PUBLIC COPY

OMB No. 1545-0047

Form 990
Department of the Treasury

aan

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

AF	or th	e 2022 calendar year, or tax year beginning and	ending							
Bc	heck if	C Name of organization		D Employer identific	ation number					
a	oplicab	MAINE STATE SOCIETY FOR THE PROTECTION	ſ							
	Addre									
Name change change Doing business as 01-0212545 Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number										
	Initial returr									
Final P.O. BOX 10 207-892-400										
	termi ated			G Gross receipts \$	2,917,425.					
	Amer returr	SOUTH WINDHAM, ME 04082		H(a) Is this a group re						
	Appli tion			for subordinates	? Yes 🗶 No					
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
<u>I</u> T	ax-ex	rempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 📃 527	If "No," attach a	list. See instructions					
	Vebs			H(c) Group exemption						
		f organization: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other	L Year	of formation: 1975 N	State of legal domicile: ME					
Pa	rt I	Summary								
Ø	1	Briefly describe the organization's mission or most significant activities: PROT	ECTING	THE HEALTH	AND					
uč.		WELFARE OF NEGLECTED AND ABUSED EQUINES.								
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass						
ove	3				11					
5	4	Number of independent voting members of the governing body (Part VI, line 1b)		11						
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			18					
viti	6	Total number of volunteers (estimate if necessary)		6	190					
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)		981,542.	1,292,576.					
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.					
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		439,257.	155,887.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		17,549.	6,506.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,438,348.	1,454,969.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		711,634.	737,057.					
sue		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 202, 24		C12 10C	COT 2C4					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		613,196.	607,364.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,324,830.	1,344,421.					
	19	Revenue less expenses. Subtract line 18 from line 12		113,518.	110,548.					
s or nces			Be	ginning of Current Year	End of Year					
Assets d Balanc	20	Total assets (Part X, line 16)		14,197,054.	12,556,892.					
et A: nd E		Total liabilities (Part X, line 26)		196,934.	205,457.					
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		14,000,120.	12,351,435.					
Ра	rt II	Signature Block								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of offi	cer	Date							
Here KATHY WOODBREY, CEO										
	Type or print na									
	Print/Type prepa	Check		PTIN						
Paid PATRICK NICHOLAS, CPA PATRICK NICHOLAS, CP 07/27/23 self-employed									20028956	7
Preparer	Firm's name		Firm's EIN	39-0)758449					
Use Only	Firm's address	30 LONG CREEK DRI								
		SOUTH PORTLAND, M		Phone no. 2	07.7	774.5701				
May the I	RS discuss this	return with the preparer shown abo	ve? See instruc	tions					X Yes	No
232001 12-1	3-22 LHA FO	or Paperwork Reduction Act Noti	ce, see the sep	arate instructions.					Form 990 ((2022)

	MAINE STATE SOCIETY FOR THE PROTECTION 990 (2022) OF ANIMALS 01-0212545 Page 2 t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (code:) (Expenses \$906,920including grants of \$0.) (Revenue \$6,506.)) THE MSSPA RESCUES, REHABILITATES OR RE-HOMES LARGE ANIMALS, PARTICULARLY EQUINES WHO HAVE BEEN SEIZED BY MAINE LAW ENFORCEMENT OFFICIALS FROM CIRCUMSTANCES OF ABUSE OR NEGLECT. THE MSSPA ALSO PROVIDES SANCTUARY SERVICES TO THOSE ANIMALS WHO CANNOT FOR WHATEVER REASON BE RE-HOMED OR PERMANENTLY PLACED IN AN APPROPRIATE FACILITY. PROGRAM SERVICES INCLUDE INDIVIDUALIZED FEED PROGRAMS, APPROPRIATE SOCIALIZATION WITH OTHER ANIMALS AND HUMANS, AS WELL AS THE DELIVERY OF ALL NECESSARY VETERINARY MEDICAL EXPENSES FOR EACH ANIMAL. ALL REHABILITATED ANIMALS ARE PROFESSIONALLY ASSESSED AND PROVIDED WITH TRAINING OR RE-TRAINING AS APPROPRIATE. THE MSSPA ALSO WORKS TO PREVENT CRUELTY TO ANIMALS THROUGH NO/LOW COST EDUCATIONAL PROGRAMS AND MATERIALS TO THE PUBLIC.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 906, 920.
232002	Form 990 (2022) 12-13-22 3

01-0212545	Page 3
------------	--------

Form	990 (2022) OF ANIMALS 01-0212	2545	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		
Ŭ	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,	0		
'	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '		
0		0		x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	Х	
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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		
19		10		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
232003	3 12-13-22	⊦orm	330	(2022)

13110727 147695 253150

Form	990 (2022) OF ANIMALS 01-021	.2545	P	age 4
Par	t 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		Х
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		X
2 4a	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24 b		
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	. 25 a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	x	
25 0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		. <u>35a</u>		
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 eaction 512(b)(12)2. (IIIV all access to 0, to 1, to 0, both to 0	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 350		<u> </u>
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	. 31		
30	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		30	- 23	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4	163	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
Ū	(gambling) winnings to prize winners?	1c	X	
232004	1 12-13-22		n 990	(2022)
202004	5			\- <i>3-6</i>)

2022.04010 MAINE STATE SOCIETY FOR T 253150_1

Form	990 (2022) OF ANIMALS		01-0212	545	P	age 5	
Par	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 return	2a	18				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х		
				3a		Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b			
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		х	
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FF	BAR).				
5a				5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th						
Ua							
h	If "Yes," did the organization include with every solicitation an express statement that such contribution			6a		X	
b				Ch			
-	were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c). Did the exercise terms in exercise of C_{2} mode partly as a particular and partly for each and each of the exercise terms of terms	viana provid	ad to the newerQ	7-		x	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		~	
				7b			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		_		v	
	to file Form 8282?			7c		X	
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		37	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		orm 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the					
				8			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-			
11	Section 501(c)(12) organizations. Enter:	1 1					
а	Gross income from members or shareholders	11a		-			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1					
	organization is licensed to issue qualified health plans	13b					
с	Enter the amount of reserves on hand	13c					
				14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or					
	excess parachute payment(s) during the year?			15		Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		Х	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						
232005	12-13-22			Form	990	(2022)	

6

2022.04010 MAINE STATE SOCIETY FOR T 253150_1

OF ANIMALS 01-0212545 Form 990 (2022) Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 11 **b** Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section 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? Х 10a 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 х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a а Х Other officers or key employees of the organization 15b b 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 Х taxable entity during the year? 16a 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 Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed 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 18 for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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 KATHY WOODBREY - 207-892-3040 P.O. BOX 10, SOUTH WINDHAM, 04082 ME

7

232006 12-13-22

2022.04010 MAINE STATE SOCIETY FOR T 253150_1

Form **990** (2022)

MAINE STATE SOCIETY FOR THE PROTECTION	
--	--

OF ANIMALS

Form 990 (2022)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

\$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average			Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	not cl , unles cer an	ss per	rson i	s both	n an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MERRIS J. BICKFORD	40.00	-						105 500	0	0.50
CEO & VP	40.00			Х				106,639.	0.	970.
(2) KATHY WOODBREY	40.00	-		x				04 040	0.	7 695
ASST. CEO & SECRETARY (3) JANE SHEEHAN	1.00			~				84,048.	0.	7,685.
PRESIDENT	1.00	x		x				0.	0.	0.
(4) BILL DIAMOND	1.00									
TREASURER		x		х				0.	0.	0.
(5) DEBBIE VALENTI	1.00									
ASSISTANT TREASURER		X		Х				0.	0.	0.
(6) MARILYN L. GOODREAU	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DAVID JEFFERSON, DVM	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JOSEPH MCCARTHY	1.00									
DIRECTOR	1 0 0	X						0.	0.	0.
(9) NANCY MILLS	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(10) AMY STARNES DIRECTOR	1.00	x						0.	0.	0.
(11) ROGER TIMMONS	1.00	A						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(12) JOHN TRAFTON	1.00							0.		•
DIRECTOR	2000	x						0.	0.	0.
(13) MARGARET WHEELER	1.00									
DIRECTOR		x						0.	0.	0.
		1								
232007 12-13-22										Form 990 (2022)

8

232007 12-13-22

Form 990 (2022)

13110727 147695 253150

_			ΕT	Ϋ́	FO	R	ΤH	Ε	PROTECTION	01-02	1105	15	D 9
	1 990 (2022) OF ANIMAI t VII Section A. Officers, Directors, Trus			000	200		abor	+ 0			4145	45	Page 8
	(A) Name and title	(B) Average hours per week (list any	(do box offi	not c , unle	Pos heck i ss per	C) itior more rson i		one 1 an	(D) Reportable compensation from the	(continued) (E) Reportable compensatio from related organizations		Estir amo of	(F) mated ount of ther ensation
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fror orgar and i	n the nization related izations
				<u> </u>	0	¥	ΕĒ	Ē					
			_										
1b	Subtotal								190,687.		0.	8	,655.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 190,687.		0.		0. ,655.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			1
3	Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	oyee on		Y	/es No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization		3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	lual for services		4	X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or si	ich i	oers	on .					5	X
1	Complete this table for your five highest co										ensatio	on from	ו
	the organization. Report compensation for (A) (A) Name and business	*		nair DNE			or wi	<u>tnin</u>	(B) Description of s		Co	(C) mpens	ation
			111	<u>, , , , , , , , , , , , , , , , , , , </u>									
2	Total number of independent contractors (in \$100,000 of compensation from the organized strength of the organized strength	•	ot lir	niteo	d to f	thos (ted	above) who received mo	ore than			

Form	990 ((2022)
------	-------	--------

232008 12-13-22

	MAINE STATE SOCIETY FOR THE PROTECT:
--	--------------------------------------

			OF ANIMALS				01-0212	545 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin		(=)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ი ა	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
βĞ			Fundraising events					
fts,			Related organizations	80,000.				
i Gi			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
er i		'	similar amounts not included above 1f	1,212,576.				
ĕë		~		1,212,370.				
n di		-			1,292,576.			
00			Total. Add lines 1a-1f	Business Code	1,191,010.			
	0	~		Business Obue				
Program Service Revenue	2	a b						
ue ,								
ven (C d						
Bra		d						
or of		e f	All other program service revenue					
-			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
	3		other similar amounts)		220,743.			220,743.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	0		(i) Real	(ii) Personal				
	6	а						
	Ŭ		Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loco)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	'	a	assets other than inventory 7a 1,397,600.	(.,				
		b	Less: cost or other basis					
ē			and sales expenses 7b 1,462,456.					
evenue		с	Gain or (loss)					
Sev			Net gain or (loss)		-64,856.			-64,856.
Other Re	8		Gross income from fundraising events (not					
₽ G			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		с	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b)				
		с	Net income or (loss) from sales of inventory					
s				Business Code				
Miscellaneous Revenue	11	а	OTHER INCOME	900099	6,506.	6,506.		
lan		b						
Sev		С						
Mis			All other revenue					
	40		Total. Add lines 11a-11d		6,506.		0.	155 997
0000-	12		Total revenue. See instructions		1,454,969.	0,500.	U.	155,887. Form 990 (2022)
23200	9 12-	-13-	<u> </u>					(2022)

MAINE STATE SOCIETY FOR THE PROTECTION OF ANIMALS

0001	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	100 106	E0 172	00 600	11 100
	trustees, and key employees	199,196.	58,473.	99,600.	41,123.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	432,374.	342,495.	21,065.	68,814.
7	Other salaries and wages	434,314.	544,475.	ZI,003.	00,014.
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	54,788.	30,452.	16,247.	8,089.
9 10	Other employee benefits	50,699.	32,447.	9,633.	8,619.
10 11	Payroll taxes Fees for services (nonemployees):	50,055.	J4,44/•	2,033.	0,019.
a b	Management				
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	21,039.		21,039.	
12	Advertising and promotion	16,854.			16,854.
13	Office expenses	27,430.	595.	26,835.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	103,861.	103,861.		
23	Insurance	17,625.		17,625.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	140 200	140 200		
	MEDICAL & OTHER ANIMAL	142,379.	142,379.		
b	FARM MAINTENANCE	82,270. 82,180.	82,270.		
	HORSE EXPENSES	50,391.	82,180.		50,391.
d	FUNDRAISING EXPENSE	63,335.	31,768.	23,210.	8,357
	All other expenses	1,344,421.	906,920.	235,210.	202,247
25	Total functional expenses. Add lines 1 through 24e	т, у ч ч, 441.	500,920.	435,434.	404,44/.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

11

232010 12-13-22

Form 990 (2022)

Part IX Statement of Functional Expenses

13110727 147695 253150

Form 990 (2022)

000	(0000)	

MAINE STATE SOCIETY FOR THE PROTECTION

orm 99 Part X		2022) OF ANIMALS Balance Sheet				01-	0212545 Page 11
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing				1	
2	2	Savings and temporary cash investments			295,226.	2	581,855.
3	3	Pledges and grants receivable, net			50,000.	3	0.
4	4	Accounts receivable, net				4	
5	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
6	6	Loans and other receivables from other disqualit	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
<u>ა</u> 1	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹ g	9	Prepaid expenses and deferred charges			2,816.	9	2,816.
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		3,205,328.			
	b	Less: accumulated depreciation		1,036,451.	2,254,150.	10c	2,168,877.
11	1	Investments - publicly traded securities			11,439,203.	11	9,682,919.
12	2	Investments - other securities. See Part IV, line 1				12	
13	3	Investments - program-related. See Part IV, line			13		
14	4	Intangible assets			166 660	14	100 405
15		Other assets. See Part IV, line 11		155,659.	15	120,425	
16		Total assets. Add lines 1 through 15 (must equa	14,197,054.	16	12,556,892		
17		Accounts payable and accrued expenses	43,636.	17	23,476		
18		Grants payable				18	
19		Deferred revenue		19			
20		Tax-exempt bond liabilities		20			
21		Escrow or custodial account liability. Complete I		21			
s 22	Z	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes		22			
23	2	Secured mortgages and notes payable to unrela		22			
24		Unsecured notes and loans payable to unrelated			23		
25		Other liabilities (including federal income tax, pa		27			
	•	parties, and other liabilities not included on lines	•				
		of Schedule D	153,298.	25	181,981.		
26	6	Total liabilities. Add lines 17 through 25			196,934.	26	205,457.
		Organizations that follow FASB ASC 958, che			,		, ,
ses		and complete lines 27, 28, 32, and 33.					
un 127	7				8,106,472.	27	6,169,024.
8 28	8	Net assets with donor restrictions			5,893,648.	28	6,182,411.
		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
ີ 29	9	Capital stock or trust principal, or current funds				29	
te 30	0	Paid-in or capital surplus, or land, building, or ec	luipmer	t fund		30	
Net Assets or Fund Balances 15 05 65 35 35 25 26 15 15 15 15 15 15 15 15 15 15 15 15 15	1	Retained earnings, endowment, accumulated in				31	
ē 32	2	Total net assets or fund balances			14,000,120.	32	12,351,435.
33	3	Total liabilities and net assets/fund balances	<u></u>		14,197,054.	33	12,556,892. Form 990 (2022

Form 990 (2022)

232011 12-13-22

mind binin boeidii ion ind indideiio	MAINE	STATE	SOCIETY	FOR	THE	PROTECTION
--------------------------------------	-------	-------	---------	-----	-----	------------

	990 (2022) OF ANIMALS	01-0	212545	Pa	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,45					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,34					
3	Revenue less expenses. Subtract line 2 from line 1	3			48.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,000),1	20.			
5	Net unrealized gains (losses) on investments	5	-1,72	3,9	99.			
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	-3	5,2	34.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
_	column (B))	10	12,353	1,4	35.			
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: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	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		Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form 990 (2022)

232012 12-13-22

(Fo	rm 99			omplete if the organ 494	rity Status an nization is a section 501 47(a)(1) nonexempt cha	(c)(3) orga ritable tru	anization (Ist.			OMB No. 1545-0047
		the Treasury ue Service			ttach to Form 990 or Fo Form990 for instruction			ormation.		Inspection
Nam	ne of t	he organizatio	on MAIN		CIETY FOR THE					identification number $1-0212545$
Pa	rt I	Reason			(All organizations must c	omplete tł	nis part.) S	ee instructior		
The	organi				For lines 1 through 12, cl					
1	Ū		-		n of churches described			I)(A)(i).		
2		A school dese	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state	e:							
5					llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6				•	nental unit described in			. ,		
7	X	-		•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
-		•		complete Part II.)						
8					(1)(A)(vi). (Complete Part	,				
9		-	-		in section 170(b)(1)(A)(i		-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
10		university:	on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ne memberek	in fees and	d gross receipts from
10		0		•	t to certain exceptions; a				•	•
					(less section 511 tax) fro					-
				mplete Part III.)			eee acqui		jun_unon o	
11				-	vely to test for public saf	etv. See	section 50)9(a)(4).		
12		-	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ugh 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	l 12g.	
а] Type I. A su	upporting orga	anization operated, s	upervised, or controlled l	by its supp	oorted org	anization(s), t	ypically by	giving
		the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b				-	or controlled in connect			-		-
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		- ⁻	. ,	t complete Part IV,						
с			-	•	g organization operated i				lly integrate	d with,
اہ			0). You must complete F	,	,		ted everencia	
d					orting organization oper-					
			2	•	ation generally must sati nplete Part IV, Sections			•	anallenin	reness
е		7			written determination from				II Type III	
Ŭ	L		•		nally integrated supportir			rype i, rype	n, rype m	
f	Ente	r the number of			nany integrated supportin					
				n about the supporte						·
) Name of suppo	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	ıl									

MAINE STATE SOCIETY FOR THE PROTECTION OF ANIMALS

01-0212545 Page 2

Schedule A								IMALS	-													-		-	12
Part II	Supp	ort S	Sche	dule	for	Orę	jani	zations	s I	De	scr	ibe	d in	Sections	17	70(k) (1)(/	A)(iv) and	170	D(b)(1))(A)	(vi)
	10								_	_	~											-			

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1378066.	711,802.	1239800.	981,542.	1292576.	5603786.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1378066.	711,802.	1239800.	981,542.	1292576.	5603786.
	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)						506,492.
6	Public support. Subtract line 5 from line 4.						5097294.
	ction B. Total Support			1	1		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1378066.	711,802.		981,542.	1292576.	5603786.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	341,475.	299,020.	237,802.	92,365.	220,743.	1191405.
9	Net income from unrelated business					-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,230.	33,063.	17,201.	17,549.	6,506.	75,549.
11	Total support. Add lines 7 through 10	,	,			,	6870740.
12		etc. (see instructio	ons)		I	12	
13	First 5 years. If the Form 990 is for th					01(c)(3)	
	organization, check this box and stor	-		-			
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	74.19 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	71.11 %
16a	33 1/3% support test - 2022. If the o					ore, check this bo>	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization	-	
b	10% -facts-and-circumstances test	-			•		
	more, and if the organization meets th	ne facts-and-circum	stances test, cheo	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	<u>on did not check</u> a l	<u>box on line 13, 1</u> 6;	<u>a, 16b, 17a, or 1</u> 7b	, check this box a		
							(Form 990) 2022

232022 12-09-22

(Form	HEDULE D n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	al Financial Standard nization answered "Yes" , 11a, 11b, 11c, 11d, 11e, ttach to Form 990.	' on Form 990,	OMB No. 1545-0047 2022 Open to Public
	ment of the Treasury I Revenue Service	ے Go to www.irs.gov/Form99		e latest information.	Inspection
Nam	e of the organizatio	on MAINE STATE SOCIET	Y FOR THE PRO	TECTION	Employer identification number
		OF ANIMALS			01-0212545
Par		tions Maintaining Donor Advise		milar Funds or Ac	counts. Complete if the
	organization	answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised	l funds (b) Funds and other accounts
1	Total number at en	d of year			
2		contributions to (during year)			
3		grants from (during year)			
4		end of year			
5		n inform all donors and donor advisors in		d in donor advised fund	ls
	are the organization	n's property, subject to the organization's	exclusive legal control?		Yes No
6		n inform all grantees, donors, and donor a			
	for charitable purpo	oses and not for the benefit of the donor o	r donor advisor, or for any	other purpose conferri	ing
	impermissible priva	te benefit?	•		Yes No
Par	t II Conserva	ation Easements. Complete if the org	ganization answered "Yes'	" on Form 990, Part IV,	line 7.
1		ervation easements held by the organization			
		of land for public use (for example, recrea		Preservation of a histo	prically important land area
		natural habitat	,	Preservation of a certi	
		of open space			
2		through 2d if the organization held a qualif	fied conservation contribut	tion in the form of a co	nservation easement on the last
-	day of the tax year.	0 0 1			Held at the End of the Tax Year
а		nservation easements			2a
b					2b
с С	Ũ	ation easements on a certified historic stru	ucture included in (a)		25 2c
d		ation easements included in (c) acquired a			20
u			•		2d
3		ation easements modified, transferred, rel	eased extinguished or te		
3	year	ation easements mouned, transiened, rei	eased, extinguished, or te	ininaled by the organi	
4	-	 where property subject to conservation eas	sement is located		
5		ion have a written policy regarding the per		on bandling of	
5	0	procement of the conservation easements it	0, 1	ý 8	Yes No
6	,	hours devoted to monitoring, inspecting,			
0		nours devoted to monitoring, inspecting,	fianding of violations, and		in casements during the year
7	Amount of expense	 es incurred in monitoring, inspecting, hanc	lling of violations, and enfo	arcing conservation eas	sements during the year
'	Amount of expense	es incurred in monitoring, inspecting, nanc	any of violations, and enic	orcing conservation eas	sements during the year
8		 ation easement reported on line 2(d) abov	a satisfy the requirements	of coction $170(h)(1)(P)$	(i)
0		4)(B)(ii)?	•		
9		e how the organization reports conservation			
9	,	5			
		include, if applicable, the text of the footr punting for conservation easements.	lote to the organization sh	Inditcial statements the	at describes the
Par	t III Organiza	tions Maintaining Collections of	Art. Historical Trea	sures, or Other S	imilar Assets
. a		the organization answered "Yes" on Form			
	· · · · · · · · · · · · · · · · · · ·			aux atatamant and hale	
Ia	•	elected, as permitted under FASB ASC 95	•		
		asures, or other similar assets held for pub			
L.		Part XIII the text of the footnote to its finar			ale a structure of
D	•	elected, as permitted under FASB ASC 95			
		ures, or other similar assets held for public	exhibition, education, or i	research in furtherance	or public service,
	-	ng amounts relating to these items:			^
		led on Form 990, Part VIII, line 1			
-	.,				
2	•	received or held works of art, historical tre			provide
	-	nts required to be reported under FASB A	•		•
		on Form 990, Part VIII, line 1			
		Form 990, Part X			
		duction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2022
232051	09-01-22		27		
			27		

13110727 147695 253150

4	1								
2		Λ	л	Δ	1	Δ	363	T N	

2022.04010 MAINE STATE SOCIETY FOR T 253150_1

		TATE SOCIEI	Y FOR THE	PROTECTIO	N	01 00	1054	-	0
Sche Par	dule D (Form 990) 2022 OF ANIM		Historical Tra	agurag or Oth	or Cim	01 - 02			age 2
							s (conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significa	ant use of its			
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co			•		•	XIII.		
5	During the year, did the organization solicit o				ar assets	s _	_	_	_
Der	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" o	on Form	990, Part IV,	line 9, o		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi						_		-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
							Amour	π	
	Beginning balance					с			
	Additions during the year				1	d			
е						e			
f	Ending balance					lf			
	Did the organization include an amount on Fe				•	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part XII	II	<u></u>			
Par	t V Endowment Funds. Complete i						() [h a ali
		(a) Current year	(b) Prior year	(c) Two years back		ree years back			
	Beginning of year balance		10,687,055.		-	9,687,579.		,953,	
b	Contributions	70,460.		451,986.		25,000.	-	,535,	
	Net investment earnings, gains, and losses	-1,568,412.	752,148.	609,587.	•	933,896.		-197,	749.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	258,332.		499,610.	•	521,383.		559,	400.
f	Administrative expenses							44,	407.
g	End of year balance	9,682,919.	11,439,203.	10,687,055.	. 10	0,125,092.	9	,687,	579.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	63.0000	_%						
b	Permanent endowment .0000	%							
с	Term endowment 37.0000	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered for	the				
	organization by:	-						Yes	No
	(i) Unrelated organizations						3a(i)	X	
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the							L	
Par									
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990, Part >	K, line 10).			
	Description of property	(a) Cost or of			Accumu		(d) Boo	ok valu	e
	Decemption of property	basis (investm		.,	lepreciat		(u) 200	nt vala	
1a	Land		,	1,090.			8	1,0	90.
	Buildings			6,100.	934	,913.	1,95		
	Leasehold improvements			-,			-,,,	- / -	
			23	8,138.	101	,538.	1 3	6,6	00.
	Equipment Other		<u> </u>		- · · · /			5,5	50.
	Other Add lines 1a through 1e. (Column (d) must e		(column (P) line 1				2,16	8 8	77.

Schedule D (Form 990) 2022

MAINE STATE SOCIETY FOR THE PROTECTION OF ANTMALS

	D (Form 990) 2022	OF ANIMALS		01	-0212545 Page 3
Part VI		Other Securities.			
	Complete if the orga	inization answered "Yes" o	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Descr	iption of security or catego	Dry (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financ	ial derivatives				
2) Closel	y held equity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Fotal. (Col.	(b) must equal Form 990,	Part X, col. (B) line 12.)			
Part VI	I Investments - F	-			
				1c. See Form 990, Part X, line 13.	
	(a) Description of i	nvestment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col.	(b) must equal Form 990,	Part X, col. (B) line 13.)			
Part IX	Other Assets.				
	Complete if the orga			1d. See Form 990, Part X, line 15.	
		(a) L	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Fotal. (Col Part X	umn (b) must equal For Other Liabilities	<u>m 990, Part X, col. (B) line</u>	15.)		
raitA			n Form 000 Dout N/ line 1	1a ar 11f Saa Earm 000 Dart V line 05	
			IT FUTTI 990, Part IV, IINE 1	1e or 11f. See Form 990, Part X, line 25.	
1.		scription of liability			(b) Book value
	deral income taxes				101 001
(=)	EFERRED COMP	'ENSATION			181,981.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					101 001
Fotal. (Col	lumn (b) must equal For	<u>m 990, Part X, col. (B) line</u>	25.)		181,981.
				he organization's financial statements th	
organi	zation's liability for unce	ertain tax positions under F	ASB ASC 740. Check her	e if the text of the footnote has been pro	vided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

	edule D (Form 990) 2022 OF ANIMALS		0212545 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	-304,264.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -1,723	,999.	
b			
с			
d	Other (Describe in Part XIII.) 2d -35	,234.	
е	Add lines 2a through 2d	2e	-1,759,233.
3	Subtract line 2e from line 1	3	1,454,969.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		1,454,969.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expens	es per Returi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,344,421.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,344,421.
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.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,344,421.
Pa	rt 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.

30

PART V, LINE 4:

ENDOWMENT FUNDS ARE HELD FOR THE GENERAL PURPOSES OF THE SOCIETY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE - PERPETUAL TRUSTS

-35,234.

232054 09-01-22

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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. MAINE STATE SOCIETY FOR THE PROTECTION



01-0212545

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

OF ANIMALS

THE CEO REVIEWS FORM 990 PRIOR TO FILING

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

THE CEO'S SALARY WAS DETERMINED UTILIZING PEER COMPENSATION DATA AND

APPROVED BY THE EXECUTIVE COMMITTEE.

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

THE SOCIETY'S FORM 990 IS AVAILABLE ON ITS WEBSITE OR UPON REQUEST. THE

SOCIETY MAKES AVAILABLE TO THE PUBLIC ITS GOVERNING DOCUMENTS, POLICIES OR

FINANCIAL STATEMENTS UPON REQUEST.

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

CHANGE IN VALUE OF PERPETUAL TRUSTS

-35,234.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

SCHEDULE R (Form 990) Comple Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	ons and Unrelated Pa l ed "Yes" on Form 990, Part IV, lir Attach to Form 990. 90 for instructions and the latest	r tnerships e 33, 34, 35b, 36, information.	or 37.		OMB No. 1545-0047 2022 Open to Public Inspection
ation MAINE STATE OF ANIMALS	SOCIETY FOR THE PROT	PROTECTION			Employer identificatio 01-0212545	Employer identification number 01-0212545
Part I Identification of Disregarded Entities. Complete if the organization	ete if the organization answered "Yes'	answered "Yes" on Form 990, Part IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. organizations during the tax year.		Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	, Part IV, line 34, b	ecause it had one	or more related tax-ex	empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
AHIMSA FOUNDATION - 04-2749858 60 STATE STREET BOSTON, MA 02109	SUPPORT ORGANIZATIONS INVOLVED WITH ANIMAL WELFARE	MASSACHUSETTS	501(C)(3)	LINE 12B, II	N/A	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule F	Schedule R (Form 990) 2022

232161 09-14-22 LHA

5	ANTMALS			FROIDECTION	NIO Provered	"\ae" on Form	aan Dart IV lin	A heralise	Commute FROIDCLIUN Commute if the organization answered "Ves" on Form 900 Part IV line 34 heralise if had one or more related	- 0 2 1 2 5 4 5	Page 2
Part III remuncation or related Organizations Laxable as a Partnership organizations treated as a partnership during the tax year.	gamizations laxable to the target of	as a rarme ax year.		ure organiza	alion answered		990, Farlv, III	le 04, Decause		וסופ ופומופ	-
(a)	(q)	(c)	(q)	(e)	(6	(f)	(B)	(H)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or F managing partner?	General or Percentage managing partner? Yes No
Part IV Identification of Related Organizations Taxable as a Corporation or genizations trust during the tax year.	ganizations Taxable	as a Corpo	or Trust.	omplete if the	e organization a	answered "Yes"	on Form 990, F	art IV, line 34	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	one or m	ore related
(a)			(q)	(c)	(p)	(e)		(f)	(6)	(H)	()
Name, address, and EIN of related organization	Nuc	Prim	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	ng Type of entity (C corp, S corp, or trust)		Share of total income	of /ear :s	Percentage ownership	Section 512(b)(13) controlled entity? Yes No
232162 09-14-22				33			_		Schedu	ule R (For	Schedule R (Form 990) 2022

MAINE STATE SOCIETY FOR THE PROTECTION OF ANIMALS

MAINE STATE SOCIETY FOR THE PROTECTION Schedule R (Form 990) 2022 OF ANIMALS

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

Farty Iransactions with helated Organizations. Complete it the organization answered tes		ULI FORTI 330, PART IV, IIR 34, 330, 01 30	01 200.		
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	Ŷ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed i	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a	Х
b Gift, grant, or capital contribution to related organization(s)				1b	X
c Gift, grant, or capital contribution from related organization(s)				1c X	
d Loans or loan guarantees to or for related organization(s)				1d	X
e Loans or loan guarantees by related organization(s)				-Je	×
f Dividends from related organization(s)				4	×
· ()				- P	×
				h t	×
i Exchange of assets with related organization(s)				1i	X
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			7	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1 T	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n	×
o Sharing of paid employees with related organization(s)				10	×
				4 1	×
q Reimbursement paid by related organization(s) for expenses				19	~
				÷	×
Other transfer of cash or property from related organization(s)				:: 1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ho must complete thi	s line, including covered r	elationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					
(3)					
(4)					
(5)					

Schedule R (Form 990) 2022

34

(6) 232163 09-14-22

Protectine cloning information for each entry lared as a partner sign (hough which the organization conducted more than the organization conducted more than the organization conducted more than the organization required by trad as the organization relation to the organization relation the organization relation to the organization relation the organization relation to the or	Schedule R (Form 990) 2022 OF AN I MALS Part VI Unrelated Organizations Taxable as a Partnership. Complete if th	LMALS ble as a Partnership. Co	mplete if the organ	le organization answered "Yes" on Form 990, Part IV, line 37	s" on Forn	ר 10, Part IV, line מ	37.		62120-10	545	Page 4
Participation (f) (f) Image: All objects: All objec	Provide the following information for each ϵ that was not a related organization. See ins	entity taxed as a partnersh structions regarding exclus	iip through which t sion for certain inve	he organization condu estment partnerships.	icted more	e than five percent	of its activities (me	asured by	total assets or gr	oss reve	(ənu
Finday activity Legal counts Finday activity Legal counts Finday activity Legal counts Finday activity Sate of activity Sate of activity Image: State of activity County) Sate of activity Sate of activity Image: State of activity Image: State of activity Image: State of activity Sate of activity Sate of activity Image: State of activity Image: State of activity Image: State of activity Sate of activity Sate of activity Image: State of activity Image: State of activity Image: State of activity Sate of activity Sate of activity Image: State of activity Image: State of activity Image: State of activity Sate of activity Sate of activity Image: State of activity Image: State of activity Image: State of activity Sate of activity Sate of activity Image: State of activity Image: State of activity Image: State of activity Sate of activity Sate of activity Image: State of activity Image: State of activity Image: State of activity Sate of activity Sate of activity Image: State of activity Image: State of activity Image: State of activity Sate of activity Sate of activity Image: Sate of activity Image: Sate of activity	(a)	(q)	(c)		(e) Are all	E .	(6)	(y)	(i)	()	(k)
	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec. 501(c)(3) orgs.? Yes No	Share of total income	Share of end-of-year assets	UISPropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	aeneral or h nanaging partner? es No	ercentage ownership
Schedule R (Form 990) 202											
Schedule R (Form 990) 2022											
								_	Schedule	2 (Form	000 000

MAINE STATE SOCIETY FOR THE PROTECTION OF ANIMALS

MAINE	STATE	SOCIETY	FOR	THE	PROTECTION

al

rt VII	Supplem	ental Informa	tio	n
	(Form 990) 2	011 0		ANIMALS

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

232165 09-14-22