Schedule 0 contains a response or note to any line in this Part XII Yees No - - 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - 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: - - 2a X If "Yes," check a box below to indicate whether the financial statements		Check if Schedule O contains a response or note to any line in this Part XI				Х
2 Total expenses (must equal Part IX, column (A), line 25) 2 7,714,345. 3 Revenue less expenses. Subtract line 2 from line 1 3 2,813,940. 4 10,515,795. Net unrealized gains (losses) on investments 5 -151,235. 5 Donated services and use of facilities 6 -151,235. 6 Donated services and use of facilities 6 7 Investment expenses 7 -382,814. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 -382,814. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 12,795,686. Part XII Financial Statements and Reporting - - - Check if Schedule 0 contains a response or note to any line in this Part XII Yees No - - 1 Accounting method used to prepare the Form 990: Cash X Accrual Other - 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: - - 2a X If "Yes," check a box below to indicate whether the financial statements						
3 Revenue less expenses. Subtract line 2 from line 1 3 2,813,940. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 10,515,795. 5 Net unrealized gains (losses) on investments 5 -151,235. 6 6 7 7 8 Prior period adjustments 6 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 -382,814. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 12,795,686. Part XII Financial Statements and Reporting 10 12,795,686. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 11 Accounting method used to pr	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
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5 Net unrealized gains (losses) on investments 6 -151,235. 6 0 6 7 7 8 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 -382,814. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B) 10 12,795,686. Part XII Financial Statements and Reporting 10 12,795,686. Check if Schedule O contains a response or note to any line in this Part XII 10 12,795,686. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 1 Accounting method used to below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X 1 Separate basis Consolidated basis Both consol	3	Revenue less expenses. Subtract line 2 from line 1	3			
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 in Schedule O) 9 -382,814. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 12,795,686. Part XII Financial Statements and Reporting 10 12,795,686. Check if Schedule O contains a response or note to any line in this Part XII 10 12,795,686. Part XII Financial Statements compiled or reviewed by an independent accountar? 2a X If the organization's financial statements compiled or reviewed by an independent accountar? 2a X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis, cons	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 12,795,686. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X X Accounting method used to prepare the Form 990: Cash X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 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: Separate basis Consolidated basis Both consolidated and separate basis c 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: Separate basis Consolidated basis Both consolidated and separ	5	Net unrealized gains (losses) on investments	5	-151	.,23	35.
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 -382,814. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 12,795,686. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If 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 O both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis. consolidated basis both consolidated and separate basis. c If "Yes" to line	6		6			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 12,795,686. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: Cash XI Accrual Other - determine of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 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 Determine 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: Separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis C 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: Separate basis Consolidated basis, or both: Separate basis C Consolidated basis Both consolidated and separate basis C If "Yes," to ck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis C Consolidated basis Both consolidated and separate basis C If "Yes," to ck a box below to indicate whether the financial statements for the year, explain in Schedule O. 3a As a r	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 12,795,686. Part XII Financial Statements and Reporting 10 12,795,686. 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: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 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: 2a X 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: 2b X 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: 2b X 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: 2b X If "Yes," check a basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a basis Consolidated basis Both consolidated and separate basis	8	Prior period adjustments	8			
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or com	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construct to the precision of the precision o		Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
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2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements audited by an independent accountant? 2b X 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: 2b X 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: 2b X Separate basis X Consolidated basis Both consolidated and separate basis 2b X 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a X Ja 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	1	Accounting method used to prepare the Form 990: L Cash X Accrual C Other				
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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: 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: 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: 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: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If "Yes," check a box below to indicate basis If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit If "Yes," "did the organization undergo the required audit or audits? If the organization did not undergo the required audit If "Yes," "did the organization undergo the required audit or audits? If the organization did not undergo the required audit If "Yes," "did the organization undergo the required audit or audits? If the organization did not undergo the required audit If "Yes," "did the organiz		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis 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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2c X 3a 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? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit X	b			2b	x	
 Separate basis X Consolidated basis Both consolidated and separate basis 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 in Schedule O. 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? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit 		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
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? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit T						
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 in Schedule O. 3a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		Separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	С					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit T				2c	x	
Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit T						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
				3a	X	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2015)

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SCHEDULE A	
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(Form	990	or	990-	·ΕΖ
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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.

2015	
Open to Public	

01-0504905

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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formation about Schedule A (Form 990 or 990-EZ) and its instructions is at <i>www.irs.gov/fo</i>	rm990.	Inspection
	Employer	identification number

Name of t	the organization	
	GULF OF MAINE RESEARCH INSTITUTE	
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instruction	IS.
The organi	ization is not a private foundation because it is: (For lines 1 through 11, 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 or 990-EZ).)	
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	

🕨 In

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:

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, o	r local o	government	or governmer	ntal unit	described in	section	170(b)(1)(A)(v)
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7 X	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.)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

) [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.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

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 L 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 L		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.

L	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.

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 supp	orted organizations
----------------------------	---------------------

g Provide the following information	about the supporte	ed organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the o listed i governing Yes	in your	support (soo	(vi) Amount of other support (see instructions)
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15 Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 GULF OF MAINE RESEARCH INSTITUTE

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,068,860.	7,116,441.	7,550,604.	6,847,803.	10,030,169.	38,613,877.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	7,068,860.	7,116,441.	7,550,604.	6,847,803.	10,030,169.	38,613,877.
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)						4,984,308.
	Public support. Subtract line 5 from line 4.						33,629,569.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	7,068,860.	7,116,441.	7,550,604.	6,847,803.	10,030,169.	38,613,877.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	68,586.	81,079.	64,933.	78,135.	57,596.	350,329.
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						38,964,206.
	Gross receipts from related activities,		,				,959,436.
13	First five years. If the Form 990 is for	-	first, second, thirc	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
Sa	organization, check this box and stor ction C. Computation of Publ	here	rcantaga				
				- 1			86.31 %
	Public support percentage for 2015 (14	
	Public support percentage from 2014					15	
102	33 1/3% support test - 2015. If the c	-					
	stop here. The organization qualifies						
Ľ	33 1/3% support test - 2014. If the c						
17.	and stop here. The organization qual						
1/2	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	-	-	
L	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	•	• •		•		
C	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
-10	The organization in the organization			, 100, 170, 01 170		edule A (Form 990	
					00110		

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Schedule A (Form 990 or 990-EZ) 2015 GULF OF MAINE RESEARCH INSTITUTE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	l					
	membership fees received. (Do not	ſ					
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ſ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ſ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ſ					
	the organization without charge \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ſ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3) orc	anization,
		-			-		
Se	ction C. Computation of Publ						
15	Public support percentage for 2015 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inve)			
17	Investment income percentage for 20	015 (line 10c, colur	nn (f) divided by li	ine 13, column (f))		17	%
	Investment income percentage from		`			18	%
	33 1/3% support tests - 2015. If the		· · ·				ne 17 is not
	more than 33 1/3%, check this box a	-					
k	33 1/3% support tests - 2014. If the						%, and
	line 18 is not more than 33 1/3%, che	eck this box and s f	top here. The org	anization qualifies	as a publicly supp	orted organiza	tion ►
<u>20</u>	Private foundation. If the organization						
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Schedule A (Form 990 or 990-EZ) 2015 GULF OF MAINE RESEARCH INSTITUTE

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Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

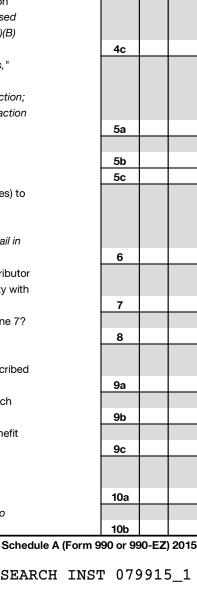
- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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16

3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b



Schedule A (Form 990 or 990-EZ) 2015 GULF OF MAINE RESEARCH INSTITUTE Part IV Supporting Organizations (continued)

	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion 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				
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	~		
3	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			
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
53202	5 09-23-15 Schedule A (Form 9	90 or 99	90-EZ)	2015

Schedule A (Form 990 or 990-EZ) 2015

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17

Schedule A (Form 990 or 990-EZ) 2015 GULF OF MAINE RESEARCH INSTITUTE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ot Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ted Type III supporting org	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

532026 09-23-15

1

Schedule A (Form 990 or 990 EZ) 2015 GULF OF MAINE RESEARCH INSTITUTE

Pa	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)					
Sect	ion D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)	alified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.	her distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.	otal annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	he organization is responsive	9					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2015 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
		(i)	(ii) Underdistributions	(iii)				
Sect	ion E - Distribution Allocations (see instructions)	Distributable Amount for 2015						
			Pre-2015					
_1	Distributable amount for 2015 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2015							
	(reasonable cause required-see instructions)							
3	Excess distributions carryover, if any, to 2015:							
<u>a</u>								
b								
<u> </u>								
-	From 2013							
-	From 2014							
-	Total of lines 3a through e							
	Applied to underdistributions of prior years							
<u> </u>	Applied to 2015 distributable amount							
<u> </u>	Carryover from 2010 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2015 from Section D,							
	line 7: \$							
-	Applied to underdistributions of prior years							
	Applied to 2015 distributable amount Remainder, Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount							
	greater than zero, see instructions).							
6	Remaining underdistributions for 2015. Subtract lines 3h							
0	and 4b from line 1 (if amount greater than zero, see							
	instructions).							
7	Excess distributions carryover to 2016. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a								
b								
-	Excess from 2013							
-	Excess from 2014							
-	Excess from 2015							

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Part VI	(Form 990 or 990-EZ) 2015 GULF				
	Part IV, Section A, lines 1, 2, 3b, 3c	c, 4b, 4c, 5a, 6, 9a,	9b, 9c, 11a, 11b,	and 11c; Part IV, Se	rt II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 an	d 3; Part IV, Sectio	n E, lines 1c, 2a, 2	b, 3a and 3b; Part V	/, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Pa	rt V, Section E, line	s 2, 5, and 6. Also	complete this part f	for any additional information.
	(See instructions.)				
2028 09-23-	15				Schedule A (Form 990 or 990-EZ
			20		
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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

Schedule B

(Form 990, 990-FZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

	GULF	OF	MAINE	RESEARCH	INSTITUTE
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01-0504905

Employer identification number

OMB No. 1545-0047

Organization type (check o	ne).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

01-0504905

GULF OF MAINE RESEARCH INSTITUTE

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,271,126. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 350,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 1,200,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 500,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 450,000. Noncash \$ (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2015) 523452 10-26-15 22

16371115 251239 079915

2015.05000 GULF OF MAINE RESEARCH INST 079915_1

X

X

X

Employer identification number

Name of organization 01-0504905 GULF OF MAINE RESEARCH INSTITUTE Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll 1,500,027. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 Person Payroll 302,221. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Person Payroll 203,621. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

(Complete Part II for noncash contributions.)

23

2015.05000 GULF OF MAINE RESEARCH INST 079915_1

16371115 251239 079915

523452 10-26-15

Employer identification number

01-0504905

GULF OF MAINE RESEARCH INSTITUTE

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

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2015.05000 GULF OF MAINE RESEARCH INST 079915_1

Schedule E Name of org	3 (Form 990, 990-EZ, or 990-PF) (2015)				Page 4 Employer identification number		
Name of org	Janization				Employer Identification number		
	OF MAINE RESEARCH INSTI		od in costi	$a_{\rm p} = 501(a)(7) (9) a_{\rm p}$	01 - 0504905		
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Complete	columns (a) through (e) and the fo	llowing line	entry. For organization	IS _		
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition		0 or less for th	ne year. (Enter this info. once	.) • •		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held		
Part I		(1)		(-)	J		
F		(e) Transfer of	gift				
			_				
F	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
	-						
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held		
Part I	(b) Fulbose of gift			(u) Desc	ription of now gift is neid		
	(e) Transfer of gift						
		(-,	0				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(h) Durness of sift				vinition of how sift is hold		
Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held		
F		(e) Transfer of	aift				
		(-,					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to		nsferor to transferee		
(a) No. from				(-1) D			
Part I	(b) Purpose of gift	(c) Use of gift		(a) Desc	ription of how gift is held		
F		(e) Transfer of	aift				
F	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee		
523454 10-26	-15			Schedule	B (Form 990, 990-EZ, or 990-PF) (2015		
		25	o=				
371115	251239 079915	2015.05000 GULF	OF MA	AINE RESEA	ARCH INST 079915_1		

)

(Form 990)

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.



	nent of the Treasury Revenue Service		Attach to Form 990. m 990) and its instructions is at <i>www.ir</i> s.;	gov/form990.	Inspection
	of the organizati				identification number
	Ū	GULF OF MAINE RESE	ARCH INSTITUTE		1-0504905
Par	t I Organiza	ations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ie 6.		
			(a) Donor advised funds	(b) Funds and	l other accounts
1	Total number at e	nd of year			
2	Aggregate value o	of contributions to (during year)			
3	Aggregate value o	of grants from (during year)			
4	Aggregate value a	t end of year			
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advise	d funds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	sed only	
	for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, or for any other purpose c	onferring	
	impermissible priv				Yes No
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line 7.	
1	Purpose(s) of con	servation easements held by the organizati	ion (check all th <u>at a</u> pply).		
	Preservation	n of land for public use (e.g., recreation or e	education) Preservation of a histor	ically important la	nd area
	Protection c	of natural habitat	Preservation of a certifi	ed historic structu	ire
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a quality	fied conservation contribution in the form o	f a conservation e	asement on the last
	day of the tax yea	r.		Held a	it the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	Total acreage rest	ricted by conservation easements		2b	
с	Number of conser	vation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conser	vation easements included in (c) acquired	after 8/17/06, and not on a historic structur	e	
	listed in the Natior	nal Register		2d	
			leased, extinguished, or terminated by the		g the tax
	year 🕨				
4	Number of states	where property subject to conservation ea	sement is located 🕨		
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and ent	forcement of the conservation easements i	t holds?		Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easement	s during the year
	▶				
7	Amount of expens	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements dur	ing the year
	►\$				
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)(i)	
					Yes No
9	In Part XIII, descri	be how the organization reports conservati	ion easements in its revenue and expense s	statement, and ba	lance sheet, and
	include, if applicat	ole, the text of the footnote to the organiza	tion's financial statements that describes th	ne organization's a	accounting for
	conservation ease				-
Par		-	f Art, Historical Treasures, or Otl	her Similar As	sets.
	Complete i	f the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance s	neet works of art,
	historical treasure	s, or other similar assets held for public ext	hibition, education, or research in furtherand	ce of public servic	e, provide, in Part XIII,
	the text of the foo	tnote to its financial statements that descri	ibes these items.		
	-		SC 958), to report in its revenue statement a		
	treasures, or othe	r similar assets held for public exhibition, e	ducation, or research in furtherance of publ	ic service, provide	the following amount
	relating to these it				
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1		🕨 💲	
	(ii) Assets include	ed in Form 990, Part X		► \$	
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide	
	the following amo	unts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included	on Form 990 Part VIII line 1		► \$	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
532051 11-02-	· · ·	

\$

►

26 2015.05000 GULF OF MAINE RESEARCH INST 079915_1

Sche	dule D (Form 990) 2015 GULF OF	MAINE RES	EARCH INST	ITUTE		01-05	04905	Page 2
Par	t III Organizations Maintaining C	collections of A	t, Historical Tr	easures, or O	ther Simil	ar Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a significant	use of its	collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co					ose in Par	t XIII.	
5	During the year, did the organization solicit of						-	
	to be sold to raise funds rather than to be ma						Yes	No No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organization	on answered "Yes"	on Form 99	0, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributior	ns or other assets i	not included			
	on Form 990, Part X?						Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
с	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance						_	
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i	-				<u> </u>		<u> </u>
		(a) Current year	(b) Prior year	(c) Two years back				/ears back
	Beginning of year balance	1,728,218.	1,606,724.		5. <u> </u>	272,859.	±,	336,654.
	Contributions	296,293.	68,272.					-494.
	Net investment earnings, gains, and losses	711.	122,970.	269,03	2.	162,609.		-494.
	Grants or scholarships							
е	Other expenditures for facilities		69 748	35,320	-	62 450		63,301.
	and programs		69,748.	55,520	·•	62,450.		05,501.
	Administrative expenses End of year balance	2,025,222.	1,728,218.	1,606,724	1 1 3	373,018.	1	272,859.
g 2	Provide the estimated percentage of the cur	, ,				,010.	-,	<u></u>
	Board designated or quasi-endowment	88.14	%	a)) neid as.				
	Permanent endowment 11.86	%						
	Temporarily restricted endowment	• 0 0 %						
•	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse		ation that are held a	and administered for	or the organi	zation		
	by:	5			5			Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Par	X, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c	Accumulate	ed	(d) Book	value
		basis (investn	,	. ,	depreciation			
1a	Land		1,52	1,336.			1,521	,336.
	Buildings				101			
	Leasehold improvements			8,867.	191,4			,393.
d	Equipment			1,494.	857,6			,821.
	Other				,159,6	TA •		,869.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10c.)	<u></u>			,419.
						Schedule	D (Form	990) 2015

Schedule	D (Form 990) 20	015 GULF	OF	MAINE	RESEARCH	INSTITUTE	

Schedule D (Form 990) 2015 GULF OF MAI	NE RESEARCH	INSTITUTE 01	L-0504905 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) ACCRUED INTEREST AND DIVI			2,322.
(2) BENEFICIAL INTEREST IN RE	MAINDER TRUS	ST	113,229.
(3) ESCROWS			13,519.
(4) BENEFICIAL INTEREST IN PO	OLED INVEST	MENTS HELD BY OTHERS	739,069.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		868,139.

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.
(a) Description of liability
(b) Book value

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	SECURITY DEPOSIT	980.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	980.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Schedule D (Form 990) 2015

532053 09-21-15

Sche	dule D (Form 990) 2015 GULF OF MAINE RESEARCH	INSTITUTE		01-	0504905	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	tements With				
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,456,	648.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-151,235.			
b	Donated services and use of facilities	2b	73,736.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)		5,862.			
е	Add lines 2a through 2d			2e	-71,	
3	Subtract line 2e from line 1			3	10,528,	285.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,528,	285
				-		205.
	rt XII Reconciliation of Expenses per Audited Financial Sta			-		205.
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	etements With	Expenses per	-	ırn.	
	rt XII Reconciliation of Expenses per Audited Financial Sta	etements With	Expenses per	-		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line	etements With	Expenses per	Retu	ırn.	
Pa 1	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	atements With ∋ 12a.	Expenses per	Retu	ırn.	
Pa 1 2	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With a 12a.	Expenses per	Retu	ırn.	
Pa 1 2 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	Expenses per	Retu	ırn.	
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per	Retu	ırn. 7,793,	943.
Pa 1 2 a b c	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per 73,736. 5,862.	Retu	ırn. 7,793, 79,	<u>943.</u> 598.
Pa 1 2 a b c d	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per 73,736. 5,862.	1	ırn. 7,793,	<u>943.</u> 598.
Pa 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per 73,736. 5,862.	1 2e	ırn. 7,793, 79,	<u>943.</u> 598.
Pa 1 2 a b c d e 3	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per 73,736. 5,862.	1 2e	ırn. 7,793, 79,	<u>943.</u> 598.
Pa 1 2 a b c d e 3 4	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per 73,736. 5,862.	1 2e	ırn. 7,793, 79,	<u>943.</u> 598.
Pa 1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per 73,736. 5,862.	Retu 1 2e 3 4c	ırn. 7,793, 79, 7,714,	943. 598. 345. 0.
Pa 1 2 a b c d e 3 4 a b c 5	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per 73,736. 5,862.	1 2e 3	ırn. 7,793, 79,	943. 598. 345. 0.

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

PART V, LINE 4:

THE INTENDED USE OF THESE ENDOWMENT FUNDS IS FOR LONG-TERM INVESTMENT

PURPOSES. THE INCOME IS TO BE USED TO HELP MEET THE OPERATING COSTS OF

GMRI AND, IF NECESSARY, THE BALANCE IS TO PROVIDE A LAST-RESORT SOURCE OF

FUNDS IN THE CASE OF SERIOUS FINANCIAL NEED.

PART X, LINE 2:

GMRI HAS BEEN DETERMINED TO BE EXEMPT FROM FEDERAL AND STATE INCOME TAXES

29

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND HAS BEEN

CLASSIFIED AS PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT PRIVATE

FOUNDATION UNDER SECTION 509(A) OF THE CODE.

532054 09-21-15

Schedule D (Form 990) 2015	GULF OF MAI	NE RESEARC	H INSTITUTE	01-0504905 Page 5
Part XIII Supplemental Info	ormation (continued)			
ACCOUNTING STANDAR	DS REQUIRE TH	IAT A TAX P	OSITION BE RE	COGNIZED OR
DERECOGNIZED BASED	ON A "MORE I	IKELY THAN	NOT" THRESHO	LD. THIS APPLIES TO
POSITIONS TAKEN OR	EXPECTED TO	BE TAKEN I	N A TAX RETUR	N. MANAGEMENT
BELIEVES THERE ARE	NO UNCERTAIN	I TAX POSIT	IONS WITHIN I	IS CONSOLIDATED
FINANCIAL STATEMEN	TS. THE INST	ITUTE HAS	PROCESSES CUR	RENTLY IN PLACE TO
ENSURE THE MAINTEN	ANCE OF THEIR	TAX-EXEMP	T STATUS; TO	IDENTIFY AND REPORT
UNRELATED INCOME;	DETERMINE ITS	FILING AN	D TAX OBLIGAT	IONS IN
JURISDICTIONS FOR N	WHICH IT HAS	NEXUS; AND	TO REVIEW OT	HER MATTERS THAT MAY
BE CONSIDERED TAX	POSITIONS. 1	HE INSTITU	TE IS SUBJECT	TO U.S. FEDERAL AND
STATE EXAMINATIONS	BY TAXING AU	THORITIES	FOR THE YEARS	ENDED DECEMBER 31,
2012 THROUGH 2015.				

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ALLOCABLE TO RENTAL INCOME

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ALLOCABLE TO RENTAL INCOME

5,862.

5,862.

Schedule D (Form 990) 2015

532055 09-21-15

SCHEDULE F	Statomo	nt of Act	ivities Outside the U	nited Sta	atas L	OMB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2015
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Information abo	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fe	orm990.	Inspection
Name of the organization					Employer iden	tification number
GULF OF MAINE F					01-05049	
Part I General Info Form 990, Part I		ctivities Ou	tside the United States. Compl	ete if the orgar	ization answered	"Yes" on
		n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award th	e grants or ass	istance?	Yes No
2 For grantmakers. Dese United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance o	utside the
			an be duplicated if additional space is	1		
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in region		vity listed in (d)	(f) Total expenditures
	offices in the region	agents, and independent	(by type) (e.g., fundraising, program services, investments, grants to		gram service, e specific type	for and
	in the region	contractors	recipients located in the region)		ce(s) in region	investments in region
EUROPE (INCLUDING		in region		SEAFISH INI	DUSTRY	
ICELAND & GREENLAND)				AUTHORITY C	CONTRACTED	
- ALBANIA, ANDORRA,				WITH GMRI 7	TO SECURE OUR	
AUSTRIA, BELGIUM	0	0	PROGRAM SERVICE	CONTINUING	INPUT TO THE	7,734.
EAST ASIA AND THE				FIELDWORK V	VAS COMPLETED	
PACIFIC - AUSTRALIA,				IN THAILANI	O AND DATA	
BRUNEI, BURMA,				ANALYSIS AN	ND REPORT IN	
CAMBODIA,	0	0	PROGRAM SERVICE	THE USA. TH	IE OBJECTIVE	0.
						.
NODELL ANDRESS			PROGRAM GERVITOR		TAGGING DAT	
NORTH AMERICA	0	0	PROGRAM SERVICE	BASE FOR NO	ORTHERN COD.	0.

and 3b)		0		0						
LHA For Paperwork Reduct	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.									
SEE PART V FOR COLUMN (E) DESCRIPTIO										

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0

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Schedule F (Form 990) 2015

7,734.

7,734.

Ο.

532071 10-01-15

31 2015.05000 GULF OF MAINE RESEARCH INST 079915_1

16371115 251239 079915

3 a Sub-total **b** Total from continuation

sheets to Part I c Totals (add lines 3a

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the n 501(c)(3) equivalency letter					

01-0504905

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
							<u> </u>

Schedule F (Form 990) 2015

Page 3

Schedule F (Form 990) 2015 GULF OF MAINE RESEARCH INSTITUTE Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form</i> 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 GULF OF MAINE RESEARCH INSTITUTE

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 3, COLUMN (E):

Part V Supplemental Information

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(E) SPECIFIC TYPES OF SERVICES IN REGION: SEAFISH INDUSTRY AUTHORITY

CONTRACTED WITH GMRI TO SECURE OUR CONTINUING INPUT TO THE FISHING INTO

THE FUTURE (FITF) INITIATIVE, WHICH WE HAVE HELPED TO DEVELOP THROUGH

FACILITATION AND CONVENING SERVICES.

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA, (E) SPECIFIC TYPES OF SERVICES IN REGION: FIELDWORK WAS COMPLETED IN THAILAND AND DATA ANALYSIS AND REPORT IN THE USA. THE OBJECTIVE OF THE PROJECT WAS TO TEST AND DEVELOP PROTOCOLS FOR MEASURING ENERGY CONSUMPTION BY THE THAI SMALL-BOAT TRAWL FLEET. THIS INCLUDED DELIVERY OF A SURVEY TO THAI FISHERMEN REGARDING THEIR ENERGY CONSUMPTION, A SITE VISIT TO DESCRIBE SOURCES OF CONSUMPTION AND MEASURE CONSUMPTION RATES, AND A FINAL ANALYSIS WITH RECOMMENDATIONS FOR THE INTRODUCTION OF ENERGY SAVING OPTIONS. THIS PROJECT WAS FUNDED BY THE FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS.

532075 10-01-15

Schedule F (Form 990) 2015 35 2015.05000 GULF OF MAINE RESEARCH INST 079915_1

SCHEDULE G	Supplemental Information Departing Europeiaing or Coming Activities						vition	OMB No. 1545-0047	
(Form 990 or 990-EZ)	Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the							2015	
Department of the Treasury	c	organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.						Open to Public	
Internal Revenue Service	Information a	bout Schedule G (Form 990 or 990-E					111330.	Inspection	
Name of the organization		MAINE RESEARCH INSTITUTE					Employer identification number 01-0504905		
	ing Activities	Complete if the organization ansv				line 17			
required to	complete this par	t. sed funds through any of the follow	vice e eti						
a X Mail solicitat b X Internet and c X Phone solici d X In-person so	ions email solicitations tations licitations	e X Solicit f X Solicit	ation of ation of al fundra	non-g gover aising	overnment grants nment grants events		or		
• • •	n highest paid ind	art VII) or entity in connection with ividuals or entities (fundraisers) pur e organization.	-		-		X Ye Indraiser is to		
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i) (vi) Amount paid to (or retained by) organization		
THE SOLSTICE GROUP			Yes	No					
BRINDLEY STREET, S	UITE 7,	FUNDRAISING CONSULTING		X	0.		72,639	. 0.	
			_						
			_						
		I							
Total	ch the organizatio	on is registered or licensed to solici	t contrik		or has been notified	d it is a	72,639		
or licensing.	en the organizatio		COntine		s of has been notified		exempt from	registration	
ME, NH, CT									
	duction Act Not	ica saa tha Instructions for Form	000	000	=7 4	Sohad		990 or 990 EZ 0045	
		ice, see the Instructions for Forn FOR CONTINUATIONS		990-		sched	uie & (Form	990 or 990-EZ) 2015	
371115 251239	079915	2015.05000	36 GULI	? O]	F MAINE RES	SEAI	RCH INS	т 079915 1	

163

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		5 5		,	<u> </u>	<u> </u>
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
_	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
lirect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	()		►	
	11		ne 3, column (d)			
Ра	irt	•	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
anı			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Å	1	Gross revenue				
SS	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		►	
						•
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls f	the organization licensed to conduct gaming a	ctivities in each of these	states?		. Ves No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	woked suspended or te	erminated during the tax	vear?	Yes No
		Yes," explain:				
~						
53200	82 0	9-14-15			Schedule G (Fo	rm 990 or 990-EZ) 2015
00200						

2015.05000 GULF OF MAINE RESEARCH INST 079915_1

Sch	edule G (Form 990 or 990-EZ) 2015 GULF OF MAINE RESEARCH INSTITUTE 01	-0504905	Page 3
	Does the organization conduct gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	Yes	No
	to administer charitable gaming?	Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		%
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	I is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	e	
Da	organization's own exempt activities during the tax year s rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	III lines 0. Ob. 11)h 15h
Гa	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	II, IIIIes 9, 90, 10	JD, 15D,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:	
<u> </u>			
	NAME OF FUNDRATCER, MUE COLONICE ODOUD		
(1) NAME OF FUNDRAISER: THE SOLSTICE GROUP		
(I) ADDRESS OF FUNDRAISER: 120 BRINDLEY STREET, SUITE 7, ITHIC	A, NY 1	4850
_			
53208	83 09-14-15 Schedule G (F 38	orm 990 or 990	-EZ) 2015

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01-	05	049	05	Page 4
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Schedule G (Form 990 or 990-EZ)	GULF	\mathbf{OF}	MAINE	RESEARCH	INSTITUTE
Part IV Supplemental Info	mation (contin	ued)		

	Schedule G (Form 990 or 990-EZ
32084 4-01-15	
	39 2015 05000 GULE OF MAINE REGENERY INCE 050015 1
71115 251239 079915	2015.05000 GULF OF MAINE RESEARCH INST 079915_1

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer identified GULF OF MAINE RESEARCH INSTITUTE 01-0504 	905	Publiction	ic						
Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ● Attach to Form 990. Open Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization GULF OF MAINE RESEARCH INSTITUTE Employer identifier 01-0504	en to Ispec cation 905	Publiction	ic						
Department of the Treasury Internal Revenue Service Attach to Form 990. Operation Name of the organization Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Imployer identified GULF OF MAINE RESEARCH INSTITUTE 01-0504	nspec cation 905	tion n nui							
Internal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Imployer Name of the organization GULF OF MAINE RESEARCH INSTITUTE Employer identified	cation 905	n nui	mber						
GULF OF MAINE RESEARCH INSTITUTE 01-0504	905		mber						
		5							
Part I Questions Regarding Compensation									
_		Yes	No						
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,									
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.									
First-class or charter travel Housing allowance or residence for personal use									
Travel for companions Payments for business use of personal residence									
Tax indemnification and gross-up payments									
Discretionary spending account									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or									
	1b								
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2								
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2								
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's									
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to									
establish compensation of the CEO/Executive Director, but explain in Part III.									
Image: Stability compensation committee Image: Stability compensation committee									
Independent compensation consultant									
Image: State of the state									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing									
organization or a related organization:									
a Receive a severance payment or change-of-control payment?	4a		X						
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х						
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X						
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.									
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.									
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation									
contingent on the revenues of:		v							
· · · · · · · · · · · · · · · · · · ·		X	X						
, , , , , , , , , , , , , , , , , , ,	5b		~						
If "Yes" to line 5a or 5b, describe in Part III.									
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation									
contingent on the net earnings of:	62		х						
• • • • • • • • • • • • • • • • • • •	6a 6b		X						
If "Yes" on line 6a or 6b, describe in Part III.	55								
 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 									
	7	x							
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-								
	8		х						
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in									
	9								
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (I	Form	990)	2015						

532111 10-14-15

01-0504905

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DONALD W. PERKINS, JR.	(i)	271,306.	50,000.	5,355.	52,658.	14,063.	393,382.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
(2) ANDREW PERSHING	(i)	129,550.	0.	0.	15,289.	14,678.	159,517.	0.
CHIEF SCIENTIFIC OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(3) BLAINE GRIMES	(i)	141,561.	14,311.	0.	5,817.	16,178.	177,867.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.		0.
(4) JENNY SUN	(i)	131,306.	0.	0.	5,817.	13,178.	150,301.	0.
RESOURCE SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELLEN GRANT	(i)	130,885.	0.	0.	5,348.	16,178.	152,411.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 5:

EXECUTIVE EMPLOYMENT AGREEMENT - EFFECTIVE JANUARY 1, 2016, THE INSTITUTE

ENTERED INTO AN EMPLOYMENT AGREEMENT WITH THEIR EXECUTIVE, DONALD PERKINS.

THE AGREEMENT'S TOTAL COMPENSATION IS CONTINGENT UPON THE EXECUTIVE'S

EMPLOYMENT THROUGH DECEMBER 31, 2020 AND REACHING LONG-TERM GOALS.

PORTIONS ARE PRO-RATED BASED ON MONTHS OF EMPLOYMENT SHOULD THE EXECUTIVE

VOLUNTARILY LEAVE OR THE BOARD DISMISS THE EXECUTIVE FOR OTHER THAN CAUSE

BEFORE THAT DATE. THE AGREEMENT INCLUDES:

"ANNUAL PERFORMANCE PAYMENTS FROM 2015 THROUGH 2020 FOR SUCCESS AGAINST

FINANCIAL AND OTHER ORGANIZATIONAL GOALS, AS DETERMINED BY THE BOARD OF

DIRECTORS.

"DEFERRED INCENTIVE COMPENSATION FOR PROGRESS ON MEETING LONG-TERM

FINANCIAL GOALS FROM 2015 THROUGH 2020, UNDER WHICH PAYMENTS WILL BE MADE

STARTING IN 2021. IN 2015, \$42,058 WAS EARNED AND ACCRUED.

PART I, LINE 7:

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DONALD PERKINS, BLAINE GRIMES, AND LEIGH PEAKE ALL RECEIVED BONUSES DURING

THE YEAR, BASED ON THEIR PERFORMANCE THROUGHOUT THE YEAR.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open To Public

Inspection

20

15

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 900

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

GULF OF MAINE RESEARCH INSTITUTE

Employer identification number 01 - 0504905

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of	Noncash contribution	Method of de		•	
		applicable		amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ution ai	mount	S
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	20	366.565.	MARKET VALU	JE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••								
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19								
20	Food inventory Drugs and medical supplies							
20								
22	Taxidermy							
22	Historical artifacts							
23 24	Scientific specimens							
	Archeological artifacts							
25 26								
26 07	Other ()							
27	Other ()							
28	Other ()		 					
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			Vee	Na
20-				andral in David L linea 1 thursu	ab 00 that it		Yes	No
30a	During the year, did the organization receive b				•			
	must hold for at least three years from the date			•		20-2		Х
h	exempt purposes for the entire holding period	۲				30a		- 21
	 b If "Yes," describe the arrangement in Part II. Does the organization have a diff accentance policy that requires the review of any non-standard contributions? 							
31								
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							
L						32a	Х	
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (C) 1	or a type of prope	rty for which column (a) is cr	ieckea,			
	describe in Part II.	Ale a 117 - 4111		0	Octobel M	(F a	0001 (0045
LHA	For Paperwork Reduction Act Notice, see	ule instruc	tions for Form 99	·	Schedule M	(rorm	aan) (2015)

532141 08-21-15

16371115 251239 079915

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 M, LINE 32B:

Part II

THE ORGANIZATION USES AN INVESTMENT FIRM TO SELL ANY STOCK

CONTRIBUTIONS IT RECEIVES.

Schedule M (Form 990) (2015)

532142 08-21-15

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	OMB No. 1545-0047						
Internal Revenue Service Name of the organization		Inspection identification number 504905					
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:					
THE PUBLIC A	BOUT THE GULF OF MAINE AND ITS WATERSHED; (II) FACI	LITATING				
AND CONDUCTI	NG MARINE RESEARCH; (III) ENABLING INFORMED D	ECISIO	NS ABOUT				
THE STEWARDS	HIP AND USE OF THE GULF OF MAINE; (IV) APPLYI	NG LES	SONS				
LEARNED IN THE GULF OF MAINE TO OTHER MARINE COMMUNITIES WORLDWIDE;							
AND, (V) UNDERTAKING THE FINANCING, SITING, DESIGN, CONSTRUCTION AND							
OPERATION OF FACILITIES TO SUPPORT ITS EDUCATION AND RESEARCH							
INTERESTS.							

FORM 990, PART III, LINE 1

THE GULF OF MAINE RESEARCH INSTITUTE IS A NOT-FOR-PROFIT CORPORATION COMMITTED TO (I) EDUCATING THE PUBLIC ABOUT THE GULF OF MAINE AND ITS WATERSHED; (II) FACILITATING AND CONDUCTING MARINE RESEARCH; (III) ENABLING INFORMED DECISIONS ABOUT THE STEWARDSHIP AND USE OF THE GULF OF MAINE; (IV) APPLYING LESSONS LEARNED IN THE GULF OF MAINE TO OTHER MARINE COMMUNITIES WORLDWIDE; AND, (V) UNDERTAKING THE FINANCING, SITING, DESIGN, CONSTRUCTION AND OPERATION OF FACILITIES TO SUPPORT ITS EDUCATION AND RESEARCH INTERESTS.

THE GULF OF MAINE RESEARCH INSTITUTE IS A NEUTRAL AND STRATEGICALLY FOCUSED MARINE SCIENCE CENTER. OUR GOAL IS TO SUPPORT THE GULF OF MAINE'S EMERGENCE AS ONE OF THE WORLD'S MOST VIBRANT MARINE COMMUNITIES. WE ARE WORKING TO BALANCE THE STEWARDSHIP AND USE OF THE REGION'S OCEAN RESOURCES, PROMOTE STAKEHOLDER INVOLVEMENT IN SOUND DECISION-MAKING, INCREASE THE SCIENCE ASPIRATIONS OF SUCCESSIVE GENERATIONS OF YOUNG PEOPLE, AND CATALYZE INNOVATIVE AND SUSTAINABLE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 09-02-15

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16371115 251239 079915
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^{2015.05000} GULF OF MAINE RESEARCH INST 079915_1

Schedule O (Form 990 or 9	Page 2					
Name of the organization						Employer identification number
	GULF	OF	MAINE	RESEARCH	INSTITUTE	01-0504905

OPPORTUNITIES FOR A 21ST CENTURY MARINE ECONOMY.

OUR SCIENTISTS PARTNER WITH FISHERMEN TO BUILD KNOWLEDGE OF COMMERCIAL FISH SPECIES, CRITICAL HABITATS, FISHING GEAR TECHNOLOGY, AND HUMAN BEHAVIORS TO ENABLE MORE EFFECTIVE FISHERY MANAGEMENT IN THE GULF OF MAINE. OUR EDUCATION PROGRAMS ENGAGE STUDENTS WITH THE SCIENTIFIC METHOD AND ENCOURAGE THEM TO LEARN ABOUT MAINE'S FRESH AND SALTWATER ECOSYSTEMS. OUR COMMUNITY PROGRAMS BRING TOGETHER SCIENTISTS, FISHERMEN, ENVIRONMENTALISTS, AND POLICYMAKERS TO IDENTIFY AND ADDRESS EMERGING CHALLENGES IN THE GULF OF MAINE AND ITS WATERSHED.

WE HAVE BUILT A WORLD-CLASS MARINE RESEARCH LABORATORY, WHICH INCLUDES

A DIGITAL INTERACTIVE EDUCATION ENVIRONMENT. GMRI LEASES 72% OF THE

FACILITIES AND ATTRACTS A MIX OF FOR-PROFIT, PUBLIC AND NON-PROFIT

TENANTS TO LEASE THE REMAINING SPACE AND TO CREATE A NODE OF

COLLABORATIVE MARINE RESEARCH.

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION HAS THE FOLLOWING REVIEW AND APPROVAL PROCESS:

1. 990 FILINGS ARE REVIEWED BY GMRI FINANCIAL STAFF.

2. COPIES OF 990 FILINGS ARE THEN PROVIDED TO THE PRESIDENT AND FINANCE

COMMITTEE.

532212 09-02-15

3. COPIES OF THE FINAL 990 FILING ARE PROVIDED TO THE ORGANIZATION'S

DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

STAFF AND BOARD ARE MINDFUL OF THE POTENTIAL FOR CONFLICT OF INTEREST. IF

Schedule O (Form 990 or 990-EZ) (2015)

16371115 251239 079915

Schedule O (Form 990 or 990-EZ) (2015) Page 2							
Name of the organization GULF OF MAINE RESEARCH INSTITUTE	Employer identification number $01-0504905$						
ONE ARISES, WE DISCUSS AND ADDRESS THE ISSUE. ANNUALLY BO	ARD MEMBERS ARE						
PRESENTED WITH A DISCLOSURE FORM.							

FORM 990, PART VI, SECTION B, LINE 15:

STAFF AND EXTERNAL STAKEHOLDERS ARE ASKED TO GIVE INPUT ON THE PERFORMANCE OF THE PRESIDENT. THE INFORMATION IS THEN COMPILED AND THE RESULTS SUMMARIZED. THE CHAIRMAN OF THE BOARD COLLECTS ALL INPUTS AND REVIEWS THE RESULTS WITH THE EXECUTIVE COMMITTEE. ANNUALLY THE PRESIDENT AND CHIEF OPERATING OFFICER CONDUCT A REVIEW OF COMPENSATION OF KEY EMPLOYEES. PERIODICALLY EXTERNAL SURVEYS AND COMPARISONS ARE DONE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON

REQUEST AT THE ORGANIZATION'S OFFICE. FINANCIAL STATEMENTS ARE AVAILABLE

ON THE WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

TRANSFER OF BUILDING AND LAND TO GMP

-382,814.

FORM 990 - THROUGHOUT:

REFERENCE TO GMPINC IS THE GULF OF MAINE PROPERTIES, INC., WHOSE NAME

HAS BEEN SHORTENED ON THIS FORM IN ORDER TO FIT WITHIN THE SPACES

PROVIDED.

532212 09-02-15

SCHI	EDULE	R
·		

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

GULF OF MAINE RESEARCH INSTITUTE

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	olled
				501(c)(3))	blic charity Is (if section 512(b)) 501(c)(3)) Direct controlling entity Yes N GULF OF MAINE RESEARCH	No	
GULF OF MAINE PROPERTIES, INC - 20-1480528					GULF OF MAINE		
350 COMMERCIAL STREET					RESEARCH		
PORTLAND, ME 04101	SEE SCHEDULE R, PART VII	MAINE	501(C)(3)	LINE 11A, I	INSTITUTE	X	
	-						
	-						
	-						

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

OMB No. 1545-0047

2015

Open to Public Inspection Employer identification number

01-0504905

Schedule R (Form 990) 2015 GULF OF MAINE RESEARCH INSTITUTE

01-0504905 Page 2

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

()	(1)		())	()	(0)				(1)	1 1		<u> </u>
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Percen ging er?	ntage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule	partr	er? owners	snip
		country)		sections 512-514)		233613	Yes	No	K-1 (Form 1065)	Yes	No	
										╉╌┨	_	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	i) b)(13) rolled ity?
		country)		or trusty		233613		Yes	No
GULF OF MAINE PROPERTIES I, A CONDOMINIUM -			GULF OF MAINE						
35-2446323, 350 COMMERCIAL STREET, PORTLAND,	CONDOMINIUM		PROPERTIES,						
ME 04101	ASSOCIATION	ME	INC	C CORP	Ο.	0.	.00%		X
	-								

Schedule R (Form 990) 2015 GULF OF MAINE RESEARCH INSTITUTE

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)	1b		2
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)		X	
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)		X	
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		_
k Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses	1p		
a Reimbursement paid by related organization(s) for expenses			_
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GULF OF MAINE PROPERTIES, INC.	K	517,476.	ACCOUNTING RECORDS
(2) GULF OF MAINE PROPERTIES, INC.	L	95,388.	ACCOUNTING RECORDS
(3) GULF OF MAINE PROPERTIES, INC.	I	382,814.	BOOK VALUE OF BUILDING & LAND
(4) GULF OF MAINE PROPERTIES, INC.	D	3,486,978.	TAX EXEMPT BOND ISSUE
(5) GULF OF MAINE PROPERTIES, INC. (GUARANTOR)	E	424,731.	O/S PRINCIPAL BALANCE
(6) GULF OF MAINE PROPERTIES, INC. (GUARANTOR)	E 51	400,000.	LINE OF CREDIT LMTS (\$0 O/S)

Schedule R (Form 990) 2015 GULF OF MAINE RESEARCH INSTITUTE

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs Yes) all s sec.)(3) .? No	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner Yes NG	(k) Percentage ownership

Schedule R (Form 990) 2015

Schedule R (Fo				GULF	OF	MAI	NE	RES	EARC	CH IN	STI	TUTE		01	-050	4905	Pa
Part VII S		emental I additional ir			spons	es to qu	uestic	ons on	Schedu	le R (see	instru	ctions).					
SCHEDULI	S R,	PART	II,	COLU	JMN	в –	GI	1P I	NC'S	S PRI	MAR	Y ACT	IVITY				
TO ACQUI	IRE,	HOLD	, МА	NAGE ,	, Di	EVEL	OP,	, OR	DIS	POSE	OF	REAL	PROP	ERTY	FOR	THE	
BENEFIT																	
		-				-		_									
32165 09-08-15														Sch	edule R	(Form 9	990