Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

21

Jnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue	e Code (except private foundations)
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► Do not enter social security numbers on this form as it may be made public.

•		the Treasury	Do not enter social security numbers on this form as it may be be caste unusuity according to the latest in the social security numbers on this form as it may be be caste unusuity according to the latest in the social security numbers on this form as it may be be caste unusuity according to the latest in the social security numbers on this form as it may be be caste unusuity according to the social security numbers on this form as it may be be caste unusuity according to the social security numbers of the social security numbers on this form as it may be be caste unusuity according to the social security numbers of the social security numbe	-		Inspection	
			► Go to www.irs.gov/Form990 for instructions and the latest in year, or tax year beginning 07-01 , 2021, and		0.0	· · ·	
						-30,2022	
		applicable:	C Name of organization MAINE ADAPTIVE SPORTS & RECREATION Doing business as	P		ver identification number	
=	ddress (•	om/suite E		01-0388818		
_	lame ch	-	E Telephone number				
	nitial retu				(207)824-2440		
		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code	G	G Gross	•	
Ľ ′	mendeo	d return	BETHEL, ME 04217		\$	634,440	
L /	pplicatio	on pending	F Name and address of principal officer: STEVEN PALLESCHI	H(a) Is this a gro	oup return for	r subordinates? Yes X No	
			SAME AS C ABOVE	H(b) Are all su	Ibordinates	included? Yes No	
1	ax-exen	mpt status: X 50	1(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," at	ttach a list.	See instructions	
	Vebsite:	_	MAINEADAPTIVE.ORG	H(c) Group ex	emption nu	umber 🕨	
		organization: X Co	orporation ☐ Trust ☐ Association ☐ Other ►	1983 M Sta	ate of legal	I domicile: ME	
Pa	rt I	Summary					
	1	Briefly describe	the organization's mission or most significant activities: TO PROMOTE YEA	R-ROUND EDU	CATIO	N AND TRAINING	
		FOR INDIVI	DUALS WITH DISABILIES IN ORDER TO DEVELOP SKILLS, E	NHANCE INDE	PENDE	NCE, AND PROVIDE	
Activities & Governance		ENJOYMENT	THROUGH ACTIVE RECREATION.				
rna							
Nei	2	Check this box	▶ □ if the organization discontinued its operations or disposed of more than 25%	6 of its net assets	3.		
ö	3	Number of voti	ng members of the governing body (Part VI, line 1a)		3	13	
ა ა	4	Number of inde	pendent voting members of the governing body (Part VI, line 1b)		4	13	
itie	5	Total number o	f individuals employed in calendar year 2021 (Part V, line 2a)		5	14	
Ĭ	6				6	258	
¥	7a		business revenue from Part VIII, column (C), line 12		7a	0	
			business taxable income from Form 990-T, Part I, line 11		7b	0	
				Prior Year		Current Year	
	8	Contributions a	nd grants (Part VIII, line 1h)	569,	748	589,347	
e	9		e revenue (Part VIII, line 2g)		// 10	0	
Revenue	10		ome (Part VIII, column (A), lines 3, 4, and 7d)	184,	083	22,261	
e K	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,216	22,231	
Ľ.	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	779,		634,440	
	13		ilar amounts paid (Part IX, column (A), lines 1-3)	113,	,01/	031,110	
	14		o or for members (Part IX, column (A), line 4)			0	
				417	061	205 026	
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	417,		395,026	
in Sé			ndraising fees (Part IX, column (A), line 11e)	3,	,306	4,625	
Expenses			g expenses (Part IX, column (D), line 25) 108,171 Dept IX, column (A), lines 11a, 11a, 11a, 21a)	100	0.2.7	200 077	
ш	17		(Part IX, column (A), lines 11a-11d, 11f-24e)	189,		398,077	
	18		Add lines 13-17 (must equal Part IX, column (A), line 25)	611,		797,728	
	19	Revenue less e	,843	(163,288)			
or				Beginning of Curren		End of Year	
sets	20		art X, line 16)	1,404,	,970	1,097,329	
Net Assets or Fund Balances	21	Total liabilities			0		
			und balances. Subtract line 21 from line 20	1,404,	,970	1,097,329	
	rt II	Signature					
			e that I have examined this return, including accompanying schedules and statements, and to the best of m ation of preparer (other than officer) is based on all information of which preparer has any knowledge.	y knowledge and belie	et, it is		
,	1		· · · · , · · · · · · · · · · · · · · ·				
0:-			PALLESCHI				
Sig	n	Signature of	officer		Date		
Her	e	CTEVEN	PALLESCHT, PRESIDENT				

Date

01-12-2023

Paid

Preparer

Use Only

Type or print name and title Print/Type preparer's name

Kelly O Newkirk CPA

►

Firm's name

Firm's address

Preparer's signature

Kelly O. Newkirk CPA PC

Greenwood ME 04255

PO Box 282

May the IRS discuss this return with the preparer shown above? See instructions

For Paperwork Reduction Act Notice, see the separate instructions.

Kelly O Newkirk CPA

No

PTIN

207-875-2401

XXXXXXXXX

X Yes

Check if

Firm's EIN

Phone no.

self-employed

Form	990 (2021) MAINE ADAPTIVE SPORTS & RECREATION	01-0388818	Page 2
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	TO PROMOTE YEAR-ROUND EDUCATION AND TRAINING FOR INDIVIDUALS WITH DISABILIES	IN ORDER T	O DEVELOP
	SKILLS, ENHANCE INDEPENDENCE, AND PROVIDE ENJOYMENT THROUGH ACTIVE RECREATION		
		••	
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		x No
	If "Yes," describe these new services on Schedule O.		
•			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	📋 Yes	<u>x</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$490,402 including grants of \$) (Revenue	\$)
	TEACH ADAPTIVE SPORTS ACTIVITIES TO PEOPLE WITH DISABILITIES		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4-1	Other program can ison (Deparity on Schedule O.)		
4d	Other program services (Describe on Schedule O.)	\ \	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 490,402		
EEA		For	m 990 (2021)

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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	x				
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to						
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		x			
-	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 Rev. Proc. 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		х			
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						
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10					
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		x			
	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, 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 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 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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI and XII	12a		x			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	126		v			
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		x x			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,						
	fundraising, business, investment, and program service activities outside the United States, or aggregate						
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or						
	for any foreign organization? 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		х			
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 See instructions	17		x			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on						
4-	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?	40					
00 -	If "Yes," complete Schedule G, Part III.	19		x			
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					
21	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x			

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Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? 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 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 Schedule K. If "No," go to line 25a		24a		х
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 any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	• • • • • • •	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III	• • • • • • •	27		х
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, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	• • • • • • •	28c		х
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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II	· • • • • • •	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	••••	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				1
	or IV, and Part V, line 1		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
-	19? Note: All Form 990 filers are required to complete Schedule O.		38	X	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	••••			
^				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5	-		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		4.		
	reportable gaming (gambling) winnings to prize winners?	<u></u>	1c	X	

orm		3888	318	F	Page
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a	14			
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	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
1a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
b	If "Yes," enter the name of the foreign country	•••			
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
-			Ea		
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	•••	5c		
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
-	and services provided to the payor?		7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
		•••	70	x	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_		
_	required to file Form 8282?	•••	7c		X
ł	If "Yes," indicate the number of Forms 8282 filed during the year				
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	•••	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	• • •	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		х
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		x
	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		x
0		•••	55		~
	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12		-		
C	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		-		
	Section 501(c)(12) organizations. Enter:				
1	Gross income from members or shareholders		_		
)	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
а	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				
	Section 501(c)(29) qualified nonprofit health insurance issuers.		-		
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
•	Note: See the instructions for additional information the organization must report on Schedule O.	•••	Tou		
)	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		-		
2	Enter the amount of reserves on hand				
a	Did the organization receive any payments for indoor tanning services during the tax year?	• • •	14a		х
C	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x
i		•••	10		^
,	If "Yes," complete Form 4720, Schedule O.				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•••	17		
	If "Yes," complete Form 6069.				

Forr	n 990 (2021) MAINE ADAPTIVE SPORTS & RECREATION 01-03888	318	Р	age 6				
Pa	art 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.								
	Check if Schedule O contains a response or note to any line in this Part VI			. x				
See	ction A. Governing Body and Management			-				
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	-						
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain on Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	-						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_						
2	any other officer, director, trustee, or key employee?	2		x				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		v				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x x				
- 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x				
6	Did the organization become aware during the year of a significant diversion of the organization sectors assets	6		x				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			л				
, a	one or more members of the governing body?	7a		x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	stockholders, or persons other than the governing body?	7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:							
а	The governing body?	8a	x					
b	Each committee with authority to act on behalf of the governing body?	8b	х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at							
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-						
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X					
b		12b	x					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> describe in Schedule O how this was done	12c	v					
13	Did the organization have a written whistleblower policy?		X	х				
14	Did the organization have a written document retention and destruction policy?	14	x	л				
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		x				
b	Other officers or key employees of the organization	15b		x				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)							
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.							
10	Own website Another's website I Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,							
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records							
20	LIZZ PEACOCK (207)824-2440, 8 SUNDANCE LN, NEWRY, ME 04261							

Form 990 (2027	MAINE ADAPTIVE SPORTS & RECREATION	01-0388818	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete th	nis table for all persons required to be listed. Report compensation for the calendar year ending with or	within the	
organization's ta	ax year.		
 1 (a) (b) (c) 	the second test tests are second at the second s	(

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

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

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

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

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

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

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

				(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					han one s both a n		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	or o	Ins	Officer	Key	em	FO	1099-MISC/	1099-MISC/	organization and
	related	director	tituti	Cer	/ em	hest ploy	Former	1099-NEC)	1099-NEC	related organizations
	organizations	or director	Institutional trustee		Key employee	con				
	below	Jstee	trust		ee	ipen				
	dotted line)	Ű	ee			Highest compensated employee				
						"				
(1) JAMES MURPHY	40.00									
EXECUTIVE DIRECTOR					х			86,972	0	0
(2) BENJAMIN BRANCH	1.00									
DIRECTOR		x						0	0	0
(3) TOM BUTLER	1.00									
DIRECTOR		x						0	0	0
(4) CATE PARKER	1.00									
DIRECTOR		х						0	0	0
(5) ROGER BARRAS	1.00									
DIRECTOR		х						0	0	0
(6) MARK_ECKER	1.00									
DIRECTOR		х						0	0	0
(7) PAUL HOGAN	1.00									
DIRECTOR		х						0	0	0
(8) SALLY HARKINS	1.00									
VICE PRESIDENT				х				0	0	0
(9) DAVID_PATCH	1.00									
PAST PRESIDENT				х				0	0	0
(10)STEVEN PALLESCHI	1.00									
PRESIDENT				х				0	0	0
(11)mark_stevens	1.00									
PAST PRESIDENT				х				0	0	0
(12)KELLEY MAWDSLEY	1.00									
SECRETARY				х				0	0	0
(13)STEVE ROGERS	1.00									
TREASURER				х				0	0	0
<u>(14)</u>										

	990 (2021) MAINE ADAPTIVE SP										038881	8	P	age 8
Part	(A) Name and title	(B) Average hours per week (interpretation) (do not check more than one box, unless person is both ar officer and a director/trustee)						(D) n Reportable) compensation from the organization (W-2/		(E) Reportable compensation from related		com	(F) ated amo of other npensati	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Otticer	Key employee	Hignest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC 1099-NEC)	/	-	nization a I organiz	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal		•••			•••		• •						
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not limit reportable compensation from the organization	ted to those l							86,972 pre than \$100,000	of	0			0
2			kovon			orb	iahoo	toon	anonaotod				Yes	No
3	Did the organization list any former officer, direc employee on line 1a? <i>If "Yes," complete Schedu</i>	le J for such	individ	dual	•		•••	•••				3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th													
5	individual										••••	4		x
Coot	for services rendered to the organization? If "Yes			-			-					5		х
Secti 1	on B. Independent Contractors Complete this table for your five highest compensation from the organization. Benefit comp										woor			
	compensation from the organization. Report comp (A)	Jensationnoi		enu	ai ye		inuing	with	(B)		year.	(C)		
	Name and business addres	SS							Description of servic	es	Co	mpensa	ation	
2	Total number of independent contractors (includin	ng but not lim	ited to	thos	se lis	ated a	above) who	0					

►

received more than \$100,000 of compensation from the organization

Form 9	90 (20	21) MAINE ADAPTIVE SPO	RTS a	& RECREATI	ION		01-03888	18 Page 9
Part	VIII	Statement of Revenue						
		Check if Schedule O contains a response or	<u>note t</u>	o any line in thi	s Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a b	Federated campaigns 1 Membership dues 1						Sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	c d e f	Fundraising events	d	53,828				
Contribution and Other Si	g	and similar amounts not included above 11 Noncash contributions included in 11 lines 1a-1f 11 Total. Add lines 1a-1f 11	g \$	535,519 176,009	589,347			
	- "			usiness Code	569,547			
Program Service Revenue		All other program service revenue	 					
	g	Total. Add lines 2a-2f		••••				
	b	Investment income (including dividends, interest other similar amounts)	 ceeds	►	19,670			19,670
enue	7a b	Net rental income or (loss) Gross amount from sales of assets other than inventory (i) Securities tess: cost or other basis and sales expenses 7a Gain or (loss) 7c 2,59 2,59	1	(ii) Other				
Other Revenue	d 8a b	Net gain or (loss)	Ba Bb	· · · · · •	2,591			2,591
	b	Less: direct expenses	9a 9b					
	10a	Gross sales of inventory, less returns and allowances	0a 0b					
				►				
ø		MISCELLEOUS	В	usiness Code	7,218			7,218
Miscellanous Revenue		LOGOWEAR	-	.300	435			435
ella ven		CAPITAL GAINS	-	.300	15,179			15,179
lisc. Re	d	All other revenue						
2	е	Total. Add lines 11a-11d		•	22,832			
	12	Total revenue. See instructions		►	634,440	0	0	45,093

Form 990 (2021) MAINE ADAPTIVE SPO MAINE ADAPTIVE SPORTS & RECREATION

	rt IX Statement of Functional Expenses				
Sect	tion 501(c)(3) and 501(c)(4) organizations must complete a		nizations must complet	te column (A).	
	Check if Schedule O contains a response or note	to any line in this Part IX		•••••	
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	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,				
	trustees, and key employees $\ldots \ldots \ldots \ldots$	86,972	52,183	13,046	21,74
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	274,380	164,628	68,595	41,15
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,681		5,681	
0	Payroll taxes	27,993	16,796	4,199	6,99
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с				-	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .	4,625			4,62
f	Investment management fees	5,381		5,381	
g	Other. (If line 11g amount exceeds 10% of line 25, column			-	
	(A) amount, list line 11g expenses on Schedule O.)				
2	Advertising and promotion	5,860	2,830	3,030	
3	Office expenses	27,906	13,166	14,740	
4	Information technology				
5	Royalties				
6	Occupancy	41,299	9,032	32,267	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	171	171		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	25,744		25,744	
3		31,795	5,323	26,472	
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	DEVELOPMENT	33,648			33,64
b	AUTOMOBILE	8,336	8,336		
c	WINTER PROGRAMS	165,409	165,409		
d	SUMMER PROGRAMS	15,892	15,892		
e	All other expenses	36,636	36,636		
5	Total functional expenses. Add lines 1 through 24e	797,728	490,402	199,155	108,17
.5 26	Joint costs. Complete this line only if the	131,140	490,402	199,100	100,17
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🛛 🕨 if				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		
	1	Cash - non-interest-bearing		1	30,613
	2	Savings and temporary cash investments		2	110,667
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 432,84	2		
	b	Less: accumulated depreciation 10b 350,84	7 96,239	10c	81,995
	11	Investments - publicly traded securities	. 1,048,848	11	874,054
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	. 1,404,970	16	1,097,329
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	•	25	
	26	Total liabilities. Add lines 17 through 25	. 0	26	0
		Organizations that follow FASB ASC 958, check here			
s		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	. 1,404,970	27	1,097,329
alaı	28	Net assets with donor restrictions	•	28	
d B		Organizations that do not follow FASB ASC 958, check here			
-un		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds	•	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	•	30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds \ldots .	•	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	. 1,404,970	32	1,097,329
Z	33	Total liabilities and net assets/fund balances	. 1,404,970	33	1,097,329
EEA					Form 990 (2021)

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MAINE ADAPTIVE SPORTS & RECREATION

Form 990 (2021)

_		01-038	8818		Pa	age 12
Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI		• • • •	• •		•
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1			634,	440
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			797,	728
3	Revenue less expenses. Subtract line 2 from line 1			(163,	288)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			1,	404,	970
5	Net unrealized gains (losses) on investments	. 5		(144,	353)
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
_	32, column (B))	. 10		1,	097,	329
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII			•••		
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		•••	2a		х
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		•••	2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	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?	• • • •	•••	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		•••	3b		
EEA				Form	990 (2	2021)

SCHEDULE	Α
(Form 990)	

е

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.

OMB No. 1545-0047
2021

Depa	rtment	t of th	ne Treasury	► Attach to Form 990 or Form 990-EZ.		Open to Public
Intern	al Rev	venue	e Service	Go to www.irs.gov/Form990 for instructions and the latest information	rmation.	Inspection
Name	e of th	e or	ganization		Employer identificati	on number
MAI	NE A		PTIVE S	PORTS & RECREATION	01-03888	18
Pa	rt I		Reason	for Public Charity Status. (All organizations must complete this p	oart.) See instruc	tions.
The	organ	izati	on is not a	private foundation because it is: (For lines 1 through 12, check only one box.)		
1		A ch	urch, conv	vention of churches, or association of churches described in section 170(b)(1)(A)(i)		
2		A so	hool desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)		
3		A ho	ospital or a	cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
4		A m	edical rese	earch organization operated in conjunction with a hospital described in section 170((b)(1)(A)(iii). Enter th	e
		hosp	oital's nam	e, city, and state:		
5		An c	organizatio	n operated for the benefit of a college or university owned or operated by a governme	ental unit described ir	1
		sect	tion 170(b)(1)(A)(iv). (Complete Part II.)		
6				e, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7	х	An c	organizatio	n that normally receives a substantial part of its support from a governmental unit or f	rom the general public	C
		deso	cribed in s	ection 170(b)(1)(A)(vi). (Complete Part II.)		
8		A co	ommunity t	rust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9		An a	agricultural	research organization described in section 170(b)(1)(A)(ix) operated in conjunctio	n with a land-grant c	ollege
		or u	niversity o	r a non-land-grant college of agriculture (see instructions). Enter the name, city, and si	tate of the college or	
		univ	ersity:			
10		rece supp	eipts from a port from g	n that normally receives: (1) more than 33 1/3% of its support from contributions, mer activities related to its exempt functions, subject to certain exceptions; and (2) no mor ross investment income and unrelated business taxable income (less section 511 tax e organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)	e than 33 1/3% of its	
11		An c	organizatio	n organized and operated exclusively to test for public safety. See section 509(a)(4	l).	
12		An c	organizatio	n organized and operated exclusively for the benefit of, to perform the functions of, or	to carry out the purpo	oses of
		one	or more p	ublicly supported organizations described in section 509(a)(1) or section 509(a)(2)	. See section 509(a)	(3). Check
				s 12a through 12d that describes the type of supporting organization and complete line	•	
a	1		Type I. A	supporting organization operated, supervised, or controlled by its supported organiz	ation(s), typically by	giving
			the suppor	rted 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.		
k	b		Type II. A	supporting organization supervised or controlled in connection with its supported or	ganization(s), by hav	ving
			control or i	management of the supporting organization vested in the same persons that control o	r manage the suppor	ted
			organizatio	on(s). You must complete Part IV, Sections A and C.		
C	:		Type III fu	inctionally integrated. A supporting organization operated in connection with, and	functionally integrate	d with,
			its support	ted organization(s) (see instructions). You must complete Part IV, Sections A, D,	and E.	
c	ł		Type III n	on-functionally integrated. A supporting organization operated in connection with i	its supported organiz	ation(s)
			that is not	functionally integrated. The organization generally must satisfy a distribution requirem	ent and an attentiven	ess
			requireme	nt (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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organ	izations					
g Provide the following information abo	ut the supported	organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						
For Paperwork Peduction Act Nation and	he Instructions	for Form 000 or 000 E7			Sak	adula A (Farm 000) 200

Support Schedule for Organiza (Complete only if you checked th Part III. If the organization fails to an A. Public Support ar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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)	e box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	
Part III. If the organization fails to on A. Public Support lar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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)	o qualify unde (a) 2017 685,285	er the tests lis	ted below, pla (c) 2019 507,167	ease complet (d) 2020 476,874	e Part III.)	(f) Total
n A. Public Support lar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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)	(a) 2017 685,285	(b) 2018 601,414	(c) 2019 507,167	(d) 2020 476,874	(e) 2021 387,238	2,657,978
ar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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)	685,285	601,414	507,167	476,874	387,238	2,657,978
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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)	685,285	601,414	507,167	476,874	387,238	2,657,978
membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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)						
include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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)						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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)						
organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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)	685,285	601,414	507,167	476,874	387,238	2,657,978
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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)	685,285	601,414	507,167	476,874	387,238	2,657,978
The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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)	685,285	601,414	507,167	476,874	387,238	2,657,978
furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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)	685,285	601,414	507,167	476,874	387,238	2,657,978
organization without charge Total. Add lines 1 through 3 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)	685,285	601,414	507,167	476,874	387,238	2,657,978
Total. Add lines 1 through 3 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)	685,285	601,414	507,167	476,874	387,238	2,657,978
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)	685,285	601,414	507,167	476,874	387,238	2,657,978
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)						
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)						
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
line 1 that exceeds 2% of the amount shown on line 11, column (f)						
shown on line 11, column (f)						
PUBLIC SUPPORT. SUBTRACT line 5 from line 4						2,657,978
••						
	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
						2,657,978
	005,205	001,414	507,107	±/0,0/±	307,230	2,037,970
-	20.000	07 252	10,000	10 022	10 670	150 070
	20,000	87,353	12,022	19,933	19,670	158,978
-						
						2,816,956
	-			•	•	, , ,
						<u></u> ► []
					14	94.36 %
						94.85 %
33 1/3% support test - 2021. If the organ	ization did not	check the box	on line 13, and	d line 14 is 33 ′	1/3% or more,	check this
box and stop here. The organization qual	lifies as a publi	cly supported	organization .			► x
33 1/3% support test - 2020. If the organ	ization did not	check a box of	n line 13 or 16a	a, and line 15 is	s 33 1/3% or m	ore, check
this box and stop here. The organization	qualifies as a p	oublicly suppor	rted organizatio	on		ト 🗌
10%-facts-and-circumstances test - 202	21. If the organ	ization did not	check a box of	n line 13, 16a,	or 16b, and lin	e 14 is
	•					
-						
-			-	=		_
0						
	-					
-					-	
-			-	-		_
-						
c						_
	First 5 years. If the Form 990 is for the or organization, check this box and stop her on C. Computation of Public Support Public support percentage for 2021 (line 6 Public support percentage from 2020 Sch 33 1/3% support test - 2021. If the organ box and stop here. The organization qual 33 1/3% support test - 2020. If the organ this box and stop here. The organization 10%-facts-and-circumstances test - 202 10% or more, and if the organization meet Part VI how the organization meets the fa- organization	Dn B. Total Support Jar year (or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instruction First 5 years. If the Form 990 is for the organization's fir organization, check this box and stop here. On C. Computation of Public Support Percentage Public support percentage from 2020 Schedule A, Part I 33 1/3% support test - 2021. If the organization did not box and stop here. The organization qualifies as a publi 33 1/3% support test - 2020. If the organization did not this box and stop here. The organization qualifies as a publi 33 1/3% or more, and if the organization meets the facts-and-circum organization 10%-facts-and-circumstances test - 2020. If the organization 10% or more, and if the organization meets the facts-and-circum organization 10% or more, and if the organization meets the facts-and-circum organization 10% or more, and if the organization meets the facts-and-circum organization 10% or more, and if the organization meets the facts-and-circum organization 10% or more, and if the or	on B. Total Support dar year (or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources similar sources Activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Other secients from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, thi organization, check this box and stop here. On C. Computation of Public Support Percentage Public support percentage from 2020 Schedule A, Part II, line 14 33 1/3% support test - 2021. If the organization did not check the box box and stop here. The organization qualifies as a publicly support d33 1/3% support test - 2020. If the organization did not check a box of this box and stop here. The organization meets the facts-and-circumstances test. Organization	on B. Total Support dar year (or fiscal year beginning in) > Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources similar sources Atticks, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fif organization, check this box and stop here. Dublic support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) Public support percentage for 2021. If the organization did not check a box on line 13, and box and stop here. The organization qualifies as a publicly supported organization. 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16; this box and stop here. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13 or 16; this box and stop here. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13 or 16; this box and stop here. The organization meets the facts-and-circumstances test, check t Part VI how the organization meets the facts-and-circumstances test	on B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Similar sources Net income from unrelated business is regularly carried on Sir regularly carried on Otoss from the sale of capital assets (Explain in Part VI.) Otos from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a organization, check this box and stop here. no. Computation of Public Support Percentage Public support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 13/13% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, and line 15 is this box and stop here. 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, flaa, and line 13, flaa, and line 14 is 33 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, flaa, and line 13, flaa, fla	on B. Total Support dar year (or fiscal year beginning in) + Amounts from line 4 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or not include gain or Doss from the sale of capital assets (Explain in Part VI.) Other income. Do not include gain or Doss from related activities, etc. (see instructions) First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(corganization, check this box and stop here. On C. Computation of Public Support Percentage Public support percentage from 2020 Schedule A, Part II, line 14 31/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, . 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, . 10%-facts-and-circumstances test + 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 10% or more, and if the organization meets the

Schedu	le A (Form 990) 2021 MAINE ADAPI					01-03888	18 Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th					to qualify u	nder Part II.
	If the organization fails to qualify						
Secti	on A. Public Support			.,		-/	
	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1		(a) 2017	(6) 2010	(6) 2013	(d) 2020	(6) 2021	
	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5							
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0							
Casti					·		
	on B. Total Support	() 2217	(1) 0010	() 00/0	(1) 0000	() 0001	
	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
10	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as a	a section 50 ²	(c)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	-		3. column (f))		15	%
16	Public support percentage from 2020 Sch		•	· · · · · · · · · ·		16	%
	on D. Computation of Investment In				••••	10	/0
-				vilino 12 col···	mn (f))	17	0/
17	Investment income percentage for 2021 (I			•		17	%
18	Investment income percentage from 2020					18	<u>%</u>
19a	33 1/3% support tests - 2021. If the orga						
	17 is not more than 33 1/3%, check this b		-				
b	33 1/3% support tests - 2020. If the organization						
	line 18 is not more than 33 1/3%, check this bo	x and stop here	. The organization	on qualifies as a	publicly supporte	ed organizatio	n 🕨 🗌
	Private foundation. If the organization di	d not chock a k	nov on line 14	100 or 10b o	hack this hav a	nd coo inctri	intiona N

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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, Ioan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **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.)

10b Schedule A (Form 990) 2021

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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Cooti	supervised, or controlled the supporting organization.	2		
Secu	on C. Type II Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	INO
1	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		
Secti	on D. All Type III Supporting Organizations			
0000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
-	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructio	ons).
а	The organization satisfied the Activities Test. Complete line 2 below.			,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ctions)		
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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? If "Yes" or "No," provide details in Part VI.	3a		

trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

3b

Schedule A (Form 990) 2021

Part IV

Page 5

Yes No

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Supporting Organizations (continued)
e organization accepted a gift or contribution from any of the following persons?
on who directly or indirectly controls, either alone or together with persons described in lines 11b and

MAINE ADAPTIVE SPORTS & RECREATION

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			·
Secti	instructions. All other Type III non-functionally integrated supporting organi on A - Adjusted Net Income	izatio	ons must complete Sect (A) Prior Year	(B) Current Yea
1	Not short torm conital gain	1		(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	-		
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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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		
	Fair market value of other non-exempt-use assets	1c		
	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
-	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	-		
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	llv in	tegrated Type III suppo	rting organization

MAINE ADAPTIVE SPORTS & RECREATION

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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	e A (Form 990) 2021 MAINE ADAPTIVE SPORTS & R			0388	818 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organ	izations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
_10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ons	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in	,			
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Evenes from 2020				
e	Evenes from 2021				
EEA	Excess from 2021				Schedule A (Form 990) 202
LLA					202 202 202 202

Schedule A (F	orm 990) 2021 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (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. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 2021

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name o	f the or	ganization		Employer ident	ification number
MAINE	<u>ADA</u>	PTIVE SPORTS & RECREATION		01-038	8818
Pai	rt I	Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Ac	counts.	
		Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.		
			(a) Donor advised funds	(b) F	unds and other accounts
1	Total	number at end of year			
2		gate value of contributions to (during year)			
3		gate value of grants from (during year)			
4	Aggre	gate value at end of year			
5	Did th	e organization inform all donors and donor advisors in	writing that the assets held in donor advised		
		are the organization's property, subject to the organization	-		🗌 Yes 🗌 No
6	Did th	e organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed	
		or charitable purposes and not for the benefit of the dor			
	confei	rring impermissible private benefit?	• • • • • • • • • • • • • • • • • • • •		🗌 Yes 🗌 No
Part		Conservation Easements.			
		Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.		
1	Purpo	se(s) of conservation easements held by the organizat			
		eservation of land for public use (for example, recreation		historically impo	ortant land area
	=	otection of natural habitat	\sim Preservation of a		
		eservation of open space			
2		lete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	a conservation	
		nent on the last day of the tax year.			eld at the End of the Tax Year
а		number of conservation easements		2a	
b	Total	acreage restricted by conservation easements		2b	
С		per of conservation easements on a certified historic str			
d		er of conservation easements included in (c) acquired			
		c structure listed in the National Register		2d	
3		per of conservation easements modified, transferred, re			ing the
		ar ►		U U	0
4	Numb	per of states where property subject to conservation ea	sement is located		
5	Does	the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
		ons, and enforcement of the conservation easements it			🗌 Yes 🗌 No
6	Staff a	and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing conserv	ation easement	s during the year
	►				
7	Amou	nt of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements du	ring the year
	►\$				
8	Does	each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h	i)(4)(B)(i)	
	and se	ection 170(h)(4)(B)(ii)?			🗌 Yes 🗌 No
9		t XIII, describe how the organization reports conservat			
	balan	ce sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	s that describes	the
	organ	ization's accounting for conservation easements.			
Part	t III	Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Simila	r Assets.
		Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.		
1a	If the	organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	d balance sheet	works
	of art,	historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furth	herance of publi	с
	servic	e, provide in Part XIII the text of the footnote to its fina	incial statements that describes these items.		
b	If the	organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and ba	lance sheet wor	ks of
	art, hi	storical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public s	ervice,
	provic	le the following amounts relating to these items:			
	(i) R	evenue included on Form 990, Part VIII, line 1		►	\$
		ssets included in Form 990, Part X			\$
2		organization received or held works of art, historical tre)
		ing amounts required to be reported under FASB ASC			
а		nue included on Form 990, Part VIII, line 1	-	►	\$
b		s included in Form 990, Part X			\$
For Pa		k Reduction Act Notice, see the Instructions for Fo			Schedule D (Form 990) 2021

Schedule	D (Form 990) 2021 MAINE ADAPTIVE SP					01-038			ige 2
Part	III Organizations Maintaining Co	llections of Art, H	istorical T	reasures	or Ot	her Similar A	ssets (c	ontinı	ıed)
3	Using the organization's acquisition, accession, a	and other records, checl	k any of the fo	ollowing that r	nake sig	nificant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	I 🗌 Loan o	r exchange p	rograms	;			
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's collect	ctions and explain how t	hey further the	e organizatio	n's exem	pt purpose in Pa	rt		
	XIII.								
5	During the year, did the organization solicit or re-	ceive donations of art, h	istorical treas	ures, or other	similar				
	assets to be sold to raise funds rather than to be						. 🗌 Ye	s 🗌	No
Part									
	Complete if the organization and		orm 990, P	art IV, line	9, or r	eported an ar	nount on	Form	n
	990, Part X, line 21.					•			
1a	Is the organization an agent, trustee, custodian o	or other intermediary for	contributions	or other asse	ts not				
	included on Form 990, Part X?						🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII and								
		5				A	mount		
с	Beginning balance				. 1c	-			
d	Additions during the year								
e	Distributions during the year								
f	Ending balance				. 1f				
2a	Did the organization include an amount on Form						. 🗌 Ye	• 🗆	No
b	If "Yes," explain the arrangement in Part XIII. Ch					-			NO
Part			ionnas been	provided of		•••••	• • • • •	• 🗆	
iuit	Complete if the organization ans	swered "Yes" on Fo	orm 990 P	art IV line	10				
			Prior year	(c) Two years		(d) Three years bac	(a) Fou	r vooro b	ook
10	Beginning of year balance	a) Current year (D)		(c) Two years	DACK	(u) Thee years bac	(e) Fou	r years b	ack
1a ⊾									
b	Contributions								
С	Net investment earnings, gains, and				Ť				
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
t	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current		g, column (a))) held as:					
а	Board designated or quasi-endowment	%							
b		%							
С	Term endowment								
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possession	on of the organization th	at are held ar	nd administere	ed for the	9			
	organization by:							Yes	No
	(i) Unrelated organizations		• • • • • •	• • • • • •		••••	. 3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required on	Schedule R?	••••			. 3b		
4	Describe in Part XIII the intended uses of the or	0	t funds.						
Part						_			-
	Complete if the organization and	swered "Yes" on Fo	orm 990, P	art IV, line	11a. S	See Form 990	, Part X,	line 1	0.
	Description of property	(a) Cost or other basis		r other basis	• • •	Accumulated	(d) Boo	k value	
		(investment)	(other)	de	epreciation			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment			432,842		350,847		81,9	95
e	Other								
Total.	Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part X, col	umn (B), line	10c.,		►		81,9	95

Schedule D (Form 990) 2021

EEA

(A)	Part VII	Investments - Other Securities.			
Codument (b) Financial divisions Cost or mits dryser masket value (c) Financial divisions (c) (A) (c) (A) (c) (A) (c) (B) (c) (C) (c)		Complete if the organization answered "Yes" on	Form 990, Part IV, line	e 11b. See Form 9	990, Part X, line 12.
(2) Closely-Indel equity interests (1) (A) (2) (A) (2) (B) (2) (C) (2) (B) (2) (C) (2) (B) (2) (C) (2) (2) (2) (3) (2) (4) (2) (5) (2) (6) (2) (7) (2) (9) (2) (9) (2) (9) (2) (9) (2) (1) (2) (1) (2) (1) (2			(b) Book value		
(a) (b) (b) (c) (c)	(1) Financial d				
(A)	(2) Closely-he	Id equity interests	•		
(B) (C) (C) (C) (D) (C) (E) (C) (E) (C) (G) (C) (H) ((3) Other				
(C) (C) (B) (C) (F) (C) (G) (C) (F) (C) (G) (C) (F) (C) (G) (C) (F) (C) (G) (C) (F) (
(D) (D) (E) (D) (B) (D) (C) (D) (Column (b) must equal Form 990, Part X, col. (B) line 12					
(E) (F) (G) (F) (F) (F) (G) (F) (F) (
(F) (G) (G) (G) (H) (Column (b) must equal Form 980, Part X, col. (B) line 12.)					
(G) (G) (H) (G) (Part VIII) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (e) (e) Menod of matator. (f) (f) (g) (g) <					
(H) Image: squal Form 990, Part X, col. (B) line 12.)					
Total. (Column (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 V, line 11c. See Form 990, Part V, line 13. (a) (b) Book value (c) Method of valuation: Cost of end of year market value (a) (b) Book value (c) Method of valuation: Cost of end of year market value (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)		n (h) must equal Form 990 Part X, col. (B) line 12.)	N		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of valuation: Control end el year realista value (1) (2) (3) (4) (5) (7) (3) (3) (4) (5) (7) (8) (7) (8) (7) (7) (7) (7) (8) (7) (8) (7) (7) (8) (7) (8)					
(a) Description of Investment (b) Book value (c) Mithod of valuation: Data or end-of-pair market value (1)	i art viii		Form 990, Part IV, line	e 11c. See Form 9	90. Part X. line 13.
Image: Cost or end-of-year market value (1) Cost or end-of-year market value (3) (3) (3) (3) (4) (5) (5) (6) (7) (9) (9) (9) (10) (10) (11) (12) (12) (13) (13) (14) (14) (15) (15) (16) (11) (12) (12) (13) (14) (15) (15) (16) (16) (17) (17) (16) (17) (16) (17) (16) (17) (16) (17) (16) (17) (16) (17) (16) (17) (16) (17) (16) (17) (16) (17) (16) (17) (16) (17) (16)					
2		(a) Description of investment	(b) Book value		
2	(1)				· · · ·
(3) (4) (4) (5) (5) (7) (7) (8) (9) (7) (8) (8) (9) (9) (1) (9) (1) (9) (2) (9) (3) (9) (4) (9) (7) (9) (9) (9) (1) (9) (2) (9) (3) (9) (4) (9) (7) (9) (9) (9) (9) (9) (9) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (1) (2) (1) (3) (1) (4) (1) (5) (1) (6) (1) (7) (2) (3) (1) (4) (2) (5)					
(9) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13),					
[7] [8] (8) [9] Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)	(5)				
(8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	(6)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13,	(7)			-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (c) Description (2) (c) Description (3) (c) Description (4) (c) Description (5) (c) Description (6) (c) Description (7) (c) Description (8) (c) Description (9) (c) Description (9) (c) Description (1) (c) Description (1) (c) Description (2) (c) Description (1) (c) Description (2) (c) Description (3) (c) Description of liability (4) (c) Description of liability (5) (c) Description of liability (4) (c) Description of liability (5) (c) Description of liability (6) (c) Description of liability (7) (c) Description of liability (6) (c) Description of liability (7)	(8)				
Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) (b) Book value (c) (c) (d) (c) (e) (c) (f) (c) (f) (c) (c) (f) (c) (c) (f) (c) (c) (c) (f) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (c) Description (a) (c) (b) Book value (c) (c) (c)					
(a) Description (b) Book value (1) (a) Description (b) Book value (2) (a) (a) (3) (a) (a) (4) (a) (a) (5) (b) Book value (c) (6) (c) (c) (7) (c) (c) (8) (c) (c) (9) (c) (c) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	Part IX		Form 000 Dort IV line	add Caa Farma (00 Dort V line 15
(1) (2) (3) (3) (4) (5) (5) (6) (7) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		· · · · · ·	Form 990, Part IV, line	e 11d. See Form s	
(2) (3) (4) (5) (5) (6) (7) (8) (9) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(4)	(a) Description			(b) Book value
(3)					
(4) (5) (5) (7) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(5)					
(6)					
(7)					
(8)					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (d) (3) (a) (4) (b) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) 21. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (c) (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Inust equal Form 990, Part X, col. (B) line 25.). ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (b) Book value (2) (c) (3) (c) (4) (c) (5) (c) (6) (c) (7) (c) (8) (c) (9) (c) Book value 1. (c) Book value 2. (c) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)			
line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes	Part X				
1. (a) Description of liability (b) Book value (1) Federal income taxes			Form 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		line 25.			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	<u>1.</u>		Book value		
(3)		ncome taxes			
(4)					
(5) (6) (6) (7) (7) (8) (9) (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ▶ 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(6) (7) (7) (8) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(7) (7) (8) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ► ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ► • 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). ► 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		b) must equal Form 990 Part X col (R) line 25)			
			te to the organization's fina	ncial statements that re	ports the
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII	-		-		·

MAINE ADAPTIVE SPORTS & RECREATION

01-0388818

Page 3

Schedule D (Form 990) 2021

Schedule	D (Form 990) 2021 MAINE ADAPTIVE SPORTS & RECREATION	01-0388818	Page 4					
Part	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	- <u>-</u>						
1	Total revenue, gains, and other support per audited financial statements	1						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments							
b	Donated services and use of facilities							
С	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d	2e						
3	Subtract line 2e from line 1	3						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_						
b	Other (Describe in Part XIII.)							
С	Add lines 4a and 4b	4c						
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>).	5						
Part		er Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements	1						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	_						
b	Prior year adjustments	_						
C	Other losses	_						
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d	2e						
3	Subtract line 2e from line 1	3						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_						
b	Other (Describe in Part XIII.)	_						
С	Add lines 4a and 4b	4c						
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5						
Part	XIII Supplemental Information.							

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

(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identific MAINE ADAPTIVE SPORTS & RECREATION 01-038 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, Form 990-EZ filers are not required to complete this part. 1 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants	18818 line 17.
Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Name of the organization Employer identifice MAINE ADAPTIVE SPORTS & RECREATION 01-038 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, Form 990-EZ filers are not required to complete this part. 1 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants	Open to Public Inspection ation number 88818 line 17.
Internal Revenue Service > Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identifice MAINE ADAPTIVE SPORTS & RECREATION 01-038 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, Form 990-EZ filers are not required to complete this part. 1 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants	Inspection ation number 18818 line 17.
MAINE ADAPTIVE SPORTS & RECREATION 01-038 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, Form 990-EZ filers are not required to complete this part. 1 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants	18818 line 17.
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1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants	
a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants	
b Internet and email solicitations f Solicitation of government grants	
c Phone solicitations g Special fundraising events	
d In-person solicitations	
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees,	
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?	🔄 Yes 🔄 No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be	be
compensated at least \$5,000 by the organization.	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts (v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Yes No	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
Total	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.	<u> </u>

Sche	edule G	G (Form 990) 2021 MA	INE ADAPTIVE SPORT	S & RECREATION	01	1-0388818 Page 2
Pa	art II	Fundraising Events. Com	nplete if the organization	answered "Yes" on Fo	rm 990, Part IV, line 18	3, or reported more
		than \$15,000 of fundraisin	g event contributions and	I gross income on Forn	n 990-EZ, lines 1 and 6	6b. List events with
	-	gross receipts greater thar	n \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			ALL STAR EVE		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
е						
Revenue	1	Gross receipts				
Re						
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
pen	-					
ш	7	Food and beverages				
Direct Expenses	8	Entertainment				
ā	0					
	9	Other direct expenses				
	10	Direct expense summary. Add li	nes 4 through 9 in column (d)		
	11	Net income summary. Subtract				
Pa	art III	Gaming. Complete if the c				more than
		\$15,000 on Form 990-EZ,	line 6a.			
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enu				bingo/progressive bingo	(1) 1 3 3	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
	2					
es	2	Cash prizes				
enses	3	Noncash prizes				
Ехр	5					
Direct Exp	4	Rent/facility costs				
Dir	-					
	5	Other direct expenses				
-			Yes %	Yes %	Yes 9	6
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add li	nes 2 through 5 in column (d)	•••••	
	8	Net gaming income summary. S	Subtract line 7 from line 1, col	umn (d)	<u></u>	
9		nter the state(s) in which the organ				
		the organization licensed to condu				Yes 🗌 No
	b If	"No," explain:				
10	a \//	/ere any of the organization's gami	na licenses revoked evenes	ded or terminated during	the tax year?	Yes 🗌 No
10		"Voo " ovoloin:		-	-	I res 📋 ino
	. 11	100, UNPIGITI.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MAINE ADAPTIVE SPORTS & RECREATION

01-03888	318

Fai	IT Types of Property	1						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cor			
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							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		•	124.002				
25 26	Other ► (PROGRAM SUPPORT)	x	2	134,893				
26 27	Other ► (LIFT TICKETS)	x	3	19,193				
27 28	Other ► (CLIMBING, TRAIL) Other ► (OUTRIGGERS & SP)	x	3	10,223				
20	Number of Forms 8283 received by the			11,700	FMV			
23	which the organization completed Form	•			29			
	which the organization completed Form	0200,1 art v	, Donee Acknowledgement		23		Yes	No
30a	During the year, did the organization rece	eive by contr	bution any property reported in	Part I, lines 1 through			100	
	28, that it must hold for at least three yea	-						
	to be used for exempt purposes for the e					30a		x
b	If "Yes," describe the arrangement in Pa	-						
31	Does the organization have a gift accept		hat requires the review of any n	onstandard				
						31		x
32a	Does the organization hire or use third p							
				•••••		32a		x
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amoun	ntin column	(c) for a type of property for whi	ch column (a) is checked,				
	describe in Part II.							
	anonwark Daduction Act Nation and the				Sahadula I			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MAINE ADAPTIVE SPORTS & RECREATION

Employer identification number 01-0388818

01. Form 990 governing body review (Part VI, line 11)

THE EXECUTIVE DIRECTOR AND MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE 990 PRIOR TO

FILING. THE BOARD PRESIDENT SIGNS THE PREPARED FORM.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT IS REVIEWED ANNUALLY BY THE

GOVERNANCE COMMITTEE OF THE BOARD. THE POLICY IS SIGNED EACH YEAR BY EACH BOARD MEMBER AT

THE ORGANIZATIONS OCTOBER ANNUAL MEETING. BOARD MEMBERS ARE PROHIBITED FROM DELIBERATING

ON DECISIONS IN WHICH THEY HAVE AN INTEREST IN THE TRANSACTION.

03. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE

TO THE PUBLIC UPON REQUEST.